**Supplemental digital content Appendix A: Survey Questionnaire**

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|  | Question | Responses |
| 1 | Where are you located? | * Selection by state
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| 2 | How long have you worked as a Health Care Professional? | * More than 20 years
* 10 < 20 years
* 5 < 10 years
* 2 < 5 years
* Less than 2 years
* I am not a health care provider
 |
| 3 | In what type of location do you primarily practice ostomy care? (please check all that apply)  | * Acute, hospital, inpatient
* Outpatient clinic
* Home Health Agency (HHA)
* Long Term Care Hospital (LTCH)
* Skilled Nursing Facility (SNF)
* Other (please specify)
 |
| 4 | In what capacity do you provide ostomy care to patients? | * I am a nurse with a specialty in ostomy care (i.e. WOC)
* I am an Advanced Practice Registered Nurse (APRN) with a specialty in ostomy care
* I am a Registered Nurse, but am not certified in ostomy care
* I am an Advanced Practice Registered Nurse (APRN), but am not certified in ostomy care
* I am a Surgeon
* Other (please specify)
 |
| 5 | How long have you been providing ostomy care to patients? | * More than 20 years
* 10 < 20 years
* 5 < 10 years
* 2<- 5 years
* Less than 2 years
* I do not practice ostomy care
 |
| 6 | Approximately what percentage of your patients in 2019 (pre-COVID) were stoma patients? | * Percentage (%)
 |
| 7 | Following stoma surgery, how long do you follow the patient after they have been discharged from the hospital? | * I work in the hospital, so I do not follow patients after they are discharged. After the patient is discharged it is recommended that they follow-up with their own care providers.
* I do not follow patients after they are discharged, but our patients are referred upon discharge to an ostomy specialist to ensure dedicated ostomy care continues after they leave the hospital
* I follow patients for up to three months after they leave hospital
* I follow patients for up to six months after they leave hospital
* I follow patients for more than six months after they leave hospital, based on individual patient needs
 |
| 8 | The literature suggests that peristomal skin complications are primarily caused by leakage of effluent on the skin surrounding the stoma and are the leading cause of decreased quality of life of stoma patients. | * I strongly agree
* I agree
* I neither agree nor disagree
* I disagree
* I strongly disagree
 |
| 9 | The literature suggests that between 45% and 80% of ostomy patients experience peristomal skin complications. Approximately what percentage of your ostomy patients experienced peristomal skin complications in the last year? | * Percentage (%)
 |
| 10 | The term “post-operative period” is not universally defined. Most of the literature defines the post-operative period in stages:· immediate post-op (day 0 – 8)· post-op (day 9 – 30)· transition phase (31 days to 6 months)Does this definition make sense to you, based on your ostomy care experience? | * Yes
* No
* I am not sure
 |
| 11 | In the immediate post-op period (days 0 – 8) and the post-op period (days 9 – 30) what parameters do you consider when determining the best product choice for your stoma patients? (please check all that apply) | * Patient's Body Profile (the area around the stoma sinks inward, protrudes outward or is flat with the abdomen)
* Tight fit to support stoma retraction
* Loose fit to allow for edema
* Condition of peristomal area (area surrounding the stoma)
* Consistency of output
* Other (please specify)
 |
| 12 | What type of stoma and peristomal complications do you see most often in each of the post-operative periods:Immediate post-op period (0 – 8 days)Post-op period (day 9-30)Transition period (day 31 - 6 months) | * Peristomal Skin
* Complications Leakage Pressure Injuries
* Mucocutaneous Separation (MCS)
* Stoma Retraction
* Stomal Necrosis
 |
| 13 | A recent global study found that 75% of patients discharged from hospital leave with a flat pouching system, regardless of the height of their stoma, and that those patients with a stoma below or at skin level often experience leakage and peristomal skin damage in the post-op period. Why do you think this is? (Please check all that apply) | * A flat pouching system does not provide a constant seal and therefore does not adequately protect the skin around the stoma.
* Many clinicians still follow a trial-and-error approach to finding the right ostomy pouching system for patients.
* In-hospital care is often very conservative and routine, always starting with a flat pouching system.
* Lack of follow-up with hospital providers allowing them to understand the results of their product choices.
* Complexity of variables makes it difficult to determine which pouching system is best for the patient in the immediate post-op period.
* There is not enough known about the safe use of convex pouching systems in the immediate post op period.
* Lack of access to convex products in acute care settings
* Other (please specify)
 |
| 14 | What are the clinical indications or characteristics that would lead you to choose a convex pouching system in the immediate post-op and post-op periods (days 0 – 30)? (Please check all that apply) | * The patient has an inward body profile (area around the stoma sinks into the abdomen)
* The stoma opening is level with or below skin level
* The patient’s abdominal surface around the stoma is soft
* The skin around the stoma has superficial creases or deep folds
* High output stomal effluent
* Loop stomas at skin level
* I would never use a convex pouching system in the immediate post-op period
* Other (please specify)
 |
| 15 | Research indicates that the pouching system used in the immediate post-op period (in the first 8 days) should be based on the height of the stoma and the shape and condition of the peristomal area, to protect theperiwound skin, reduce leakage and to set the ostomate up for success and confidence in their stoma. It is therefore important to choose the most appropriate pouching system after surgery to prevent leakage and peristomal skin complications. In your experience, are these research conclusions valid? | * Yes, in my experience the immediate post-op pouching system should be based on these factors.
* I have no opinion on this issue
* No, in my experience a standardized pouching system should always be used in the immediate post-op period
 |
| 16 | What clinical indications or characteristics would lead you to switch a patient to a convex pouching system in the transition period (between 31 days and 6 months)? (Please check all that apply) | * Patient is experiencing leakage
* Patient is experiencing peristomal skin complications
* Patient's body profile has changed to an inward profile
* The stoma has retracted to a position that is level with or

below the level of the skin* Other (please specify)
 |
| 17 | Convexity Product Facts based on current evidence. (I agree with this statement, I did not know that, I don’t agree with this statement) | * There is no evidence of a direct relation between convexity usage and pressure complications.
* There is no evidence or research that shows that convexity usage in the immediate post-op or post-op period leads to increased risk of mucocutaneous separation (MCS).
* No studies have found that patients with peristomal hernias have a higher risk of pressure injuries when using a convex product.
* Evidence suggests that, when used appropriately, convexity products can be used for all types of ostomies and all types of patients.
* There is no evidence linking the use of convex products with the development of granulomas.
* Evidence suggests the use of belts is more likely to cause pressure injuries than the use of a convex pouching system.
* There is no evidence that convex pouching systems should not be used during the immediate post-op period (within the first 8 days after surgery).
 |
| 18 | In your opinion which is the best position in which to assess a patient’s need for a convex pouchingsystem.  | * Sitting
* Standing
* Laying down
* All of the above are needed to properly assess the need for a convex pouching system
 |
| 19 | During the first 6 months after surgery, how many of your patients’ experience body profile changes that are significant enough to require a change in pouching system? | * Most of my patients experience significant body type changes
* Some of my patients experience significant body type changes
* Only a few of my patients experience significant body type changes
* None of my patients experience significant body type changes
* I do not consider body type when choosing a pouching system for my patients
* N/A, I do not follow patients after they are discharged from hospital
 |
| 20 | When do you use convex pouching systems in the first 30 days (immediate post-op or post-op periods) after stoma surgery? | * I use a convex pouching system or products whenever the height of the stoma or the shape and condition of the peristomal skin does not allow for a secure fit if a flat or concave system is used, regardless of when the surgery was performed.
* I only use a convex product in the first 30 days post surgery if the stoma is severely retracted.
* I use a convex product only when all other options have failed to stop leakages.
* I never use a convex product in the first 30 days post surgery.
* Other (please specify)
 |
| 21 | What are the biggest challenges for you in using convex products during the first 6 months after surgery?(please check all that apply) | * Product availability
* Insurance rules
* Institutional policies or procedures
* A bias against the use of convex products in the immediate or post-op period by colleagues or department/institution
* I am not confident in the use of convex products
* I do not believe my patients will be able to effectively manage their self-care with a convex pouching system
* I have no challenges
* Other (please specify)
 |
| 22 | What further information would you need to be comfortable using a convex pouching system, when indicated, in the immediate post-op period? (please check all that apply) | * I don’t need anything, I am comfortable using a convex product when indicated in the immediate post-op period.
* I would need to see further evidence that convex products do not cause MCS or other pressure complications in the immediate post-op period
* I would need more training/education in the effective use of convex pouching systems
* I would need greater access to convex products
* Other (please specify)
 |
| 23 | A global consensus among close to 2000 stoma nurses recommends follow-up should be made with patients within 2 weeks of hospital discharge to reassess the patient’s body profile and to determine which ostomy product type will provide "the best security and confidence". They also recommended that follow-up should occur within 2 weeks after a product change or modification to determine the product’s efficacy and action should be immediately taken if security is still an issue. | * I strongly agree with the consensus
* I agree with the consensus
* I neither agree nor disagree with the consensus
* I disagree with the consensus
* I strongly disagree with the consensus
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