## **Appendix 1**

Survey questionnaire

## Water Precautions After Grommet Insertion

Thank you for your participation in this survey.

This survey will collect de-identified data to determine the current trends in water precautions post grommet insertion advised by otorhinolaryngologists in Australia. The results will assist in identifying any changes in clinical practice, comparing our practices with current clinical guidelines, as well as to the practices in the UK and US.

1. In which state do you practice the majority of time?

ACT New South Wales Northern Territory Queensland South Australia Tasmania Victoria Western Australia

2. Are you a training registrar or a consultant Otorhinolaryngologist?

Registrar Consultant

3. How many years' experience do you have as an Otorhinolaryngologist?

- N/A 0-5 years 6-10 years
- >10 years
- 4. Your instructions following grommet insertion for bathing:

Use ear-plugs until grommet extrusion Prophylactic antibiotics ear drops after bathing No restrictions

- 5. Your instructions following grommet insertion for pool swimming: No swimming until grommet extrusion Swimming is allowed with the appropriate barrier devices Prophylactic antibiotics ear drops after swimming No restrictions
- 6. Your instructions following grommet insertion for ocean swimming: No swimming until grommet extrusion Swimming is allowed with the appropriate barrier devices

Prophylactic antibiotics ear drops after swimming No restrictions

- 7. Your instructions following grommet insertion for diving Surface swimming only Limit to shallow diving only No depth specifications
- Did you completed the previous 'Water Precautions After Grommet Insertion' survey in 2015? No - I have not completed previous survey Yes - I have completed previous survey Unsure
- 9. If Yes, has your practice changed since and how so? [Text box for comments]

## Appendix 2

## Free text box comments

- Perhaps include river swimming not good experience when in northern NSW but multifactorial
- Bathing depends on the child. If they like to submerge and swim in the bath then I recommend precautions
- Use good sealing neoprene headband
- I request patients to not deliberately drown their ears in bath water despite no restrictions on the wearing of protection
- In the bath I say you can get the ears wet in plane water, but after the soap or shampoo, need to not lie down in the water
- My impression is quality of water influences risk eg dirty farm dams are more risk than the sea
- Usually recommend plugs and band if head going under surface of water by 1 metre
- Clean water eg showering , swimming in chlorinated or clean pools and the ocean no restrictions. Bath water or soapy water, shampoos avoid or wear plugs
- Strict water precautions for 6 weeks post grommet surgery
- Advice I give is general— no point suggesting something that causes World War III at bath time if the potential benefit is small.
- Submerging the ears in soapy bath water is the most dangerous
- I ask patients to avoid soapy water exposure. No precautions for non-soapy water to depth of 1 m
- Use your experience
- The American Academy guidelines from some years ago are pretty clear and were well marketed. Hopefully everybody has followed them
- I follow the American academy guidelines.
- If infections occur with water coming in, then I change to no water policy at anytime til grommets extrude
- I advise against swimming deeper than 2 m, to avoid getting soapy water in the war and no swimming in the Murray River. Other than that, no restriction or cautions
- Engage in open discussion for clean water exposure from 2/52 post surgery. Treat if otorrhoea develops and then keep dry
- I'm happy for no restrictions for showers but barrier for baths. Haven't had someone who dives, but I would probably recommend shallow dive trial and review situation wouldn't want an equalization/vertigo problem at depth putting the diver at risk
- Advise that no precautions necessary during showers but if head submerged in bath, then NO shampoo or soap until ready to be washed and removed
- I get them to tilt their head forward when washing their hair and don't lie down in bath, so rarely near plugs
- I use simplest advice possible to make compliance easy for parents/care givers
- Re bathing. Keep head out. But wash hair with hand shower or clean water scooped from basin.
- I agree the need for a consistent guideline
- Precautions if not a major stand up issue with younger kids. If not counsel risk of no barrier is low
- In my practice I find that it is very uncommon to see tube otorrhoea without a history of water contamination or URTI
- The majority of small children are not alone in water and don't go beneath one metre. If there are frequent water related episodes of otorrhoea then ear plugs are advocated though I am not sure when I last suggested this. Grommet patients need to be able to hear and not have ears blocked by plugs.
- My practice is to avoid swimming for 4 weeks after insertion and try to keep ears dry when bathing at a minimum, with plugs for both if tolerated. There was no "other" option in the first few questions
- Thanks. But your selected answers would be better to allow other options eg allowed to swim in ocean without restriction if head above water, but plugs if head under water
- In terms of "bathing", if having a shower my patients have no restrictions, but if having a bath where their head goes underwater then I advise earplugs.
- I am fairly strict in the immediate post op period whilst the myringotomy is still a 'wound' but after 1st post op review

I am far more liberal. The only caveat to more relaxed advice, especially for country patients is that I still counsel against diving or suggest swimming plugs if swimming in estuaries/billabongs/damns/inland rivers where the bacterial load is far higher - as opposed to cold southern ocean waters or chlorinated swimming pools.

- I'm happy for showering without ear protection but for ear plugs when sitting or playing in a bath tub with soapy water
- Recommend cotton wool with vaseline for bath shower rather than ear plugs, better tolerated and single use so less infection risk