

**Supplementary appendix 1: questionnaire schema**

Post-operative analgesia in major adult laparoscopic colorectal surgery

We would like to explore current practice for providing post-operative analgesia after elective major adult laparoscopic colorectal surgery.

Time to complete: 3 minutes (7 questions)

Questions:

1. What is your grade?

- Consultant
- Speciality and associate specialist
- Specialty Trainee
- Other (please specify)

2. In what Country do you work? [dropdown list of all countries]

3. On average, how many patients for laparoscopic colorectal resections do you anaesthetise per month? [dropdown list of numbers: 0 to 50+]

4. For each of the following laparoscopic procedures, please select your primary mode for providing post-operative analgesia

## Laparoscopic procedures:

- Right hemicolectomy
- Left hemicolectomy (including sigmoidectomy)
- Anterior resection
- Abdominoperineal resection (including ELAPE)
- Transanal total mesorectal excision (TaTME)
- Other (please specify)

## Options for modes of analgesia:

- Spinal
- Epidural – Lumbar
- Epidural – Thoracic
- CSE – Combined Spinal and Epidural
- PCA – Patient Controlled Analgesia
- TAP block
- Lidocaine infusion
- Simple analgesics only (eg. Paracetamol, NSAIDs +/- Opioids PRN)
- Other – please specify

5. If you use spinal analgesia for any of the resections in Q4, which of these drugs do you normally add to your intrathecal mix?

- I don't usually use spinal analgesia
- Diamorphine
- Morphine

- Fentanyl
- Sufentanyl
- Buprenorphine
- Clonidine
- Ketamine
- Local anaesthetic only
- Other (please specify)

6. Of the drug that you have selected in Q5, what is the minimum, maximum and most common dose that you use? (in micrograms). If you do not use spinal analgesia please type 0.

Minimum (micrograms) [freetext response]

Maximum (micrograms) [freetext response]

Most common (micrograms) [freetext response]

7. If you use spinal analgesia, please select the option that best represents when you perform the intrathecal injection for each of the two scenarios listed below.

Predicted surgical time:

- Under 2-3 hours
- More than 3-4 hours

Options for when spinal is performed:

- Before the operation (awake)
- Before the operation (asleep)
- After the operation (awake)
- After the operation (asleep)
- I don't use spinal analgesia