

Demographic details

Colleagues,

I seek your assistance in determining the opinions and practices of burns surgeons in Australia and New Zealand. I hope you won't mind taking the 5-10 minutes needed to fill in this survey.

My PhD is investigating the donor site wound in split-thickness skin grafting. The survey below has been developed to address questions that have arisen during these studies. It has been approved by the Children's Health Queensland Human Research Ethics Committee, and this trial is registered with the Australia and New Zealand Clinical Trials Register.

Your responses will be confidential and reported in aggregate only. I have asked you to list your name, to avoid duplication and in an effort to get every surgeon's preferences recorded in the survey. Names will be removed from responses prior to data entry and analysis.

Participation in the trial will be deemed as consenting to your responses being included. As with all trials you are free to participate, or not, as you wish.

Thank you for your interest.

Craig McBride FRACS

Pegg Leditschke Children's Burns Centre

1. What is your specialist qualification?

- General Surgery
- Plastic and Reconstructive Surgery
- Paediatric Surgery
- Other Specialist Qualification

2. Number of years since Fellowship attained?

- Fewer than 10 years
- 10-20 years
- More than 20 years

3. Where do you most commonly practice?

- | | |
|--|---|
| <input type="radio"/> New Zealand | <input type="radio"/> South Australia |
| <input type="radio"/> Australian Capital Territory | <input type="radio"/> Tasmania |
| <input type="radio"/> New South Wales | <input type="radio"/> Victoria |
| <input type="radio"/> Northern Territory | <input type="radio"/> Western Australia |
| <input type="radio"/> Queensland | <input type="radio"/> Another country |

4. Approximately how many skin grafts (child or adult) do you perform annually?

- Fewer than 10
- Between 10 and 25
- Between 25 and 50
- More than 50

5. Is your burns practice

- Paediatric only
- Mixed adult and children, mainly children
- Mixed adult and children, mainly adult

Split Skin Graft harvesting techniques

6. What is your preferred method of STSG harvest?

- Powered calibrated dermatome (eg Zimmer)
- Uncalibrated knife
- Calibrated hand knife (eg Braithwaite)
- Other (please specify)

7. What is your standard STSG setting (please include units - x/1000 inch, 0.xx mm)?

in babies (under 1 year)

in children (1-12)

in teenagers

8. Do you alter your standard STSG thickness (thicker, no change, thinner, N/A), depending on the harvest site and/or the site to be grafted?

	Harvesting from (donor site)	Grafting to (STSG)
Calf	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
Thigh	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
Buttock	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
Back	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
Abdomen	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
Upper Limb	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>
Scalp	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>

9. Do you alter your standard STSG thickness (thicker, no change, thinner, N/A) when grafting to the following sites?

	Thicker	No change	Thinner
Face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How accurate do you think your STSG thickness actually is, compared to your desired depth?

- Nearly 100% of swipes +/- 2/1000 inch from dialed setting
- Approximately 75% of swipes +/- 2/1000 inch from dialed setting
- Approximately 50% of swipes +/- 2/1000 inch from dialed setting
- Approximately 25% of swipes +/- 2/1000 inch from dialed setting

11. What is your preferred method of analgesia **to the donor site wound**?

- Topical local anaesthetic
- Regional nerve block
- Pre-harvest infiltration with local anaesthetic
- None
- Post-harvest infiltration with local anaesthetic
- Other (please specify)

12. What is your preferred method of controlling bleeding at the donor site? (Choose one)

- Topical local anaesthetic with adrenaline
- Local pressure
- Saline with adrenaline
- Absorbant definitive dressing straight away
- Other (please specify)

13. What is the major morbidity associated with donor site wounds, **in your opinion**?

- Ooze
- Itch
- Smell
- Infection
- Pain
- Other (please specify)

14. How common, in your opinion, are each of the following donor site wound issues?

	Nearly universal	Common	50:50	Uncommon	Rare
Ooze	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Itch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

15. How confident are you harvesting from

	Extremely confident	Very confident	Somewhat confident	Somewhat unsure	Very unsure	I don't harvest from this site
Calf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thigh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buttock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper limb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scalp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Donor Site Wound Dressings

16. How do you preferentially dress the donor site wound (name each in order as they layer over the donor site wound?)

eg Contact layer - alginate, 2nd - melolin, 3rd - hypafix

Contact layer with donor site wound

Second layer

Third layer

Fourth layer

Fifth layer

17. What factors alter your choice of donor site wound dressing? Check all that apply

- None - I always use the same donor site wound dressing
- Position of the donor site wound
- Size of the donor site wound
- Whatever I'm given on the day
- Age of the patient
- Other (please specify)

18. What other **donor site wound dressings** do you commonly use, if any? (Please list in decreasing order of frequency used. Please list all layers for each answer - eg alginate, melon, hypafix).

Most common alternative dressing

2nd alternative dressing

3rd alternative dressing

4th alternative dressing

5th alternative dressing

19. Please rank the following features of a donor site wound dressing from most important (1) to least important (7), in your view

Patient comfort level

Healing time of wound

Patient convenience (eg ambulation)

Frequency of required dressing changes

Ease of nursing care

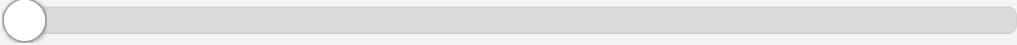
Total costs of donor site wound dressing

Donor site wound scarring

Donor Site Wound re-epithelialisation and aftercare

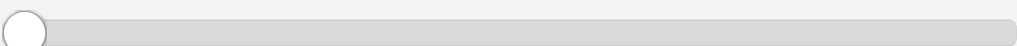
20. When do you first take your donor site wound dressing down, all else being equal? (Enter number of days)

0 14 days 28 days

A horizontal slider control with a circular knob at the 0 position. The scale is marked with 0, 14 days, and 28 days. To the right of the slider is a small square input box.

21. What do you think is the average length of time (in days) for re-epithelialisation of a standard donor site wound in a child?

0 14 days 28 days

A horizontal slider control with a circular knob at the 0 position. The scale is marked with 0, 14 days, and 28 days. To the right of the slider is a small square input box.

22. When does the **pain** of a donor site wound settle (**in days**)?

23. When does the **itch** of a donor site wound settle (**in days**)?

24. What do you believe is the most **common** problem **for the patient** with their donor site wound?

- Ooze
- Itch
- Smell
- Infection
- Pain
- Other (please specify)

25. What do you believe is the most **important** problem **for the patient** with their donor site wound?

- Ooze
- Itch
- Smell
- Infection
- Pain
- Other (please specify)

Demographic details

26.

Names will only be used to determine who has already answered this survey, and to avoid duplication. Names will be deleted prior to data analysis.

Please enter your name:

27.

Thank you for completing this survey.

If you would like to receive a copy of the results of this survey please enter your email address below.