## Yong R, et al. Laser access and utilization preferences for pediatric ureteroscopy: A survey of the Societies of Pediatric Urology

## **APPENDIX**

Supplementary Fig. 1. Survey sent to members of the Societies of Pediatric Urology.

Dear Colleagues,

Thank you for the time in completing our survey. As the incidence of pediatric nephrolithiasis rises, our specialty continues to further its understanding of the surgical management of urolithiasis in children and how these cases may differ from the adult population. An understanding of current practice patterns within the SPU will help us to understand current opportunities and challenges of treatment for children with nephrolithiasis. This work may further help to plan future studies in optimizing surgical stone treatment within the pediatric realm.

Thank you again for your time (5-10 minutes) to complete our survey.

- 1) How many years have you been in practice 8) What is the estimated yearly volume of c. 31-50 d. 51-70 2) What is your American Urological > 70 e. > 70

  9. Approximately how many ureteroscopies for nephrolithiasis did you perform last year? (choose one)

  a. 0-15

  b. 16-30

  c. 31-45

  d. 46-60 Association section? (choose one) a. Northeastern
  b. New England
  c. New York
  d. Mid Atlantic
  e. North Central Southeastern South Central > 60 Western Other (Please Specify) ureteroscopic cases for elective lithotripsy b. 21-40%c. 41-60%d. 61-80% 4) Is your practice primarily pediatric-based (i.e. children < 18 years of age)? (choose</li> 11) is the holmium laser the preferred energy source for ureteroscopic lithotripsy within your group? (choose one) b. No
  ) What is your practice type? (choose one)
  a. Academic
  b. Community Based
  c. Other (Please Specify)
  6) in what type of hospital setting do you practice: (choose one)
  a. Free-Standing Children's Hospital
  b. Deciliate heapth landship hase hospital. 12) What is your access to holmium laser for lithotripsy? (choose one) lithotripsy? (choose one)
  a. Own a laser
  b. Rent a laser
  c. Combination of ownership and rental
  13) Do you have after-hours access to a
  holmium laser? (choose one) Free-Standing Children's Hospital
   Pediatric hospital within a larger hospital
   complex (i.e. hospital within a hospital)
   Cither (Please Specify)
   What is the estimated yearly volume of ureteroscopy done within your pediatric group? (choose one) 0-20 cases per year 14) Who operates the holmium laser during b. 21-50 cases per year treatment? (choose one) c. 51-80 cases per year d. 81-100 cases per year e. >100 cases per year Dedicated circulating nurse b. Dedicated laser techni c. Other (Please Specify)
- power of the holmium laser which you most year old child, which laser setting frequently have access to? (choose one) combination most closely approximates a. 20-40 Watts b. 41-60 Watts your preferred initial settings? (choose one) s. 1.0 J, 10 Hz (10 W) c. 61-80 Watts b. 0.2 J, 40 Hz (8 W) d. 81-100 Watts c. 0.5 J, 5 Hz (2.5 W) d. 0.5 J, 80 Hz (40 W) e. > 100 f. Unsure g. Other (Please Specify) For a 6 mm ureteral calculus in a healthy 10 year old child, which laser setting 16) Does the laser to which you most frequently combination most closely approximates have access to have differential pulse length settings (i.e. long-pulse, short-pulse)? your preferred initial settings? (choose one) a. 1.0 J, 10 Hz (10 W) (Note: pulse-length is different than the b. 0.2 J. 40 Hz (8 W) c. 0.5 J, 5 Hz (2.5 W) frequency setting for the laser?) (choose one) d. 0.5 J. 80 Hz (40 W) a. Yes b. No 21) For what proportion of cases do you utilize an access sheath? (choose one) a. I never use an access sheath
   b. < 25%</li> c. Other (Please Specify) c. 26-50% Laser Settings and Practice Patterns
  17) For a 1 cm renal pelvis stone in a healthy 10 d. 50-75% > 75% 22) What is your preferred method for year old child, your preferred ureteroscopic management is: (choose one)
  a. Dusting irrigation during flexible ureteroscopy with lithotripsy? (choose one) b. Basket extraction of larger fragments a. Gravity 18) What factors influence your decision Pressure bag irrigation
   Automatic infusion

  23) What is the make/model of the flexible making in your answer for the previous question? (choose all that apply) Stone clearance ureteroscope which you utilize most c. Avoidance of an access sheath Avoidance of a post-operative stent
   Concern for residual fragments
   Limited access to a high powered laser 24) Within the past year, have you utilized a single-use (i.e. disposable) flexible ureteroscope in a pediatric (i.e. < 18 years g. Concern for stasis within the urinary of age) patient? (choose one) system a. Yes h. Concern for bacterial colonization of the b. No 25) Which type of optical visualization do you urinary tract and/or infection-related calculi primarily utilize in pediatric flexible

19) For a 1 cm renal pelvis stone in a healthy 10

ureteroscopy? (choose one)

a. Fiberoptic

b. Digital

15) Which power range best represents the

i. Operative time

others)

None of the factors (please specify

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Supplementary Table 1. Index case responses and practice preferences		
	n	%
Index case #1 – Initial laser settings		
1 J, 10 Hz (10 W)	34	35%
0.2 J, 40 Hz (8 W)	33	34%
0.5 J, 5 Hz (2.5 W)	21	22%
0.5 J, 80 Hz (40 W)	9	9%
Index case #2 – Initial laser settings		
1 J, 10 Hz (10 W)	18	19%
0.2 J, 40 Hz (8 W)	29	30%
0.5 J, 5 Hz (2.5 W)	42	43%
0.5 J, 80 Hz (40 W)	8	8%
Optical visualization		
Fiberoptic	38	39%
Digital	57	59%
Unsure	2	2%
Irrigation method		
Gravity	8	8%
Hand irrigation	51	53%
Pressure bag	35	36%
Manual pump	2	2%
Primary method of optical visualization		
Fiberoptic	37	38%
Digital	57	59%
Unsure	2	2%
Use of disposable ureteroscope within past 12 months		
Yes	25	26%
No	71	73%