SUPPLEMENTAL MATERIAL

HYDROSALPINX PRACTICE MANAGEMENT SURVEY

Physician and Clinic Characteristics

1. What is your gender?
2. What is your age?
3. Describe your practice:
   a. In training (fellow)
   b. Private practice
   c. Public university based/affiliated
   d. Private university based/affiliated
   e. Military
   f. Other, please specify
4. In what country do you practice?
5. If USA, what state/territory do you primarily practice?
6. Approximately how many IVF cycles/year does your practice perform?
7. Years in practice since completing post graduate training/fellowship? ("0" if in training).
8. SREI, SRS, both, or neither?

Practice Management: Tubal Assessment

1. When do you typically pursue tubal evaluation in your infertility patients?
   a. At the initial visit if no tubal evaluation has already been performed
   b. Before treatment with intrauterine insemination
   c. After failed cycle(s) of intrauterine insemination
   d. Before any IVF cycle
   e. Other, please specify
2. What is your preferred primary method to evaluate tubal status in your infertility patients?
   a. Saline infusion sonohysterography (SIS)
   b. Hysterosalpingography (HSG)
   c. Diagnostic laparoscopy with chromotubation
   d. Other, please specify
3. Do you perform the majority of HSGs that you order? If you do not routinely perform your own HSG skip to next question (Q4).
   a. If so, where do you perform the majority of your HSGs?
      i. Office
      ii. Surgical center/ambulatory center
      iii. Hospital radiology suite
      iv. Other, please specify
   b. Are those films interpreted by a radiologist, or are you responsible for the final interpretation?
      i. I am responsible for final interpretation
      ii. A radiologist is responsible for final interpretation
      iii. Both are responsible
4. How often do you consult with a radiologist regarding HSG findings?
   a. Always
   b. Sometimes
   c. Never
5. If tubal status is inconclusive on HSG, what is your next step?
   a. Repeat HSG
   b. Perform diagnostic laparoscopy with chromopertubation
   c. Saline air-infusion sonohysteroscopy
   d. Other, please specify
6. How do you define a “clinically significant” hydrosalpinx (i.e., one that should be removed before IVF)? Select all that apply.
   a. On HSG, dilated tube regardless of patency
   b. On HSG, dilated tube that is distally occluded
   c. On TVUS or SIS, visibly dilated tube
   d. On laparoscopy, dilated tube regardless of patency
   e. On laparoscopy, dilated tube that is distally occluded
   f. Other, please specify
7. Do you qualify the size (i.e., small, medium, or large) of the hydrosalpinx on HSG?
   a. YES
   b. NO
8. Do you use transvaginal ultrasound (TVUS) to define a “clinically significant” hydrosalpinx? If YES go to next questions, if NO then skip to Q10.
   a. YES
   b. NO
9. Do you measure the diameter of the hydrosalpinx on TVUS? If YES then please specify what is a clinically significant measurement in millimeters.
   a. YES, _____ mm (don’t let them move until they put in a response to mm)
   b. NO, if hydro on TVUS any size, then clinically significant
10. Which of the following describe your individual practice regarding surgical intervention of hydrosalpinges? Circle all that apply.
    a. Perform salpingectomy or proximal tubal occlusion prior to IVF
    b. Perform unilateral salpingectomy or proximal tubal occlusion prior to controlled ovarian hyperstimulation/IUI cycle(s)
    c. Perform unilateral salpingectomy or proximal tubal occlusion prior to clomiphene/IUI cycle(s)
    d. Perform unilateral salpingectomy or proximal tubal occlusion, and then recommend timed intercourse only for a period of time
    e. Other, please specify
11. Does your practice have common guidelines/protocols that define clinically significant hydrosalpinges?
    a. YES
    b. NO
**Practice Management: Surgical Approach to Hydrosalpinges**

12. What is your preferred primary method of surgical management of a clinically significant hydrosalpinx (i.e., one that should come out before IVF OR any other infertility treatment)? Please select one.
   a. Laparoscopic salpingectomy
   b. Minilaparotomy, salpingectomy
   c. Proximal tubal occlusion—any method
   d. Hysteroscopic tubal occlusion

13. Do you specifically reserve proximal tubal occlusion for high-risk patients (e.g., Crohn disease, multiple abdominal surgeries, cases where performing salpingectomy might be risky)?
   a. YES
   b. YES, and I also create a window in the distal tube when performing proximal tubal occlusion
   c. NO, I perform proximal tubal occlusion exclusively

14. Have you performed hysteroscopic tubal occlusion for high-risk patients such as those described above?
   a. YES
   b. NO

15. Do you think that hysteroscopic tubal occlusion has a role as primary method of management for hydrosalpinges regardless of whether the patient is “high risk or not”?
   a. YES
   b. NO

16. What instrumentation/methodology do you prefer to perform salpingectomy?
   a. Unipolar cautery
   b. Bipolar cautery (e.g., Ligasure or Kleppinger)
   c. High-frequency vibration cutting instrument (e.g., harmonic scalpel)
   d. Mechanical removal (e.g., suture, Endoloop)
   e. Other, please specify

17. What instrumentation/methodology do you prefer to perform proximal tubal occlusion?
   a. Unipolar cautery
   b. Bipolar cautery (e.g., Ligasure or Kleppinger)
   c. High-frequency vibration instrument (e.g., harmonic scalpel)
   d. Mechanical occlusion (e.g., Filshie clips, Falope ring)
   e. Other, please specify

18. Does potential damage to ovarian collateral blood flow and subsequent reduced response to ovulation induction influence your surgical approach when selecting whether or not to perform a salpingectomy or proximal tubal occlusion?
   a. YES
   b. NO

19. Does the presence of insurance coverage for IVF determine the urgency with which you will perform salpingectomy or proximal tubal occlusion in patients who are to undergo IVF?
   a. YES
   b. NO

20. Has lack of insurance coverage of salpingectomy of proximal tubal occlusion prevented a patient of yours from having this procedure before IVF?
   a. YES
   b. NO

Comments?
Thank you!