

Use of Preoperative Bowel Preparation by Gynecologic Oncologists (1)

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Preoperative Bowel Preparation

Page 1 - Question 1 - Choice - One Answer (Bullets)

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Page 2 - Question 2 - Choice - Multiple Answers (Bullets)

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

- Laparoscopy
- Laparotomy
- Vaginal procedures
- I do not routinely order preoperative bowel preparation

Page 3 - Question 3 - Choice - Multiple Answers (Bullets)

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

- Ovarian
- Endometrial
- Cervical
- Vulvar
- I do not routinely order preoperative bowel preparation

Page 4 - Question 4 - Choice - One Answer (Bullets)

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

- Oral magnesium citrate
 - Oral Go-LYTELEY (PEG)
 - Oral Fleet phospho-soda (sodium phosphates)
 - Rectal prep only e.g., Fleet enema
 - OTHER, please specify
-

Page 5 - Question 5 - Choice - One Answer (Bullets)

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Page 6 - Question 6 - Choice - One Answer (Bullets)

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Page 7 - Question 7 - Choice - One Answer (Bullets)

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Page 8 - Question 8 - Choice - One Answer (Bullets)

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Page 9 - Question 9 - Choice - Multiple Answers (Bullets)

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

- Decreases rate of infection
 - Improved visibility (decompression) for laparoscopic procedures
 - Decreased risk of intraoperative bowel injury
 - Decreased risk to anastomosis if bowel surgery required
 - Ability to discern metastatic bowel lesions (vs. stool) on palpation
 - I do not routinely order preoperative bowel preparation
 - OTHER, please specify
-

Page 10 - Question 10 - Choice - Multiple Answers (Bullets)

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

- Anticipated length of surgery
- Anticipated complexity of surgery and/or adhesions

- Anticipated bowel surgery
 - Desire to avoid early postoperative bowel movement (i.e., after radical perineal/vulvar resection)
 - No adjustment/Non-applicable
 - OTHER, please specify
-

Page 11 - Question 11 - Choice - One Answer (Bullets)

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

- Strongly agree
- Agree
- Neutral/Non applicable
- Disagree
- Strongly disagree

Page 12 - Question 12 - Choice - One Answer (Bullets)

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

- Increased
- Decreased
- Stayed the same

Page 13 - Question 13 - Choice - One Answer (Bullets)

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Page 14 - Question 14 - Choice - One Answer (Bullets)

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
- Agree
- Neutral
- Disagree
- Strongly disagree

Page 15 - Question 15 - Choice - One Answer (Bullets)

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
- Agree
- Neutral
- Disagree
- Strongly disagree

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
- Agree
- Neutral
- Disagree
- Strongly disagree

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

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

- Gynecologic oncologists
 - General surgeons
 - General gynecologists
 - OTHER, please specify
-

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

- Less than general gynecologists
- More than general gynecologists
- About the same as general gynecologists

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

- Less than general surgeons
- More than general surgeons
- About the same as general surgeons

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

- Strongly agree
- Agree
- Neutral/Not applicable
- Disagree
- Strongly disagree

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

- Strongly agree
- Agree
- Netural
- Disagree
- Strongly disagree

Guidelines regarding the use of preoperative bowel preparation that are specific to the field of gynecologic oncology would be helpful

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree