

Appendix 2

Survey medics



Participation in this questionnaire is entirely voluntary. Your privacy will be respected. The study is completely anonymous.

What is this research about?

This study concerns making a choice for a gynaecological treatment.

Who is this questionnaire for?

The questionnaire is intended for gynaecologists, gynaecologists in traineeship or doctors interested in a traineeship in gynaecology and PhD gynaecology.

Completing the questionnaire

Your answers can be ticked in the appropriate box. There is room for explanation for some questions.

Handing in

You can hand in the completed questionnaire.

Thanks for completing the questionnaire!

General data

Age _____ years old

Function

- ☐ PhD Gynaecology
- ☐ Interested in traineeship
- ☐ Traineeship
- ☐ Gynaecologist

Subspecialty (when applicable)

Country of activity:

☐ The Netherlands

☐ Belgium

Do you perform endometrial ablations?
supervision

☐ No

☐ Yes

☐ Yes, under

What type of procedure is common in your hospital?

☐ Novasure

☐ Thermachoice

☐ Thermablate

☐ Other (type): _____

Are you satisfied with this treatment?

☐ Strongly dissatisfied

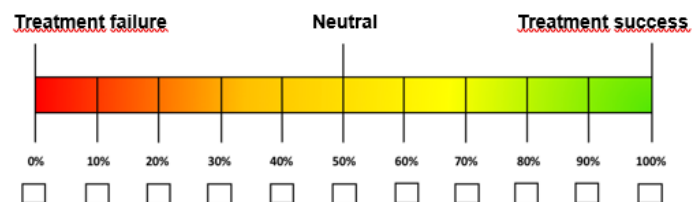
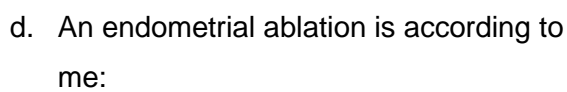
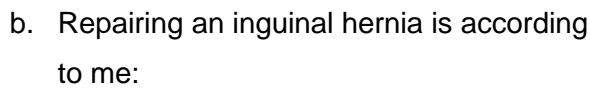
☐ Dissatisfied

☐ Satisfied

☐ Very satisfied

What do you think the success rate (goal of operation retrieved, no reason for re-intervention) of operations mentioned below? (*tick the percentage*)

a. An appendectomy is according to me:



Try to imagine yourself in the following **fictitious case**:

You are treating a healthy 37-year-old woman, mother of a complete family with 2 children. One of the children was born by caesarean section. Her child wish has been completed.

For the past two years she has suffered from abnormal uterine blood loss. She has severe menorrhagia with a heavy flow for 12 days. This puts her in multiple uncomfortable or clumsy situations. She also suffers from dysmenorrhea.

Gynaecological investigation was normal. You discuss treatment options for menorrhagia. Oral contraceptives and Mirena IUD appear not to be a suitable option for this patient. You propose the following possible treatments:

1. Endometrial ablation. This is an out-patient procedure. The treatment only takes about 30 minutes and the patient can go home after 1 hour. Theoretically, this has a success rate of 85% (amenorrhea or reduction of vaginal blood loss). Contraceptives are still necessary and pregnancy is not recommended because of the high risks for the patient and the unborn child.
2. Hysterectomy. This treatment guarantee amenorrhea. Hospital admission for 2 till 5 days is required. Possible complications are thrombosis, bleeding and cystitis. Long-term consequences can include complaints of prolapse and change in sexual experience.

Which treatment would you choose as expert (not depending on preferences of patients)?

☐ Endometrial ablation



Go to **A**

☐ Hysterectomy



Go to **B**

A

You choose endometrial ablation.

1. On what motives did you make your choice?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
Outpatient procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less to no absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding general anaesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fewer risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No permanent scar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own experience in endometrial ablation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ...					

Failure of endometrial ablation is about 15% (evidence based). To gain a better insight into a woman's individual probability, we have developed a mathematical prediction model that calculates this risk of failure. The probability of endometrial ablation failure appears to be around 61% for this fictitious patient.

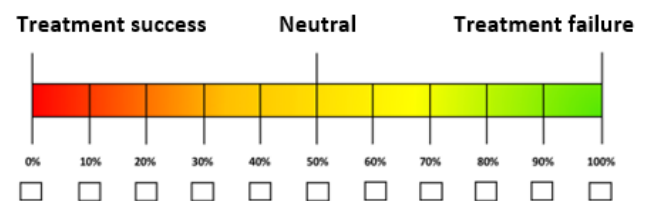
(Failure = patient continues to have abnormal uterine bloodloss, continues to have abdominal pain, is dissatisfied with the treatment, has to undergo another endometrial ablation or hysterectomy).

7. Do you still choose endometrial ablation as treatment?

☐ Yes

☐ No

8. From what percentage of failure, would you no longer opt for endometrial ablation?
If the failure rate is.... %. (tick the percentage)



You chose a percentage between 0% and 60%. Go to question **9**.

You chose a percentage between 61% and 100%. Go to question **10**.

9. You have chosen a percentage between 0% and 60%. Why did you chose this specific percentage? *(multiple options possible)*

☐ Because the risk of failure is too high.

☐ Because I think removing the uterus entirely is a better solution.

☐ Other: _____

10. You have chosen a percentage between 61% and 100%. Why did you chose this specific percentage? *(multiple options possible)*

☐ Because I can avoid possible higher risks of a larger operation (such as removing the uterus entirely)

☐ Because it is worth trying this first, taking pros to cons in consideration.

☐ Other: _____

B

You chose hysterectomy.

2. On what motives did you make your choice?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
Amenorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating dysmenorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General anaesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-off treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uterus became unnecessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less experience in endometrial ablation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ...					

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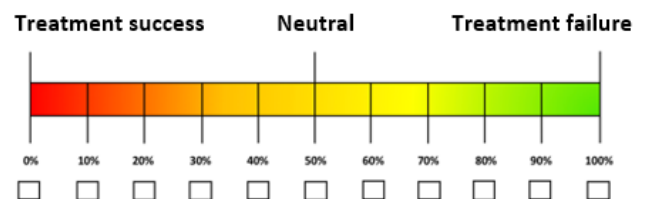
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