

Bariatric Practice

This form asks about your primary practice and the effect COVID19 has had on your Bariatric surgery. There are 28 questions (excluding branching/associated questions). It is envisaged that it should take under 30 minutes to complete and you will only have to complete it once.

Thank you for taking this time to complete the form

About You (3 Questions)

1 What country do you work in?

- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua and Barbuda
- Argentina
- Armenia
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei
- Bulgaria
- Burkina Faso
- Burundi
- Cabo Verde
- Cambodia
- Cameroon
- Canada
- Central African Republic (CAR)
- Chad
- Chile
- China
- Colombia
- Comoros
- Congo, Democratic Republic of the
- Congo, Republic of the
- Costa Rica
- Cote d'Ivoire
- Croatia
- Cuba
- Cyprus
- Czechia
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Eswatini (formerly Swaziland)
- Ethiopia
- Fiji
- Finland
- France
- Gabon
- Gambia
- Georgia
- Germany
- Ghana
- Greece
- Grenada
- Guatemala

- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Honduras
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Israel
- Italy
- Jamaica
- Japan
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kosovo
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Mauritania
- Mauritius
- Mexico
- Micronesia
- Moldova
- Monaco
- Mongolia
- Montenegro
- Morocco
- Mozambique
- Myanmar (formerly Burma)
- Namibia
- Nauru
- Nepal
- Netherlands
- New Zealand
- Nicaragua
- Niger
- Nigeria
- North Korea
- North Macedonia (formerly Macedonia)
- Norway
- Oman
- Pakistan
- Palau
- Palestine
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Poland

- Portugal
- Qatar
- Romania
- Russia
- Rwanda
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Korea
- South Sudan
- Spain
- Sri Lanka
- Sudan
- Suriname
- Sweden
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- Timor-Leste
- Togo
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates (UAE)
- United Kingdom (UK)
- United States of America (USA)
- Uruguay
- Uzbekistan
- Vanuatu
- Vatican City (Holy See)
- Venezuela
- Vietnam
- Yemen
- Zambia
- Zimbabwe
- Other

Country Other : Please enter your country

Please allow location services for automated latitude
- (click on update - location services must be turned
on)

Please allow location services for automated longitude
- (click on update - location services must be turned
on) _____

2 Please enter your highest qualification (for the
purposes of publication) _____

3 What type of bariatric practices are you affiliated
with? Private practice only
 Government-funded practice only
 Combination of both

About Your primary hospital (6 Questions)

(Your primary hospital is where you do the majority of your bariatric procedures)

4 Name of Primary Hospital (for publication purposes)

5 Which city is your primary bariatric practice located
in? _____

6 What is the total number of beds at your primary
hospital? < 200
 200 - 500
 500 - 1000
 1000 - 2000
 >2000

7 Which of the following apply to your primary hospital
? District general hospital
 Teaching hospital
 University Hospital (one which is affiliated with
a medical school/ college)

8 How long have you been practicing bariatric surgery/
bariatric endoscopy (in years)? _____

9 How many bariatric procedures (surgical and
endoscopic) have you performed? (Estimate) < 500
 500-999
 1000-5000
 >5000

COVID 19 and your Primary Hospital (10 Questions)

**Please be as accurate as possible with the following questions, as dates will be used to
calculate the chronology/ time-line of COVID19 in your area/ hospital and its impact on
bariatric practice.**

10 When was the first case of COVID-19 (Corona Virus)
reported in your city? (please give your best estimate
if you are not completely certain) _____
((D-M-Y))

11 Were any patients with COVID-19 admitted to your
primary hospital? Yes
 No

When was the first patient with COVID-19 admitted to
your primary hospital? (please give your best estimate
if you are not completely certain) _____
((D-M-Y))

What was the maximum number of COVID-19 patients treated in your hospital at any one time including ITU admissions? - (please give your best estimate if you are not completely certain)

When was the peak of COVID-19 in your hospital in terms of number of admissions? (please give your best estimate if you are not completely certain)

 ((D-M-Y))

12 What impact has COVID19 had on you elective (routine or planned) bariatric surgical practice?

Decreased No Change Increased

What caused the increase in your elective surgeries?

Why was there no change in your elective surgery load?

Was COVID19 the only reason for the decrease in elective bariatric surgery?

When did the change in elective bariatric surgery volume begin? (please give your best estimate if you are not completely certain)

 ((D-M-Y))

13 Did your elective bariatric practice cease completely at any point?

Yes No

When did elective bariatric surgery stop? (please give your best estimate if you are not completely certain)

 ((D-M-Y))

When did bariatric surgery restart or when do you plan to restart? (please give your best estimate if you are not completely certain)

 ((D-M-Y))

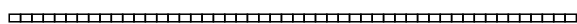
14 What restrictions are there to bariatric practice for the duration of COVID in your primary hospital?

- Long waiters given priority
- Reduced number of bariatric procedures allowed
- Patients with uncontrolled diabetes given priority
- Patients requiring organ transplantation given priority
- No restrictions
- Other

Other restricitions

15 What is your balance of priority for the duration of COVID in these patients?

Low BMI, No-comorbidities In order of waiting list High BMI, mutiple and uncontrolled co-morbidities



(Place a mark on the scale above)

16 How many COVID+ patients do you currently have in your hospital including ITU admissions? (please give your best estimate if you are not completely certain)

17 After restarting bariatric surgery, will your hospital continue to treat COVID19 patients? Yes No

Where are/will the COVID+ patients (be) treated?

What precautions are being/will be taken to prevent elective bariatric surgery patients coming in contact with COVID-19 patients at your facility?

- Separate wards (elective and COVID positive)
- Separate theatres
- COVID +ve patients will be moved to a new site
- None of the above
- Other

Other precautions

18 Which of the following form part of your preoperative screening protocol at the start of bariatric surgery?

- Two COVID19 PCR tests pre-operatively (approx. 3 and 2 days prior to surgery)
- One COVID19 PCR test preoperatively
- One COVID19 antibody test preoperatively
- Preoperative Chest X-ray
- Preoperative Chest CT Scan
- None of the above
- Other

Other Preoperative Surgery Protocol

- 19 Which mandatory self isolation process will apply to patients?
- One week pre-op
 Two weeks pre-op
 One week post-op
 Two week post-op
 Other
 No mandatory isolation

isolation: other

- Is patient allowed to be with family member(s) or carer(s) during self-isolation?
- Yes
 No
 Not Applicable

COVID specific precautions for hospital staff (8 questions)

	Nursing staff	Surgeons	Non-clinical staff (cleaners/porters)	Not needed for any staff
20 Masks to be worn in wards/clinics at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Staff to be tested once for PCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Staff to be tested weekly for PCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Staff to be tested for antibody (if positive for PCR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Staff to maintain diary for symptoms and temperature monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 25 What "eligibility to work" protocols does your primary hospital use for staff?
- PCR negative
 PCR positive staff must be antibody positive
 Antibody positive
 No protocols
 Other

Eligibility to work protocols other

- 26 What was the time lag between WHO guidelines for use of PPE during surgery and endoscopy, and appropriate PPE equipment being made available at your hospital?
- PPE equipment was available immediately after guidelines were issued.
 There was a time lag of 0 - 10 days.
 There was a time lag of 10 - 20 days.
 There was a time lag of 20 - 40 days.
 All appropriate PPE equipment is still not available at my hospital.
 Other

Other

27 In which cases do you use full PPE (including a FFP3 or N5 mask) in theatres? Please select all that apply.

- Cases where PCR/ antibody status not known
- Cases where PCR positive but antibody negative
- All cases
- No cases
- Other

other cases using full PPE (including a FFP3 or N5 mask) in theatres

28 With regards to endoscopic bariatric procedures at your primary hospital, which of the following will apply to the use of PPE ?

- Full PPE (including FFP3/N95 mask) for all endoscopic procedures
- Full PPE only for cases where PCR/ antibody status not known
- Full PPE for cases that are PCR positive, antibody negative
- Endoscopic procedures will be performed without full PPE
- Not applicable
- Others

other uses of PPE

Would you like to collaborate with us in future studies based on a collaborative model of authorship?

- Yes
- No