

Appendix 1: Management of post-operative epistaxis survey questions

1. The data obtained in this survey will be stored securely in a password protected electronic format on Microsoft 365 Forms. To help protect your confidentiality, the survey will not gather personally identifiable information. The results will be used for academic purposes only and will not be shared with outside agencies. The anonymous data may be used for future research purposes, if approved by an ethics committee. Do you consent to participate in this survey?
 - Yes
 - No
2. Where do you practice?
 - South Island, New Zealand
 - North Island, New Zealand
 - Australian Capital Territory
 - New South Wales
 - Queensland
 - Northern Territory
 - Western Australia
 - South Australia
 - Victoria
 - Tasmania
3. Are you a fellowship trained rhinologist?
 - Yes
 - No
4. In what setting do you work?
 - Full time public hospital appointment
 - Private practice only
 - Private practice with part time public hospital appointment/VMO contract
 - Retired from clinical practice
5. How many years into post FRACS practice are you?
 - 0–5
 - 6–10
 - 11–15
 - 16–20
 - 20+
6. How many nasal/sinus surgeries do you perform each year?
 - 0–25
 - 26–50
 - 51–100
 - 101–150
 - >150
7. Approximately how many post-operative epistaxis presentations do you manage each in a year?
 - 0–5
 - 6–10
 - 11–15
 - 16–20
 - 20+
8. How confident are you at managing post-operative epistaxis?
 - Not at all confident
 - Some hesitations
 - Neutral
 - Comfortable
 - Very confident
9. Do you give tranexamic acid (IV or oral) to patients who present with post-operative epistaxis?
 - Yes, routinely in all patients unless contraindicated
 - Never
 - In select patients only (please specify in the “Other” box below)
 - Other: _____
10. Following first aid with anterior nasal pressure, please arrange the next steps of management that you would pursue in your clinical practice. You can drag the options to arrange them.
 - Silver nitrate cautery
 - Topical agents
 - Nasal packing/tamponade
 - Theatres for endoscopic cautery
 - Theatres for SPA ligation
 - Angiogram + IR embolisation
11. Of the above options, is there a management option you would not pursue?
 - Silver nitrate cautery
 - Topical agents
 - Nasal packing/tamponade
 - Theatres for endoscopic cautery
 - Theatres for SPA ligation
 - Angiogram + IR embolisation

12. Regarding the above question, if there was a management option you would not pursue, why not?
Enter your answer
13. What topical agents do you use, if any?
- Co-phenylcaine
 - Oxymetazoline
 - Tranexamic acid
 - Adrenaline
 - Desmopressin
 - I do not use topical agents
 - Other: _____
14. What nasal packing/tamponade do you use, if any?
- Nasopore
 - Surgicel
 - Flo-seal
 - Gel-foam
 - RapidRhino
 - Gauze soaked in topical agent
 - I do not use any nasal packing/tamponade
 - Other: _____
15. Do you routinely use antibiotics in post-operative epistaxis?
- Yes
 - No
16. If the patient was using sinus rinse post-operatively, when can they return to using the rinse after their epistaxis has been controlled?
- Immediately
 - Within 72 hours
 - Between 72 hours and 1 week
 - In 1-2 weeks
 - >2 weeks
17. Do you treat paediatric patients any differently?
- Yes
 - No
18. If you answered yes to the above question, please detail below:
Enter your answer