

Zoomerang Survey Results

Preoperative Bowel Preparation

Response Status: Completes

Filter: No filter applied

Dec 02, 2010 7:59 AM PST

1. I believe preoperative bowel preparation should be ordered routinely in gynecologic oncology patients

Strongly agree	6	10%
Agree	24	39%
Neutral	8	13%
Disagree	18	29%
Strongly disagree	6	10%
Total	62	100%

2. I routinely order preoperative bowel preparation for the following surgeries (check all that apply):

Laparoscopy	17	28%
Laparotomy	25	41%
Vaginal procedures	7	11%
I do not routinely order preoperative bowel preparation	35	57%

3. I routinely order a preoperative bowel preparation for the following cancers (check all that apply):

Ovarian	32	52%
Endometrial	19	31%
Cervical	16	26%
Vulvar	5	8%
I do not routinely order preoperative bowel preparation	29	48%

4. When/if I order a preoperative bowel preparation I typically use

Oral magnesium citrate	6	10%
Oral Go-LYTELEY (PEG)	19	31%
Oral Fleet phospho-soda (sodium phosphates)	15	25%
Rectal prep only e.g., Fleet enema	12	20%
OTHER, please specify	9	15%
Total	61	100%

5. There is good literature to support the use of preoperative bowel preparation

Strongly agree	0	0%
Agree	4	6%
Neutral	11	18%
Disagree	34	55%
Strongly disagree	13	21%
Total	62	100%

6. The literature supports the following statement: "preoperative bowel preparation decreases bacterial load and bacterial infections in surgical patients"

Strongly agree	0	0%
Agree	8	13%
Neutral	14	23%
Disagree	29	47%
Strongly disagree	11	18%
Total	62	100%

7. The literature supports the following statement: "preoperative bowel preparation decreases surgical complications"

Strongly agree	0	0%
Agree	4	6%
Neutral	8	13%
Disagree	39	63%

Strongly disagree	11	18%
Total	62	100%

8. The literature supports the following statement: "preoperative bowel preparation improves visibility in the surgical field"

Strongly agree	0	0%
Agree	18	30%
Neutral	21	34%
Disagree	16	26%
Strongly disagree	6	10%
Total	61	100%

9. The reasons I use preoperative bowel preparation include (check all that apply):

Decreases rates of infection	4	7%
Improved visibility (decompression) for laparoscopic procedures	22	36%
Decreased risk of intraoperative bowel injury	4	7%
Decreased risk to anastomosis if bowel surgery required	19	31%
Ability to discern metastatic bowel lesions (vs. stool) on palpation	6	10%
I do not routinely order preoperative bowel preparation	26	43%
OTHER, please specify	11	18%

10. I adjust the preoperative bowel preparation according to surgical parameters (check all that apply):

Anticipated length of surgery	2	3%
Anticipated complexity of surgery and/or adhesions	26	42%
Anticipated bowel surgery	31	50%
Desire to avoid early postoperative bowel movement (i.e., after radical perineal/vulvar resection)	6	10%
No adjustment/Non-applicable	22	35%
OTHER, please specify	4	6%

11. I adjust the preoperative bowel preparation according to the comorbidities of my patient

Strongly agree	9	15%
Agree	21	34%
Neutral/Non applicable	10	16%
Disagree	21	34%
Strongly disagree	1	2%
Total	62	100%

12. In recent (<5) years my use of preoperative bowel preparation has

Increased	2	3%
Decreased	48	77%
Stayed the same	12	19%
Total	62	100%

13. My use of preoperative bowel preparation is/has been influenced by the fact that my patients dislike it

Strongly agree	2	3%
Agree	12	19%
Neutral	21	34%
Disagree	25	40%
Strongly disagree	2	3%
Total	62	100%

14. My use of preoperative bowel preparation is/has been influenced by the fact that my patients are unwell (i.e., dehydrated, electrolyte imbalance) after receiving it

Strongly agree	9	15%
Agree	24	39%
Neutral	12	19%
Disagree	16	26%
Strongly disagree	1	2%

Total	62	100%
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15. My use of preoperative bowel preparation is/has been influenced by the fact that it does not seem to impact my surgical outcomes

Strongly agree	9	15%
Agree	28	45%
Neutral	18	29%
Disagree	5	8%
Strongly disagree	2	3%
Total	62	100%

16. My use of preoperative bowel preparation is/has been influenced by the fact that there is no evidence I know of to support its use

Strongly agree	18	29%
Agree	23	37%
Neutral	11	18%
Disagree	10	16%
Strongly disagree	0	0%
Total	62	100%

17. My use of preoperative bowel preparation is/has been influenced by the fact that the majority of my colleagues order it

Strongly agree	1	2%
Agree	8	13%
Neutral	10	16%
Disagree	36	58%
Strongly disagree	7	11%
Total	62	100%

18. Preoperative bowel prep is routinely used by the following groups at my institution (check all that apply):

Gynecologic oncologists	28	51%
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General surgeons	34	62%
General gynecologists	8	15%
OTHER, please specify	11	20%

19. My perception is that use of preoperative bowel preparation by gynecologic oncologists is

Less than general gynecologists	13	21%
More than general gynecologists	44	71%
About the same as general gynecologists	5	8%
Total	62	100%

20. My perception is that use of preoperative bowel preparation by gynecologic oncologists is

Less than general surgeons	24	39%
More than general surgeons	14	23%
About the same as general surgeons	24	39%
Total	62	100%

21. I think NOT using a preoperative bowel preparation would be looked on DISFAVORABLY by my institution

Strongly agree	1	2%
Agree	9	15%
Neutral/Not applicable	19	31%
Disagree	26	42%
Strongly disagree	7	11%
Total	62	100%

22. I think NOT using a preoperative bowel preparation would/does influence the use of preoperative bowel preparation at my institution

Strongly agree	1	2%
Agree	12	20%
Neutral	34	56%

Disagree	13	21%
Strongly disagree	1	2%
Total	61	100%

23. Guidelines regarding the use of preoperative bowel preparation that are specific to the field of gynecologic oncology would be helpful		
Strongly agree	19	31%
Agree	25	40%
Neutral	12	19%
Disagree	5	8%
Strongly disagree	1	2%
Total	62	100%

4. When/if I order a preoperative bowel preparation I typically use

Respondent #	Response
	1 Picosalax
	2 clear liquids and Fleet
	3 Two Dulcolax tabs with water x2 day pre-op
	4 picosilax
	5 Not sure what it is called. Change from oral fleet
	6 Pico-silax
	7 clear fluids +/- rectal fleet
	8 picosalax
	9 switching from oral fleet to rectal fleet

9. The reasons I use preoperative bowel preparation include (check all that apply):

Respondent #	Response
	1 messy if doing a low anterior resection
	2 increase space in the pelvis with enema
	3 helps keep bowel away during laparoscopic procedur
	4 Only for advanced ovarian debulking procedures
	5 Literature supports none of these statements...
	6 Bowel easier to work with
	7 patient comfort post op
	8 clean the bowell to facilitate anatomosis
	9 improve operative ease inanticipated bowel surgery

10 makes bowel surgery easier

11 Post operative patient comfort

10. I adjust the preoperative bowel preparation according to surgical parameters (check all that apply):

Respondent #

Response

1 laparoscopic pelvic surgery

2 Clearly individualize use, but rarely use now....

3 chronic constipation with obstipation

4 Medical co-morbidities

18. Preoperative bowel prep is routinely used by the following groups at my institution (check all that apply):

Respondent #

Response

1 depends on the general surgeon

2 not routinely used by most

3 dont know

4 surgical oncologists

5 Individual specific, not group specific

6 none

7 Unknown

8 not routinely used by any service any more

9 gynecologic oncologists decreasing use

10 Not routinely except laparoscopic procedures

11 unaware of others behaviour