

APPENDIX

Survey:

We thank you for taking approximately 10 minutes of your time to complete our survey. The purpose is to better understand the practices of physicians in BC with respect to females with stress urinary incontinence (SUI). Your responses are anonymous.

1. What is your gender?
 - a. Female
 - b. Male
2. What is your age?
 - a. 21-40
 - b. 41-50
 - c. 51-60
 - d. 61-70
 - e. 71+
3. Are you a:
 - a. Gynecologist
 - b. Urogynecologist
 - c. Urologist
 - d. Other (specify):
4. Do you treat women with SUI?
 - a. Yes
 - b. No
5. Of those women you see with SUI in consultation do you offer any of the below treatments (click all that apply)?
 - a. Conservative measures (i.e. avoidance of bladder irritants, constipation)
 - b. Anti-incontinence device (i.e. urethral plug, pessary)
 - c. Pelvic floor physiotherapy
 - d. Medications
 - e. Periurethral injections
 - f. Midurethral slings (MUS)
 - g. Autologous fascial slings
 - h. Retropubic urethropexies
 - i. Other (specify):
6. In patients with mixed urinary incontinence do you tend to treat the urgency urinary incontinence (UUI) first or the stress urinary incontinence (SUI) first?
 - a. UUI
 - b. SUI
7. Of those women you see with SUI in consultation approximately what proportion do you refer for pelvic floor physiotherapy?
 - a. <10%
 - b. 11-25%
 - c. 26-50%

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- d. 51-75%
 - e. 76-100%
8. Of those women you see with SUI in consultation approximately what proportion do you offer surgical options to?
- a. <10%
 - b. 11-25%
 - c. 26-50%
 - d. 51-75%
 - e. 76-100%
9. Of those women you see with SUI in consultation approximately what proportion go on to have surgery?
- a. <10%
 - b. 11-25%
 - c. 26-50%
 - d. 51-75%
 - e. 76-100%
10. Of those women who go on to have surgery what proportion have you performed a cystoscopy on prior?
- a. <10%
 - b. 11-25%
 - c. 26-50%
 - d. 51-75%
 - e. 76-100%
11. Of those women who go on to have surgery what proportion have you performed urodynamics on prior?
- a. <10%
 - b. 11-25%
 - c. 26-50%
 - d. 51-75%
 - e. 76-100%
12. In your practice do you perform incontinence surgeries for women?
- a. Yes
 - b. No
13. If no, who do you refer these patients to for surgery?
- a. Urologist
 - b. Urogynecologist
 - c. Gynecologist
 - d. Other (specify):
14. If yes, what surgeries do you perform?
- a. Midurethral slings (MUS)
 - b. Autologous fascial slings
 - c. Retropubic urethropexies
 - d. Periurethral injections
 - e. Other (specify):
15. If yes, what surgery do you perform the most of?

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- a. Midurethral slings (MUS)
 - b. Autologous fascial slings
 - c. Retropubic urethropexies
 - d. Periurethral injections
 - e. Other (specify):
16. If you perform midurethral slings which type do you perform (click all that are relevant)?
- a. Retropubic
 - b. Transobstorator
 - c. Mini sling
17. If you perform midurethral slings approximately how many do you do perform per year?
- a. Open answer
18. If you perform autologous fascial slings which site do you harvest the fascia from?
- a. Rectus
 - b. Fascia lata
 - c. Cadaveric
19. If you perform autologous fascial slings approximately how many do you do perform per year?
20. If you do not utilize mesh is there a reason why?
- a. Open answer
21. If you perform midurethral slings what is the most common complication you see:
- a. urinary retention
 - b. urinary tract infection
 - c. Recurrent SUI
 - d. Pain (including groin pain)
 - e. Mesh issues
 - f. Other (specify):
22. If you perform surgeries that utilize mesh have you noticed a change in your patients' preference for type of anti-incontinence surgeries since the publication of the mesh warnings from Health Canada (<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/vaginal-surgical-mesh/risks.html>)?
- a. Yes
 - b. No
23. If yes, what have you noticed?
- a. Open answer
24. If you have a patient with a mesh complication, how do you manage it?
- a. Vaginal estrogen
 - b. Pelvic floor physiotherapy
 - c. Surgical removal
 - d. Other (specify):
25. Do you perform mesh removal in your practice?
- a. Yes
 - b. No
26. If yes, how many mesh removal surgeries do you do per year?
27. If yes, have you offered:
- a. Surgical removal of the vaginal component only

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- b. Surgical removal of the abdominal component only
 - c. Surgical removal of the leg component only
 - d. Surgical removal of the entire mesh (both arms and vaginal component)
28. If you perform surgical removal of the leg component do you include radiology or orthopedic surgery in the case?
- a. Yes
 - b. No
29. In women who have had a previous midurethral sling and have refractory SUI what is your preferred next surgery?
- a. Midurethral slings (MUS)
 - b. Autologous fascial slings
 - c. Retropubic urethropexies
 - d. Periurethral injections
 - e. Other (specify):
30. If you perform pelvic organ prolapse repairs, do you ever perform an anti-incontinence procedure at the same time in a woman with no pre-operative incontinence?
- a. Yes
 - b. No
31. Do you have any additional comments:
- a. Open answer