

Appendix 1 to Peeling L, Hentschel S, Fox R, et al. Intraoperative spinal cord and nerve root monitoring: a survey of Canadian spine surgeons. *Can J Surg* 2010;53:324-8.

Canadian Spine Society Survey – Spinal Cord / Nerve Root Monitoring

Name: _____

Training Background: Neurosurgery Orthopedics

Type of Practice: Private Full Time Academic Part Time Academic

How many years have you been in practice? ≤ 5 yrs 5-10 yrs 10-20 yrs >20 yrs

1) What type of *intraoperative* electrophysiological monitoring for spinal surgery is available at your institution? (*Check all that apply*) SSEP MEP EMG None

2) Do you *ever* use electrophysiological monitoring (SSEP, MEP, EMG) during *spine surgery*?
Yes No ***If you answered no, then go to step 6

3) *Who* does the spine monitoring at your institution?
Anesthesia Surgeon Electrophysiology Neurology

4) What is the MAIN REASON you use spine monitoring? (*Check ONE ONLY*):
Reduce operative risk for the patient
Hospital policy
Everyone else is using it
Liability risks

5) Please note the type(s) of monitoring you currently use (*Check all that apply*):
Indication for surgery SSEP MEP EMG
Lumbar disc herniation
Cervical disc herniation
Thoracic disc herniation
Cervical stenosis
Lumbar stenosis
Instrumentation (cervical or thoracic)
Instrumentation (below L2)
Scoliosis or deformity correction
Discitis/osteomyelitis with spinal cord compression
Metastasis with spinal cord compression
Intradural extramedullary spine tumor
Spinal cord tumor

6) Do you think that spine monitoring should be a *standard of care* in Canada?
Not at all
Yes, for selected cases (Check all that apply)
○ Reduction of major deformity/scoliosis
○ Spinal cord compression (symptomatic asymptomatic)
○ Spinal cord tumors
○ Instrumentation (spinal cord levels only all levels to assess nerve root)
○ Other _____
Yes, for all spinal surgeries

Thanks for your participation! Please return this form in the envelope provided.