

## Use of Scrotal US

\* 1. Dr. Larry Lipshultz and his fellows are working on a research study about the use of scrotal ultrasound in urology.

We would like to collect anonymous information regarding your practice patterns using this survey. Taking part in this survey is completely voluntary. It will not cost you to take part in this study nor will we pay you to participate.

By clicking "Yes" and filling out this survey, you are consenting to participate in this anonymous research.

☐ Yes

☐ No

Use of Scrotal US

2. Do you perform or interpret scrotal ultrasounds in routine practice?

☐ Yes

☐ No

## Use of Scrotal US

3. Which of the following best describes you?

- |   |  |
|---|--|
| <input type="radio"/> Attending Urologist               | <input type="radio"/> Attending Radiologist                  |
| <input type="radio"/> Resident / Fellow Urologist       | <input type="radio"/> Resident / Fellow OB/Gyn               |
| <input type="radio"/> Ultrasound Technician in Training | <input type="radio"/> Attending Reproductive Endocrinologist |
| <input type="radio"/> Ultrasound Technician             | <input type="radio"/> Advance Practice Provider / NP / PA    |
| <input type="radio"/> Resident/ Fellow Radiologist      | <input type="radio"/> Nurse in Urology                       |
| <input type="radio"/> Other (please specify)            |  |

\* 4. For how many years have you been finished with training?

- |   |                                     |
|---|-------------------------------------|
| <input type="radio"/> Still in training | <input type="radio"/> 10 - 15 years |
| <input type="radio"/> < 5 years         | <input type="radio"/> > 15 years    |
| <input type="radio"/> 5 - 10 years      |                                     |

\* 5. Have you completed a fellowship in Andrology / Sexual Medicine / Male Infertility?

- |                           |                                      |
|---------------------------|--------------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> Not applicable |
| <input type="radio"/> No  |                                      |

\* 6. How would you describe your practice?

- |  |  |
|--|--|
| <input type="radio"/> Private practice, employed by a hospital     | <input type="radio"/> Academic                   |
| <input type="radio"/> Private practice, not employed by a hospital | <input type="radio"/> Employed by the government |

\* 7. How would you describe your practice location?

☐ Urban

☐ Suburban

☐ Rural

\* 8. Where is your practice?

☐ United States

☐ Europe

☐ Canada

☐ Asia

☐ Mexico

☐ Africa

☐ Central/South America

☐ Australia/Oceania

\* 9. How many practioners are actively practicing at your primary office location?

☐ 1

☐ 6 - 10

☐ 2

☐ more than 11

☐ 3 - 5

## Use of Scrotal US

\* 10. Do you perform your own scrotal ultrasounds?

☐ Yes

☐ No

## Use of Scrotal US

### Performing Own US

11. Do you look for varicoceles routinely when performing a scrotal ultrasound?

☐ Yes

☐ No

12. Where do you place the ultrasound probe when measuring scrotal veins?

☐ Inguinal

☐ High scrotal

☐ Other (please specify)

13. Do you routinely measure venous diameter in varicoceles?

☐ Yes

☐ No

14. What diameter (in mm) is used to call a dilated vein a "varicocele"? Type in NA if you do not measure diameters?

15. Are patients supine or standing when you measure venous diameter and check for varicoceles?

☐ Supine

☐ Unsure

☐ Standing

☐ Does not look for varicoceles

☐ Supine and Standing (2 separate measurements)

16. Do you assess for retrograde flow in dilated veins?

☐ Yes

☐ No

17. Is retrograde flow a requirement to make a radiographic diagnosis of varicocele?

☐ Yes

☐ No

18. Do you have the patient valsalva when taking measurements and looking for varicoceles on ultrasound?

☐ Yes

☐ No

## Use of Scrotal US

19. Do you read or utilize scrotal ultrasounds in your practice?

☐ Yes

☐ No



## Use of Scrotal US

### Utilizing Ultrasound

\* 20. Does the person performing the scrotal ultrasound routinely look for varicoceles?

☐ Yes

☐ Unsure / Do not know

☐ No

\* 21. Where does the person performing the scrotal ultrasound place the ultrasound probe when measuring scrotal veins?

☐ Inguinal

☐ Unsure / Do not know

☐ High scrotal

\* 22. Does the person performing the scrotal ultrasound routinely measure venous diameter in varicoceles

☐ Yes

☐ Unsure / Do not know

☐ No

23. What diameter is used to call a dilated vein a "varicocele"? (Write N/A if not applicable)

\* 24. Are patients supine or standing when measure venous diameter is measured and varicoceles are looked for?

☐ Supine

☐ Supine and Standing (2 separate measurements)

☐ Standing

☐ Unsure

☐ Supine and Standing (at the same time)

☐ Does not look for varicoceles

25. Do you assess for retrograde flow in dilated veins?

☐ Yes

☐ No

26. Is retrograde flow a requirement to make a radiographic diagnosis of varicocele?

☐ Yes

☐ No

27. Do patients valsalva when taking measurements and looking for varicoceles on ultrasound?

☐ Yes

☐ No

Use of Scrotal US

28. Are you a urologist / are you involved in deciding to perform varicocele repair?

☐ Yes

☐ No



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## Use of Scrotal US

### Varicocelectomy

29. For which indications would you fix a palpable varicocele (one discovered on physical exam)? Select all that apply.

☐

Pain

☐

Idiopathic infertility

☐

Abnormal semen parameters

☐

Testicular atrophy / Smaller testis size

☐

Hypogonadism

☐

None of the above / Never

☐

Cosmetics

30. For which indications would you fix a subclinical / non-palpable varicocele (one discovered on scrotal ultrasound)? Select all that apply.

☐

Pain

☐

Idiopathic infertility

☐

Abnormal semen parameters

☐

Testicular atrophy / smaller testis size

☐

Hypogonadism

☐

None of the above / never

☐

Cosmetics