Approach to management of submucous fibroids by gynecological endoscopy surgeons/trainees in Nigeria.

Please note your responses are treated CONFIDENTIALLY. Be as practical and truthful as relates to your regular practice. Kindly complete the survey

**Uterine fibroids are benign tumors present in up to 80% of women of reproductive age (Sparic et al., 2016). It could be subserosal, intramural or submucosal. Oftentimes uterine fibroids are multiple, of varying size and locations, especially among women of African descent (Bettochi et al., 2008). When symptomatic, it is associated with poor health-related quality of life, causes abnormal menstruation, infertility, recurrent pregnancy wastage, miscarriage, premature birth, antepartum and postpartum hemorrhage (Parazzini et al., 2016, Lagana et al., 2017). Treatment of symptomatic uterine fibroids significantly ameliorates these negative impacts (Farquar 2009, Purohit & Vigneswaran, 2016). Hysteroscopic excision of submucous fibroids is reported to positively improve recurrent pregnancy loss and infertility (Farquar 2009, Purohit & Vigneswaran, 2016, Vitagliano et al., 2018).**

**This survey is to highlight the preference of hysteroscopic management of submucous fibroids by specialist gynecologists registered with the Association of Gynaecological Endoscopy Surgeons of Nigeria (AGES).**

1. What is your position/level of exprience?

- a. Consultant gynaecologist
- b. Senior Registrar in gynaecology
- c. Registrar in gynaecology

2. If a consultant gynaecologist, what is your number of years of practice

- a. 1 – 5 years
- b. 6 – 10 years
- c. 11 – 20 years
- d. > 20years

3. What is your level of experience in gynaecological endoscopy?

- Has interest in endoscopy but yet to achieve competence in diagnostic procedures
- Can perform diagnostic procedures but not operative
- Can perform minor and intermediate operative procedures
- Can perform advanced procedures

4. Have you received any additional training in gynaecological endoscopy during/after residency programme?

- None
- Basic Certificate Course in Nigeria
- Basic Certificate Course outside Nigeria (e.g. FMAS)
- Advanced Certificate Course in Nigeria
- Advanced certificate Course outside Nigeria (e.g. DMAS)
- Euro Bachelors in Endoscopy
- Masters in Endoscopy (e.g. MMAS)
- Post Fellowship training in Endoscopy or Reproductive surgery

5. How many hysteroscopic procedures do you do monthly?

- Less than 5
- 6-10
- 11-20
- 21-30
- 31-40
- More than 40

6. My routine choice for evaluation and diagnosis of submucous fibroids is 2D transvaginal scan

- Yes
- No

7. My routine choice for evaluation and diagnosis of submucous fibroids is 3D/4D transvaginal?

- Yes
- No

8. My routine choice for evaluation and diagnosis of submucous fibroids is Hysterosonography?

- Yes
- No

9. My routine choice for evaluation and diagnosis of submucous fibroids is Hysterosalpingography?

- Yes
- No

10. My routine choice for evaluation and diagnosis of submucous fibroids is Computerised Tomography / Magnetic Resonance Imaging?

- Yes
- No

11. My routine choice for evaluation and diagnosis of submucous fibroids is a combination of ultrasound scan + Hysterosonography or hysterosalpingography?

- Yes
- No

12. My routine choice for evaluation and diagnosis of submucous fibroids is Diagnostic hysteroscopy?

- Yes
- No

13. My method of classification of submucous fibroids is FIGO?

- Yes
- No

14. My method of classification of submucous fibroids is ISGE/ESHRE?

- Yes
- No

15. My method of classification of submucous fibroids is None of the above?

- Yes
- No

16. For asymptomatic submucous fibroid which is single and less than 15mm. My choice of management is to leave alone?

- Yes
- No

17. For asymptomatic submucous fibroid which is single and less than 15mm. My choice of management is to leave alone and follow-up monitoring?

- Yes
- No

18. For asymptomatic submucous fibroid which is single and less than 15mm. My choice of management is Office-based hysteroscopic myomectomy?

- Yes
- No

19. For asymptomatic submucous fibroid which is single and less than 15mm. My choice of management is theatre-based hysteroscopic myomectomy?

- Yes
- No

20. For asymptomatic submucous fibroid which is single and less than 15mm. My choice of management is GnRH analog treatment?

- Yes
- No

21. For asymptomatic submucous fibroid which is single and less than 15mm. My choice of management is Ulipristal acetate tablet (ESMYA) treatment after normal hepatic profile?

- Yes
- No

22. If multiple submucous fibroids (2 or more) my choice of management technique is Scissors excision?

- Yes
- No

23. If multiple submucous fibroids (2 or more) my choice of management technique is Cold Loop?

- Yes
- No

24. If multiple submucous fibroids (2 or more) my choice of management technique is Monopolar + resection?

- Yes
- No

25. If multiple submucous fibroids (2 or more) my choice of management technique is Bipolar + resection?

- Yes
- No

26. If multiple submucous fibroids (2 or more) my choice of management technique is Mechanical morcellation?

- Yes
- No

27. If multiple submucous fibroids (2 or more) my choice of management technique is Diagnose and refer?

- Yes
- No

28. If multiple submucous fibroids (2 or more) my choice of management technique is Laser?

- Yes
- No

29. If multiple submucous fibroids (2 or more) my choice of management technique is Dormia basket?

- Yes
- No

30. If multiple submucous fibroids (2 or more) my choice of management technique is Combination cold loop and/or energy resection

- Yes
- No

31. If multiple submucous fibroids (2 or more) my choice of management technique is Combination cold loop and/or mechanical morcelation

- Yes
- No

32. If multiple submucous fibroids (2 or more) my choice of management technique is Open myomectomy?

- Yes
- No

33. If multiple submucous fibroids (2 or more) my choice of management technique is Laparoscopic myomectomy?

- Yes
- No

34. My choice for pre hysteroscopic treatment, if needed, is GnRHa for 1 month?

- Yes
- No

35. My choice for pre hysteroscopic treatment, if needed, is GnRHa for 2 months?

- Yes
- No

36. My choice for pre hysteroscopic treatment, if needed, is GnRHa for 3 months or more?

- Yes
- No

37. My choice for pre hysteroscopic treatment does not include GnRHa at all?

- Yes
- No

38. For operative hysteroscopy, I prefer to use monopolar resection?

- Yes
- No

39. For operative hysteroscopy, I prefer to use bipolar resection?

- Yes
- No

40. For operative hysteroscopy, I use monopolar because that is what I have?

- Yes
- No

41. For operative hysteroscopy, I use bipolar because that is what I have?

- Yes
- No

42. For operative hysteroscopy, I use hysteroscopic morcellator because that is what I have?

- Yes
- No

43. I use whichever equipment is available and I am comfortable with combined with the appropriate distention fluid

- Yes
- No

44. I prefer to use normal Saline for bipolar resection?

- Yes
- No

45. I prefer to use sterile water for bipolar resection?

- Yes
- No

46. I prefer to use dextrose water for monopolar resection?

- Yes
- No

47. I prefer to use glycine for monopolar resection?

- Yes
- No

48. For fluid management in operative hysteroscopy, I routinely monitor fluid deficit?

- Yes
- No

49. For fluid management in operative hysteroscopy, I do not monitor fluid deficit because I do not use more than 3 liters of distention media at all times?

- Yes
- No

50. For fluid management in operative hysteroscopy, I do not monitor because I do not have the device to monitor fluid deficit?

- Yes
- No

51. For operative hysteroscopy, I mostly use Gravity fluid flow?

- Yes
- No

52. For operative hysteroscopy, I mostly use Fluid pressure pump?

- Yes
- No

53. For operative hysteroscopy, I mostly use Hysteromat and other automatic fluid management equipment?

- Yes
- No

54. For submucous fibroid type 2, I conveniently resect hysteroscopically in a Single procedure.

- Yes
- No

55. For submucous fibroid type 2, I conveniently resect hysteroscopically in TWO procedures.

- Yes
- No

56. For submucous fibroid type 2, I conveniently resect hysteroscopically, most times in more than 2 procedures

- Yes
- No

57. I do not do any hysterectopic myomectomy for submucous fibroid; I refer to experienced gynaecologists.

- Yes
- No

58. For submucous fibroid type 2, if more than 3cm, I advise open myomectomy?

- Yes
- No

59. For submucous fibroid type 2, if more than 3cm, I advise laparoscopic myomectomy?

- Yes
- No

60. For preoperative cervical priming to ease dilatation, I routinely use misoprostol?

- Yes
- No

61. For preoperative cervical priming to ease dilatation, I occasionally use misoprostol?

- Yes
- No

62. For preoperative cervical priming to ease dilatation, I use non-touch technique most times without misoprostol?

- Yes
- No

63. For preoperative cervical priming to ease dilatation, I often dilate the cervix without the use of misoprostol?

- Yes
- No

64. For preoperative cervical priming to ease dilatation, I use laminaria few hours before surgery?

- Yes
- No

65. What dose of misoprostol do you use for operative hysteroscopy?

- 200 micrograms
- 400 micrograms
- 600 micrograms
- 1000 microgram

66. What is the route of misoprostol administration?

- Per oral
- Per vagina
- Per rectal

67. How many hours before operative hysteroscopy will you give misoprostol?

- 1 hour
- 2 hours
- 3 hours
- 4-12 hours
- The night before surgery

68. For preoperative, intraoperative and postoperative hysteroscopy antibiotics administration, I administer only preoperative antibiotics?

- Yes
- No

69. For preoperative, intraoperative and postoperative hysteroscopy antibiotics administration, I administer only intraoperative antibiotics?

- Yes
- No

70. For preoperative, intraoperative and postoperative hysteroscopy antibiotics administration, I administer only postop antibiotics?

- Yes
- No

71. For preoperative, intraoperative and postoperative hysteroscopy antibiotics administration, I administer all of the above a+b+c?

- Yes
- No

72. For preoperative, intraoperative and postoperative hysteroscopy antibiotics administration, I administer only intraoperative and postoperative antibiotics?

- Yes
- No

73. For preoperative, intraoperative and postoperative hysteroscopy antibiotics administration, I do not administer antibiotics at all?

- Yes
- No

74. For operative hysteroscopy, my choice of anaesthesia is Subarachnoid block (spinal)?

- Yes
- No

75. For operative hysteroscopy, my choice of anaesthesia is Total intravenous anaesthesia (TIVA)?

- Yes
- No

76. For operative hysteroscopy, my choice of anaesthesia is Full intubation anaesthesia?

- Yes
- No

77. For operative hysteroscopy, my choice of anaesthesia is based on the patients preference TIVA, spinal or full intubation anaesthesia?

- Yes
- No

78. For postoperative hysteroscopy anti-adhesion therapy, I use balloon catheter only?

- Yes
- No

79. For postoperative hysteroscopy anti-adhesion therapy, I use CuT IUCD only?

- Yes
- No

80. For postoperative hysteroscopy anti-adhesion therapy, I use Lippe's loop only?

- Yes
- No

81. For postoperative hysteroscopy anti-adhesion therapy, I use barrier gels only?

- Yes
- No

82. For postoperative hysteroscopy anti-adhesion therapy, I use hormone tablets of oestrogen and progestogen if indicated?

- Yes
- No

83. For postoperative hysteroscopy anti-adhesion therapy, I use hormone combination tablets of oestrogen and progestogen at all times?

- Yes
- No

84. For postoperative hysteroscopy anti-adhesion therapy, I use a combination of balloon catheter or IUCD with oestrogen/progesterone tablets?

- Yes
- No

85. For postoperative hysteroscopy anti-adhesion therapy, I use a combination of balloon catheter or IUCD without /progesterone tablets?

- Yes
- No

86. For postoperative hysteroscopy anti-adhesion therapy, I do not use hormone combination tablets at all?

- Yes
- No

87. For postoperative hysteroscopy anti-adhesion therapy, I do not administer any anti-adhesion therapy at all?

- Yes
- No

88. When do you do 2nd look follow-up after initial hysteroscopic myomectomy?

- Routinely after hysteroscopic myomectomy
- Routinely following any operative hysteroscopy
- Only after resection of type 2 fibroids
- Never

89. When do you do 2nd look follow-up after initial hysteroscopic myomectomy?

- After 1 month
- After 2 months
- After 3 months
- Never

90. For operative hysteroscopy, Complications I have encountered include Uterine perforation?

- Yes
- No

91. For operative hysteroscopy, Complications I have encountered include Severe uterine bleeding controlled with tamponade/uterotonics?

- Yes
- No

92. For operative hysteroscopy, Complications I have encountered include uncontrolled bleeding leading to hysterectomy?

- Yes
- No

93. For operative hysteroscopy, Complications I have encountered include Severe fluid overload?

- Yes
- No

94. For operative hysteroscopy, Complications I have encountered include Near –miss situations outside bleeding or fluid overload?

- Yes
- No

95. For operative hysteroscopy, Complications I have encountered include Death on table for surgery related complications?

- Yes
- No

96. For operative hysteroscopy, Complications I have encountered include Death on table for anaesthetic related complications?

- Yes
- No

97. For operative hysteroscopy, Complications I have encountered include Uterine perforation leading to laparoscopic or laparotomy repair.

- Yes
- No