

Appendix 1 to Holland J, Chesney T, Dossa F, et al. Do North American colorectal surgeons use mesh to prevent parastomal hernia? A survey of current attitudes and practice. *Can J Surg* 2019.

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Appendix 1. Online survey

This study aims to understand the current attitudes and practice patterns of Canadian and American colorectal surgeons regarding the use of prophylactic mesh in end-colostomies for the prevention of parastomal hernia formation. Please answer the following questions to the best of your ability.

1. How many years have you been in practice as a surgeon?
 - 5 years or fewer
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - 20 years or more
2. Which of the following best describes the location of your primary practice?
 - Community hospital-based practice
 - Academic or University affiliated hospital-based practice
 - Other
3. What is your primary area of practice?
 - [Free text]
4. On average, how many operations do you perform that require creation of an end colostomy in a year?
 - [Free text]
5. How common are clinically detectable parastomal hernias in end-colostomies at 5 years or more after their creation?
 - <10%
 - 10-20%
 - 20-30%
 - 40-50%
 - >50%
6. Are you aware of other surgeons regularly using prophylactic mesh in end colostomies at your institution?
 - Yes, there are 1 or 2 surgeons who use mesh at my institution
 - Yes, this is a common practice among surgeons at my institution
 - No
7. Choose the option that best describes your current practice regarding the use of mesh to prevent parastomal hernia when creating an end colostomy:
 - I do not use prophylactic mesh, and I am not considering using it at this time.
 - I have considered using prophylactic mesh, but have made no steps to implement this change in my practice.

- I have considered using prophylactic mesh and have taken steps to implement this into my practice within a year.
- I currently use prophylactic mesh when creating an end colostomy.
- I have used prophylactic mesh in the past but no longer do so.

8. If you have taken steps to implement in the use of prophylactic mesh but have not yet made the change in your practice, please describe these steps.

- [Free text]

9. If you have used mesh in end colostomies in the past but no longer do so, please describe why this is the case.

- [Free text]

10. For the following questions, please rate your level of agreement on a five point scale from strongly agree to strongly disagree. (Strongly Agree / Agree / Neutral / Disagree / Strongly Disagree)

- Parastomal hernias have a negative impact on the quality of life of patients with end colostomies.
- I am aware of the current literature investigating the use of prophylactic mesh for parastomal hernia prevention.
- There is high-quality evidence that prophylactic mesh reduces the rate of parastomal hernia occurrence in end colostomies.
- Using prophylactic mesh would reduce the rate of parastomal hernia in end-colostomies in my patients.
- Prophylactic mesh use in end colostomies increases the risk of short-term complications.
- Prophylactic mesh use in end colostomies increases the risk of long-term complications.
- Parastomal hernias are not problematic enough to justify prophylactic mesh placement.
- There are better techniques than mesh placement to prevent parastomal hernias.
- Prophylactic mesh placement is just too risky.
- Placing mesh during the creation of an end colostomy is technically easy.
- I would face or have already faced institutional barriers in my hospital to obtaining and using prophylactic mesh in end colostomies.
- I would face negative professional consequences if there were any complications from prophylactic mesh insertion.
- Placing a prophylactic mesh is too time consuming.
- Prophylactic mesh is a cost-effective intervention.
- My patients would object to the placement of a prophylactic parastomal mesh.
- I would require prophylactic mesh to be used routinely by my colleagues prior to considering changing my practice.
- I am reluctant to use prophylactic mesh without a clinical practice guideline recommending its use.
- Uncertainty on which type of mesh to use is a significant barrier to my use of prophylactic mesh.
- Uncertainty on the ideal technique of mesh insertion is a significant barrier to my use of prophylactic mesh.
- I have reservations on the available research on prophylactic mesh as industry factors may have unduly influenced it.

The following questions were asked only of those who answered that they were not using mesh

Please use the following questions to expand on previous answers or add any additional information you would like to share on this topic

11. Why have you decided not to use mesh in end colostomies at present?

- [Free text]

12. What further information or tools would you consider helpful in deciding whether or not to use prophylactic mesh in end colostomy in the future?

- [Free text]

13. What do you consider to be the major barriers to the use of prophylactic mesh during end colostomy creation?

- [Free text]

14. What further information or tools would you consider helpful in implementing the use of prophylactic mesh during end colostomy creation if you decided to incorporate its use in your practice in the future?

- [Free text]

The following questions were asked only of those who answered that they were currently using mesh

15. In your current practice, how frequently do you include mesh when creating an end colostomy?

- In all patient
- In most patients
- In specific patients (please specify)

16. What type of mesh do you use primarily?

- Lightweight polypropylene
- Composite polypropylene
- Biologic mesh
- Other (please specify)

17. What technique do you use in mesh placement?

- Onlay
- Sublay (i.e. Retromuscular or preperitoneal)
- Underlay / Intraperitoneal
- Other (please specify)

19. What do you consider to be the major barriers you overcame in implementing the use of prophylactic mesh during end colostomy creation?

- [Free text]

20. What information or tools were most helpful in deciding and implementing this change in your practice?

- [Free text]

21. If you would be willing to be contacted for further discussion regarding your experiences with the use of prophylactic mesh, please enter the email address or phone number at which we can reach you.

- [Free text]