

## Questionnaire

Q1 (AUSTRALIA) In which state is your practice based?

- ACT
- NSW
- NT
- QLD
- SA
- TAS
- VIC
- WA

Q2 Is your primary practice based in: (select one)

- Capital/major city
- Large regional city
- Small rural/region

Q3 Do you perform tonsillectomies outside of the city in which your practice is based? (select multiple)

- Yes - in a capital/major city
- Yes - in a large regional town/city
- Yes - in a small rural/regional location
- No

Q4 What stage post - Fellowship are you?

- New Consultant <1 year
- Consultant >1 year and < 10 years
- Consultant >10 years

Q5 Did you train in Australia or New Zealand under the OHNS RACS SET program or did you train overseas?

- Australia/New Zealand SET training
- Overseas trained

Q6 Do you work in:

- Public
- Private
- Both

Q7 Do you supervise RACS accredited ENT trainees

- Yes
- No

Q8 What is your preferred tonsillectomy technique? (Select one)

- Monopolar tonsillectomy with electrocautery haemostasis
- Coblation tonsillectomy/haemostasis

- Bizact tonsillectomy
- Cold steel tonsillectomy
- Tonsillotomy
- Other (please specify)

Q9 Does your tonsillectomy technique change when treating paediatric populations?

- No change
- Yes, change to Monopolar tonsillectomy with electrocautery haemostasis
- Yes, change to Coblation tonsillectomy/haemostasis
- Yes, change to Bizact tonsillectomy
- Yes, change to Cold steel tonsillectomy
- Yes, change to Tonsillotomy
- Yes, change to other (please specify)

Q10 How would you define appropriate postoperative proximity to an ENT - serviced hospital (select one)

- < 30 minutes
- < 45 minutes
- < 1 hour
- < 90 minutes
- > 90 minutes

Q11 Does your tonsillectomy practice for Q10 change when treating paediatric populations?

- No change
- Yes, change to < 30 minutes
- Yes, change to <45 minutes
- Yes, change to < 1 hour
- Yes, change to < 90 minutes
- Yes, change to > 90 minutes

Q12 Do you offer tonsillectomy for patients that live further than 1 hour from an ENT- serviced hospital if the patient was planning to go home D1 postoperatively? (select one)

- Yes
- No

Q13 Does your tonsillectomy practice change for Q12 when treating paediatric populations?

- No change
- Yes, I offer tonsillectomy for patients that live further than 1 hour from an ENT serviced hospital if the patient is planning to go home D1 postoperatively
- No I do not offer tonsillectomy for patients that

live further than 1 hour from an ENT serviced hospital if the patient is planning to go home D1 postoperatively.

Q14 If Yes to Q12, do you change your operative technique? (select one)

- a. No change
- b. Yes, change to Monopolar tonsillectomy with electrocautery haemostasis
- c. Yes, change to Coblation tonsillectomy/haemostasis
- d. Yes, change to Bizact tonsillectomy
- e. Yes, change to Cold steel tonsillectomy
- f. Yes, change to Tonsillotomy

Q15 If Yes to Q 13, do you change your operative technique? (select one)

- a. No change
- b. Yes, change to Monopolar tonsillectomy with electrocautery haemostasis
- c. Yes, change to Coblation tonsillectomy/haemostasis
- d. Yes, change to Bizact tonsillectomy
- e. Yes, change to Cold steel tonsillectomy
- f. Yes, change to Tonsillotomy
- g. Yes, change to Other

Q16 Regarding tonsillectomy for a patient that lives >1 hour from an ENT serviced hospital, do you: (select one)

- a. Offer the operation only if the patient remains within proximity to an ENT-serviced hospital for 10-14 days?
- b. Offer the operation only if the patient remains within proximity to an Emergency Department (no ENT support) with
- c. ability to support/resuscitate post-tonsillectomy haemorrhage patients for 10-14 days?
- d. Offer the operation regardless of the above?
- e. Impose other restrictions during the patient recovery?

Q17 Does your tonsillectomy practice change when treating paediatric populations, for a patient that lives >1 hour from an ENT – serviced hospital?

- a. No change - same approach as adult population
- b. Offer the operation only if the patient remains within proximity to an ENT-serviced hospital for 10-14 days?
- c. Offer the operation only if the patient remains within proximity to an Emergency Department (no

- ENT support) with
- d. ability to support/resuscitate post-tonsillectomy haemorrhage patients for 10-14 days?
- e. Offer the operation regardless of the above?
- f. Impose other restrictions during the patient recovery? Please list:
- g. Please list:

Q18 When do you routinely discharge your postoperative routine

tonsillectomy patients? (Select one)

- a. Day of surgery
- b. Day 1 postoperative
- c. > Day 1 postoperative

Q19 Does your Tonsillectomy practice change when treating paediatric populations?

- a. No Change
- b. Yes, Day of surgery
- c. Yes, Day 1 postoperative
- d. Yes > Day 1 postoperative

Q20 Do you change your normal discharge timing for patients that live >1h from an ENT-serviced hospital? (select one)

- a. Yes, day of surgery
- b. Yes, Day 1 postoperative
- c. Yes, > Day 1 postoperative
- d. No

Q21 Does your tonsillectomy practice change when treating paediatric populations, relating to post operative discharge for paediatric patients that live >1 hour from an ENT-serviced hospital?

- a. No change
- b. Yes, Day of Surgery
- c. Yes, Day 1 postoperative
- d. Yes, > Day 1 postoperative

Q22 What medications do you routinely prescribe for post-tonsillectomy analgesia (select multiple)

- a. Paracetamol
- b. Non-selective NSAIDs (eg. Ibuprofen)
- c. Selective COX 2 inhibitors (eg. Celecoxib)
- d. Opioids
- e. Steroids
- f. Neuropathics

Q23 Does your tonsillectomy practice change when treating paediatric populations, relating to routine post-tonsillectomy analgesia?

- a. No change
- b. Yes, routinely prescribe Paracetamol
- c. Yes, routinely prescribe Non-selective NSAIDs (eg. Ibuprofen)
- d. Yes, routinely prescribe Selective COX 2 inhibitors (eg. Celecoxib)
- e. Yes, routinely prescribe Opioids
- f. Yes, routinely prescribe Steroids
- g. Yes, routinely prescribe Neuropathics
- h. Other (please specify)

Q24 Do you restrict any post-operative analgesia for patients living > 1 hour from an ENT - serviced hospital? (select multiple)

- a. No
- b. Yes, I omit: i. Paracetamol
- c. Yes, I omit: ii. Non-selective NSAIDs (eg. Ibuprofen)
- d. Yes, I omit: iii. Selective COX 2 inhibitors (eg. Celecoxib)
- e. Yes, I omit: iv. Opioids
- f. Yes, I omit: v. Steroids
- g. Yes, I omit: vi. Neuropathics
- h. Yes, I reduce the dose of Paracetamol
- i. Yes, I reduce Non-selective NSAIDs (eg. Ibuprofen)
- j. Yes, I reduce Selective COX 2 inhibitors (eg. Celecoxib)
- k. Yes, I reduce Opioids
- l. Yes, I reduce Steroids
- m. Yes, I reduce Neuropathics
- n. Other (please specify)

Q25 Do you change your practice when treating paediatric populations relating to restrict any post-operative analgesia for patients living >1 hour from an ENT - serviced hospital? (select multiple)

- a. No change
- b. Yes, I omit: i. Paracetamol
- c. Yes, I omit: ii. Non-selective NSAIDs (eg. Ibuprofen)
- d. Yes, I omit: iii. Selective COX 2 inhibitors (eg. Celecoxib)
- e. Yes, I omit: iv. Opioids
- f. Yes, I omit: v. Steroids

- g. Yes, I omit: vi. Neuropathics
- h. Yes, I reduce the dose of Paracetamol
- i. Yes, I reduce Non-selective NSAIDs (eg. Ibuprofen)
- j. Yes, I reduce Selective COX 2 inhibitors (eg. Celecoxib)
- k. Yes, I reduce Opioids
- l. Yes, I reduce Steroids
- m. Yes, I reduce Neuropathics
- n. Other (please specify)

Q26 Do you follow up on your routine post-tonsillectomy patients? (select one)

- a. Yes: face-to-face
- b. Yes: phone call
- c. Yes: telehealth
- d. No: GP follow up
- e. Other (please specify)

Q27 Does your tonsillectomy practice change when treating paediatric population, relating to Q26?

- a. No change
- b. Yes, face-to-face
- c. Yes, phone call
- d. Yes, telehealth
- e. No: GP follow up
- f. Other (please specify)

Q28 Do you change your routine follow up for patients living >1h from ENT -serviced hospital? (select one)

- a. Yes: face-to-face
- b. Yes: phone call
- c. Yes: telehealth
- d. No: GP follow up
- e. Other (please specify)

Q29 Does your tonsillectomy practice change when treating paediatric populations, relating to Q28?

- a. No change
- b. Yes, face-to-face
- c. Yes, phone call
- d. Yes, telehealth
- e. No: GP follow up
- f. Other (please specify)