**Orthopaedic Trauma Association Questionnaire**

1. Do you manage acute traumatic pelvic fractures in your clinical practice?

☐ Yes

☐ No

2. How many traumatic pelvic fractures do you manage on an annual basis?

 ☐ Fewer than 10

 ☐ Between 11- 50

 ☐ Between 51 - 100

 ☐ More than 100

3. How long ago did you complete your orthopaedic surgical training?

 ☐ Less than 5 years

 ☐ Between 5-10 years

 ☐ More than 10 years

4. What is the trauma level of your primary practice setting?

 ☐ Level I

 ☐ Level II

 ☐ Level III

 ☐ Level IV

 ☐ Level V

 ☐ Other

5. Over the course of a year, how often do you see pelvic fracture patients with a concomitant urethral injury?

☐ Never

 ☐ Between 1 - 5

 ☐ Between 6 - 10

 ☐ Between 10 - 25

 ☐ More than 25

6. Are there urologists at your institution

that manage urologic injuries in these

patients?

 ☐ Yes

☐ No

7. Does the presence of a pelvic fracture with urethral injury affect your management decision-making process?

☐ Yes

☐ No

8. Does the presence of a suprapubic tube affect your management decision-making?

☐ Yes

☐ No

9. In your opinion, are you less inclined to proceed with internal fixation of pelvic injuries in the setting of a suprapubic catheter?

 ☐ Yes

☐ No

10. In your experience, do you feel that the presence of a suprapubic tube increases the risk of post-operative infectious complications following internal fixation of traumatic pelvic fractures?

 ☐ Yes

☐ No

11. In a patient with an unstable pelvic fracture and associated urethral injury, which would you prefer from an orthopaedic perspective?

☐ Suprapubic tube placement (any location) without urethral intervention

☐ Suprapubic tube placement with exit site tunneled cephalad and lateral, away from surgical field

☐ Attempted endoscopic realignment of urethra over a urethral catheter without a suprapubic catheter

☐ Endoscopic realignment of urethra with a urethral foley and concomitant placement of a suprapubic tube

12. In a patient who would otherwise be a

candidate for internal fixation of bony pelvic

injuries, does the presence of a suprapubic

tube impact your decision to proceed with

external fixation to treat the anterior ring

injury?

 ☐ Yes

☐ No

13. In regards to a patient with a pelvic fracture and concomitant urethral injury, do you believe that an external fixator will result in an inferior outcome over internal fixation, when possible?

 ☐ Yes

☐ No

14. Are there particular pelvic fracture configurations that you feel put patients most at risk of complication following internal fixation in the setting of a suprapubic catheter?

 ☐ Pubic diastasis

☐ Acetabular fracture

☐ Sacroiliac joint diastasis

☐ Sacral fractures

☐ Pubic rami fractures

☐ Other: