Indications for Damage Control Surgery in Civilian Trauma Patients

Dear Trauma Program Manager/Director:

We are conducting an international cross-sectional study of the indications for damage control surgery in civilian trauma patients. For this study, we would first like to collect some important information from you about your trauma program. Your organization’s experience is very valuable to us. Our survey can be answered in less than 5 minutes. Your participation in this survey is voluntary, and your responses will be kept confidential and only presented in aggregate. The survey has peer-reviewed funding and ethics approval and your participation implies consent. If you are not the best person in your organization to answer this survey please e-mail us the name of a more appropriate individual to contact at nclayden@ucalgary.ca. If you have questions, do not hesitate to contact us using one of the following e-mail addresses: nclayden@ucalgary.ca, Derek.Roberts01@gmail.com. We appreciate your time and will be happy to share a summary of the results.

Thank you for taking the time to complete the survey!

Regards,
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1. What is your role in your trauma program?
   - Trauma Program Manager
   - Trauma Program Director
   - Other (please specify) ____________________
2. Are you an accredited/verified trauma center?
   - Accredited/verified - adult only
   - Accredited/verified - pediatric only
   - Accredited/verified - adult and pediatric
   - Not accredited/verified - adult only
   - Not accredited/verified - pediatric only
   - Not accredited/verified - adult and pediatric
   - Other accreditation/verification status (please specify) ____________________

3. What verification level is your adult or pediatric trauma center?
   - I
   - II
   - III
   - IV
   - Not accredited/verified
   - Other (please specify) ____________________

4. Where is your trauma center located? (select SINGLE best answer)
   - Urban (within a city)
   - Suburban (residential area on outskirts of a city)
   - Rural (outside a city)

5. What is the academic status of your trauma center? (select SINGLE best answer)
   - Teaching (regularly has resident physicians on the trauma service)
   - Non-teaching (does not regularly have resident physicians on the trauma service)

6. Does your trauma center participate in research (check ALL that apply)?
   - Local investigator initiated research
   - Multicentre investigator research
   - Industry sponsored research
 □ Do not participate in research

7. Does your trauma center have a designated trauma team responsible for immediate assessment and management of trauma patients?
   ○ Yes
   ○ No

8. Does your trauma center have a dedicated trauma service that admits patients to a ward and rounds on them after admission?
   ○ Yes
   ○ No

9. Does your trauma center have an intensive care unit that cares for injured patients admitted from the operating room, Emergency Department, or other location?
   ○ Yes
   ○ No

10. How many trauma patients did your trauma center assess in the last year (last calendar or fiscal year for which you have complete data)?

    Adult trauma patients - Any Injury Severity Score (ISS)
    [ ]

    Pediatric trauma patients - Any ISS
    [ ]

    Adult trauma patients ISS >15
    [ ]

    Pediatric trauma patients >15
    [ ]
11. What percentage of trauma patients who presented to your center in the last year (last calendar or fiscal year for which you have complete data) had a penetrating (stab or gunshot) mechanism of injury?

Penetrating trauma patients (%)  

12. Do you have surgeons who perform abdominal, thoracic, and/or peripheral vascular trauma operations on injured patients in your center?

○ Yes
○ No

13. Do the surgeons at your center perform damage control laparotomy (i.e., abbreviated laparotomy with planned reoperation) on trauma patients (e.g., packing of the liver followed by temporary abdominal closure with plans for reoperation to remove the packs at a later time)?

○ Yes
○ No

14. Can you estimate how often damage control laparotomy was performed in patients with major injuries at your center over the last calendar or fiscal year?

○ Never - we do not perform damage control laparotomy
○ At least once daily
○ More than once weekly but less than once daily
○ Once weekly
○ Once every 2-3 weeks
○ Once monthly
○ Once every 2-3 months
○ Less than once every three months
○ Other frequency, please specify ... ________________
○ Unsure
15. We would like to BRIEFLY survey 1 to 3 surgeons from your hospital about indications for trauma damage control surgery. Who would be the most appropriate surgeon(s) to contact who might be willing to complete the survey? (please provide their e-mail address)

N.B. We will keep the below suggested e-mail addresses confidential and will not contact these surgeons for any reason aside from to send them the survey.

Thank you for completing the survey. The information provided will assist in understanding the indications for damage control surgery in civilian trauma patients.