

# Demographic Data

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The following information will provide context to fully understand responses to the survey. Your responses will remain ANONYMOUS.

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## Gender Identification

- Female  
 Male
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## Your role

- Student Nurse Anesthetist  
 Certified Registered Nurse Anesthetist  
 Anesthesiology Resident  
 Attending Anesthesiologist
- 

## Current Training Level

- CA1  
 CA2  
 CA3
- 

## Current Training Level

- Senior  
 Super Senior
- 

## Years of practice since completing training:

- 0-1  
 1-5  
 6-10  
 >10

# Clinical Practice and Knowledge

**The following section relates to your current and past clinical practice and experience. Please answer to the best of your ability.**

Was sugammadex available as a NMB (neuromuscular blockade) reversal agent during your training?

- yes, I used it routinely  
 yes, but I rarely used it  
 No

Which NMB reversal agent did you PRIMARILY use in training?

- neostigmine  
 sugammadex

To the best of your ability, estimate the number of times you have administered neostigmine:

- Never  
 1-5  
 6-10  
 10+

Are you certain of the correct clinical dose of neostigmine to administer to reverse NMB?

- Yes. I would administer neostigmine without looking it up to confirm.  
 No. I would look it up to make sure.

**Over the past year, how often have you used the following medications to reverse NMB?**

	almost never ( $< 10\%$ )	occasionally	sometimes ( $\sim 50\%$ )	often	almost always ( $> 90\%$ )
neostigmine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sugammadex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Over the past year, how often have you:**

	almost never ( $< 10\%$ )	occasionally	sometimes ( $\sim 50\%$ )	often	almost always ( $> 90\%$ )
Omitted NMB monitoring when using sugammadex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a hand-held twitch monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reversed based on twitch count only, without pre-calibration on the Phillips monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reversed based on twitch count only, WITH pre-calibration on the Phillips monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reversed based on TOF percent, through pre-calibration the Phillips monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date of IRB Approval: 11/01/2019

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Sugammadex interferes with the efficacy of the following contraceptives (check all that apply):

- Oral birth control pills
- ParaGard IUD (copper intrauterine device)
- Mirena IUD (levonorgestrel-releasing IUD)
- Nexplanon implant (etonogestrel implant)
- Depo-provera shot

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For women on hormonal contraception, how many days should they use barrier protection after receiving sugammadex?

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# Your Practice Experience

## For women on hormonal contraceptives, how often have you:

	never	rarely (< 10%)	occasionally	sometimes (~50%)	often	almost always (>90%)	every time
19) Intentionally used neostigmine to avoid sugammadex exposure in such patients?	<input type="radio"/>						
20) PRE-operatively, asked about current contraception use in order to help decide whether to use sugammadex?	<input type="radio"/>						
21) Counseled such patients PRE-operatively regarding potential for sugammadex to interfere with hormone contraceptive effectiveness?	<input type="radio"/>						
22) Counseled such patients PRE-operatively, AND then offered them the choice between neostigmine or sugammadex?	<input type="radio"/>						
23) Personally provided POST-op counseling to such patients before discharge regarding the need to use barrier protection?	<input type="radio"/>						
24) Personally reviewed the sugammadex/contraception information handout form with such patients before discharge from PACU?	<input type="radio"/>						

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**Please indicate your level of agreement with the following statements:**

**Potential sugammadex interference with hormone contraceptive effectiveness...**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
25) Is primarily a medico-legal issue, rather than a clinically relevant one	<input type="radio"/>				
26) Should always be discussed with patients on hormonal contraceptives PRE-operatively, rather than POST-operatively	<input type="radio"/>				
27) Is difficult for me to discuss with female patients	<input type="radio"/>				

**How effectively is the potential sugammadex interference with hormone contraceptive effectiveness...**

	Poor	Fair	Average	Good	Excellent
28) taught to our trainees?	<input type="radio"/>				
29) handled by our department?	<input type="radio"/>				
30) communicated to patients by PACU nurses?	<input type="radio"/>				
31) communicated to patients by the handout at discharge?	<input type="radio"/>				

32) Which of the following may be acceptable, depending on circumstances, for women on hormonal contraceptives? Check all that apply.

- the anesthesiology provider decides between neostigmine and sugammadex
- the patient chooses between neostigmine and sugammadex
- the provider and patient come to a shared decision between neostigmine and sugammadex

**Please indicate your level of agreement with the following statements:**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
33) The introduction of sugammadex has lessened the importance of precise, quantitative NMB monitoring	<input type="radio"/>				
34) With the availability of sugammadex, rocuronium can be safely used without quantitative NMB monitoring	<input type="radio"/>				

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# Conclusion

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Thank you very much for taking the time to complete this survey. We will share the aggregate results back to the department, for the purpose of education and quality improvement.

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If there is anything further you would like to share regarding this clinical issue, or this survey, especially to help us understand... kindly comment here.

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As a small token of appreciation, we would like to provide you with a gift card for \$10. Please email our administrative assistant Tanya Bradley (tanya.bradley@vumc.org) to let her know you have completed this survey.

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