Copy of Treating symptomatic uterine fibroids with myomectomy

1. Treating symptomatic uterine fibroids with myomectomy: Current views and...

Dear Colleague

We would like to learn your views and practices on treating symptomatic uterine fibroids with myomectomy. We are aware that you receive many requests to complete questionnaires, and apologize for this imposition. We estimate that this questionnaire will take 10 minutes of your valuable time, and we thank you in anticipation.

2.

1. Approximately how many myomectomy procedures do you perform per year?

| | 0 | 1-10 | 11-20 | 21-50 | >50 |
|-----------------|---|------|-------|-------|-----|
| Open /abdominal | 0 | O | O | O | O |
| Laparoscopic | O | 0 | 0 | 0 | 0 |
| Hysteroscopic | 0 | O | O | O | O |

3.

2. Do you use pre-myomectomy GnRH analogues?

| | n/a | never | sometimes | All the time |
|-----------------|-----|-------|-----------|--------------|
| Open/ abdominal | 0 | 0 | 0 | 0 |
| Laparoscopic | 0 | 0 | 0 | О |
| Hysteroscopic | 0 | O | O | O |

3. How long do you use GnRH analogues for?

| | n/a | 1 month | 2 months | 3 or more months |
|----------------|-----|---------|----------|------------------|
| open/abdominal | 0 | 0 | 0 | O |
| laparoscopic | 0 | O | 0 | O |
| hysteroscopy | 0 | O | 0 | O |

| py of Treating s | following state: | ments as to reflec | t your views on the | use of GnRH |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|---------------------|--------------|
| nalogues prior to a | bdominal myom | ectomy | - | |
| I use it to correct anaemia prior to surgery | Y | es | N C | |
| I use it reduce blood loss during surgery | C | | C |) |
| It renders the operation easier | C | | C | 5 |
| It destroys tissue planes | C | | C | |
| I use it reduce fibroid size to perform a transverse supra-pubic incision instead of a vertical incision | C | | C |) |
| I use it to reduce fibroid size so to perform a vaginal hysterectomy instead of an abdominal one | C | | C | |
| | | | | |
| | ch blood prior to | o myomectomy ? | | |
| 5. Do you cross-mat | ch blood prior to | o myomectomy ? Never | Sometimes © | All the time |
| 5. Do you cross-mat Open /abdominal | n/a | Never | | |
| 5. Do you cross-mat Open /abdominal Laparoscopic Hysteroscopic | n/a O O | Never O O | © © © | O O |
| 5. Do you cross-mat Open /abdominal Laparoscopic Hysteroscopic 6. Which of the follow | n/a O O | Never O O | © © © | O O |
| 5. Do you cross-mat Open /abdominal Laparoscopic Hysteroscopic 6. Which of the followall that applies | n/a O O | Never O O | © © © | O O |
| □ Vasopressin□ Misoprostol | n/a O O | Never O O | © © © | O O |
| 5. Do you cross-mat Open /abdominal Laparoscopic Hysteroscopic 6. Which of the followall that applies Tourniquets/ clamps Vasopressin Misoprostol Oxytocin | n/a O O | Never O O | © © © | O O |
| Open /abdominal Laparoscopic Hysteroscopic 6. Which of the followall that applies Tourniquets/ clamps Vasopressin Misoprostol Oxytocin Tranexamic acid | n/a O O | Never O O | © © © | O O |
| 5. Do you cross-mat Open /abdominal Laparoscopic Hysteroscopic 6. Which of the followall that applies Tourniquets/ clamps Vasopressin Misoprostol Oxytocin | n/a O O | Never O O | © © © | 0 0 |
| Open /abdominal Laparoscopic Hysteroscopic 6. Which of the followall that applies Tourniquets/ clamps Vasopressin Misoprostol Oxytocin Tranexamic acid Other (please specify) | n/a O O O wing do you use | Never O O O at myomectomy | to reduce blood los | O O |
| Open /abdominal Laparoscopic Hysteroscopic 6. Which of the followall that applies Tourniquets/ clamps Vasopressin Misoprostol Oxytocin Tranexamic acid Other (please specify) | n/a O O O wing do you use | Never O O O at myomectomy | to reduce blood los | O O |
| Open /abdominal Laparoscopic Hysteroscopic 6. Which of the followall that applies Tourniquets/ clamps Vasopressin Misoprostol Oxytocin Tranexamic acid Other (please specify) | n/a O O O wing do you use | Never O O O at myomectomy | to reduce blood los | O O |

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|-----|---------------------------------------------------------------------------------------------------|
| 5. | |
| | s there is a limit on the size of uterus on which YOU would perform an abdominal omectomy? |
| 0 | n/a |
| 0 | no limit |
| 0 | up to 16/40weeks |
| 0 | up to 20/40 weeks |
| 0 | up to 24/40 weeks |
| | Do you have a limit on the number of fibroids YOU would attempt to remove aroscopically? |
| 0 | n/a |
| 0 | never more than 1 |
| 0 | maximum 2 |
| 0 | maximum 3 |
| 0 | maximum 4 |
| 0 | no limit |
| | Do you have a limit on the size of intramural fibroids YOU would attempt to remove aroscopically? |
| 0 | n/a |
| 0 | up to 5cm |
| 0 | up to 10cm |
| 0 | up to 20cm |
| 0 | no limit |
| | |
| | |
| | |

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| | teroscopically? |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0 | n/a |
| 0 | no more than 1 |
| 0 | maximum 2 |
| 0 | maximum 3 |
| 0 | maximum 4 |
| 0 | no limit |
| 12. | Do you have a limit on the size of fibroids YOU would attempt to remove |
| hys | teroscopically? |
| 0 | n/a |
| 0 | up to 2cm |
| 0 | up to 4cm |
| 0 | up to 6cm > 6cm |
| | With regards to removal of fibroids at open myomectomy, how many fibroids do you to remove? |
| 0 | n/a |
| 0 | all of them |
| 0 | only those that I believe are causing symptoms |
| 6. | |
| sim O | Would you perform a myomectomy on a woman whose family is complete, but who aply wishes to retain her uterus because she feels more a "complete" woman? Yes No |
| pot | In a woman who had a previous open myomectomy who wishes to retain fertility ential, would you agree to perform a repeat myomectomy? |
| | No No |
| | |

| 16. Should complex myoma surgery be performed only by experienced gynaecologists |
|----------------------------------------------------------------------------------------------------|
| who frequently perform this operation? |
| O Yes |
| C No |
| 7. |
| 17. Do you have local access to a Uterine Artery Embolization (UAE) service? |
| O Yes |
| O No |
| 18. Would you offer UAE to a woman wishing to conceive? |
| C Yes |
| O No |
| 19. Have you read the latest (December 2013) RCOG /Royal Collage of Radiologists guideline on UAE? |
| C Yes |
| © No |
| 8. |
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| | N/A | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----|----|
| ave never heard of this | 0 | O | 0 |
| nave heard of this drug | O | O | О |
| have used this drug on a umber of occasions prior o myomectomy | C | C | C |
| have used this drug pre- nyomectomy and found it ffective / useful | O | О | O |
| now routinely use this drug pre-myomectomy | O | О | 0 |
| have used ulipristal | 0 | 0 | O |
| | | | |
| contraception I have used ulipristal acetate for indications other than fibroids and emergency contraception | C | • | 0 |
| contraception I have used ulipristal acetate for indications other than fibroids and emergency contraception about yourself 1. How many years h | | | C |
| contraception I have used ulipristal acetate for indications other than fibroids and emergency contraception about yourself 1. How many years h | | | C |
| contraception I have used ulipristal acetate for indications other than fibroids and emergency contraception about yourself 1. How many years have a second of the contract | | | • |
| contraception I have used ulipristal acetate for indications other than fibroids and emergency contraception about yourself 1. How many years have a second of the contract | | | C |
| O 10 – 14 | | | • |
| contraception I have used ulipristal acetate for indications other than fibroids and emergency contraception about yourself 1. How many years have a second of the seco | ave you been a cor | | C |
| contraception I have used ulipristal acetate for indications other than fibroids and emergency contraception about yourself 1. How many years have a second of the seco | ave you been a cor | | |

| 23. | Which of the following best describes your current place of practice? |
|-------------|-----------------------------------------------------------------------|
| 0 | Tertiary Centre |
| 0 | University Teaching Hospital |
| 0 | District General Hospital |
| 0 | Community / Primary Care setting |
| 0 | I am retired |
| 24. | Which of these options best describes your current field of work? |
| 0 | Obstetrics (non-subspecialist) only |
| 0 | Gynaecology (non-subspecialist) only |
| 0 | Obstetrics & Gynaecology (generalist) |
| 0 | Subspecialist in Gynaecological Oncology |
| 0 | Subspecialist in Urogynaecology |
| 0 | Subspecialist in Reproductive Medicine |
| 0 | Subspecialist in Fetal Maternal Medicine |
| | |
| 0 | Other (please specify) |
| 0 | Other (please specify) |
| | |
| | Other (please specify) Thank you |
| l 0. | Thank you |
| 10. | |
| 10. | Thank you |