Appendix: Questionnaire of Current Practice in Obstetric Anesthesia and Analgesia in Greek Public Hospitals

CONTACT DETAILS/HOSPITAL TYPE (*optional)

Anesthesiologist’s name*: ………………………………………
Address/City: …………………………………………………………………………
Telephone: ……………………E-mail: ……………………………………
Name of the Hospital*: ……… ………………………………………………………………..

PART 1: OBSTETRIC ANESTHESIA FOR CESAREAN DELIVERY (CD)

1. Number of CDs performed in your hospital (under any type of anesthesia) during the 6-months study period (from 03-01-2016 to 08-31-2016): ………
2. Number of CDs performed under spinal anesthesia: …………………
3. Number of CDs performed under epidural anesthesia: …………………
4. Number of CDs performed under CSEA: ……………
5. Number of CDs performed under GA: …………………
6. Of the above number, how many were:
   a. Emergency CD with no enough time for regional anesthesia, Number: …
   b. Parturient refusal for RA or request for GA, Number: …………
   c. Parturients pathology, Number: ……………
   d. Other reasons, Number: ……………………………….
7. Regarding analgesia after CD:
   a. How many women received epidural analgesia after CD (epidural catheter remained in place postoperatively): ………
   b. How many women received opioids with a long duration of action (i.e., morphine) spinally for analgesia after CS
c. How many women received analgesia after CD with simple analgesics and systemic opioids (i.e., morphine, pethidine, tramadol-IV, IM, and SC)
d. Please describe if other methods of analgesia were used: ………

PART 2: OBSTETRIC ANALGESIA FOR LABOR

8. Number of VDs in your hospital (under any type of analgesia) during the 6-months study period (from 03-01-2016 to 08-31-2016): ………
9. Number of epidurals used for labor analgesia: ………………………….
10. Number of combined spinal-epidurals used for labor analgesia: ……………
11. Number of spinal injections used for labor analgesia: …………………
12. Other methods for labor analgesia used in your hospital (you may select more than one box)
   a. PCA with remifentanil: □
   b. Pethidine IM: □
   c. Paracetamol: □
d. Blockage performed by the obstetrician (i.e., pudendal): □
e. Other methods: please describe: …………………………………
f. No analgesia: □
g. Do not know, anesthesiologists are not involved with the delivery suite: □

PART 3: EQUIPMENT/TECHNIQUES

13. Availability of spinal needles: YES □ NO □
14. Availability of epidural sets: YES □ NO □
15. Availability of combined spinal-epidural sets: YES □ NO □
16. Availability of ultrasound suitable for regional techniques/blocks: YES □ NO □
17. Do you use ultrasound for regional techniques in obstetric cases: YES □ NO □

PART 4: COMPLICATIONS

18. Number of epidural hematomas: ……………
19. Number of epidural abscesses: ……………
20. Number of accidental dural punctures with tuohy needle/post-dural puncture headache: …………………
21. Number of cases with permanent neurological damage: cases………..
22. Other serious complications related to regional techniques (please describe): …………………

PART 5: FACTORS AFFECTING THE USE OF REGIONAL TECHNIQUES

23. Number of consultant anesthesiologists in your department: ………
24. How many anesthesiologists are involved in obstetric cases: ………
   a. How many anesthesiologists are familiar and perform spinal blocks in obstetrics cases: ………
   b. How many of anesthesiologists are familiar and perform epidurals/combined spinal-epidurals in obstetrics cases: ………
   c. How many of anesthesiologists are not familiar with regional techniques and provide only GA in obstetrics cases: ………
25. Main reasons for not applying RA/analgesia in your hospital and department (you may select more than one box):
   a. Lack of Equipment: □
   b. Lack of Knowledge/Education/training: □
   c. Parturients’ refusal for regional techniques: □
   d. Anesthesiologists’ preferences: □
   e. Obstetricians’ Preferences: □
   f. Other/Specify: ……………………………………………