

Appendix 1

b) Forward viewing echoendoscope

Asian EUS Group (AEG) questionnaire on the practice of EUS guided pseudocyst drainage by each endoscopist

Demographics	10. What is your choice of needle?
1. What is your country of practice?	a) 19G needle
2. What is your specialty?	b) 19G access needle
□ Surgeon □ Gastroenterologist □ Others	c) Giovanni needle
3. What is your type of practice?	d) Others:
□ Private □ Academic	11. What is your choice of wire and how many do you use?
4. What is your year of graduation:	a) \Box 0.035" or \Box 0.025"
5. What is your year of specialist registration:	b) □ Single or □ Double wire
6. What is your experience in Endoscopy (years):	12. What instruments do you use for tract dilation?
7. Do you perform complex endoscopic procedures	(You can select more than one answer)
(ERCP or ESD)? □ Yes □ No	□ Tapered tip catheter
	□ Cystotome
Practices on endoscopic drainage of pseudocyst	□ Needle-knife
Please select the best answer:	☐ CRE balloon
1. Do you practice endoscopic drainage of pseudocyst?	13. What is the size of dilation of the track?
□ Yes □ No	a) ≤5 mm
2. How many cases have you done?	b) 8 mm
3. Which endoscopic modality do you prefer to use for drainage	c) 10 mm
of pseudocyst	d) >10 mm
a) EGD	14. Would you use plastic or metallic stents?
b) EUS	a) Plastic:
c) ERCP	How many?
4. Do you routinely give antibiotics to patients prior to the	b) Metallic
procedure?	Reasons for your choice?
□ Yes □ No	15. Would you use transcystic catheters? ☐ Yes ☐ No
5. How long would you continue antibiotics for in these patients?	16. Do you admit the patients after the procedure? \square Yes \square No
a) 2 more doses	17. How long would you keep the stents for?
b) 3 days	a) 1 month
c) 5 days	b) 3 months
d) 1 week	c) 6 months
e) Antibiotics not needed	d) 12 months
6. Is ERCP and pancreatic stenting essential prior to pseudocyst	e) >12 months
drainage?	18. What is the minimum number of procedures required to be
a) Yes	performed before technical proficiency is obtained?
b) No	a) 10
c) Only in patients with partial ductal disruption	b) 25
d) Only in patients with complete ductal disruption	c) 50
7. How would you select the site of drainage?	d) >50
(more than one answer is permitted)	19. Is prior experience in ERCP required?
□ Transgastric drainage preferred	a) Yes
□ Transduodenal drainage preferred	b) No
□ Transesophageal drainage preferred	c) Recommended
☐ Minimal thickness of intervening tissue	
□ Avoidance of intervening vessels	
☐ Avoidance of angulation of the endoscope	
8. Is fluoroscopy essential for EUS guided pseudocyst drainage?	
a) Yes	
b) No	
c) Recommended	
9. What is your choice of echoendoscope?	
a) Linear array echoendoscope	