

Supplementary Appendix S1. Questions for the entire tier 1 survey period, including the “ReCOVERy” period.

Q1. Today’s Date (DD/MM/YY)

Q2. In what country do you work?'

Q3. Please tell us your vascular unit/ hospital/institution and city

Q4. Have you filled this survey in before?

Q5. Is your hospital in an area currently under lockdown?

Q6. If you have completed the survey before, has anything changed at your centre since you last filled it in? If you say NO, you will be taken to the new 'passed the peak section' from here depending on your answer you will be taken to the closing contact details page.

Q7. Have you modified the working pattern for consultants/attending/faculty within your unit? (clinics / MDT etc will be covered later in the survey)

Q8. Have you or members of your junior team been asked to cross cover other surgical specialties

Q9. Have you modified the outpatient clinics within your unit?

Q10. Are you running an emergency or ‘hot’ clinic for urgent referrals?

Q11. Are you participating in a face-to-face MDT?

Q12. If you are not running a face-to-face MDT how have you replaced this?

Q13. Is a vascular scientist/duplex ultrasound service currently available at your centre?

Q14. Is your primary cross-sectional imaging service available as normal?

Q15. If you have an AAA screening programme, is this still running as normal?

Q16. Do you still have a service running to image patients after an Endovascular aortic repair (EVAR) repair ? (e.g.: annual CT)

Q17. Is there a full endovascular aortic service available?

Q18. Are you relying on an increased endovascular strategy service first for Chronic Limb threatening Ischaemia (CLTI)?

Q19. Do you have vascular specific inpatient beds?

Q20. Approximately how many vascular specific inpatient beds does your unit normally have?

Q22. Have you changed your operative practice for elective AAA surgery?

Answer Choices

No change

Yes, >6.5 asymptomatic

>7cm Asymptomatic

symptomatic/ruptured only

EVAR only (i.e. only EVAR if anatomically suitable)

Other

Q23. In general, have you changed your CLTI revascularisation strategy

Increased endovascular strategy

More conservative decision making

Tissue loss only

Rest pain or worse

Other (please specify)

No Change (still following national/international guidelines)

Q24. In general, have you altered how you manage symptomatic carotid disease?

Crescendo TIA only

Case-by-case

Other (please specify)

Q25. In general, have you modified your acute aortic syndrome (type B aortic dissection etc.) (select all that apply)

No change

Conservative management, unless ruptured
conservative management in a non-ITU/CCU bed
Early TEVAR and discharge

Other (please specify)

Q26. Do you have access to a dedicated vascular surgery list daily?

Yes

No vascular specific slots/lists

Urgent theatre cases only

Elective vascular lists

Reduced but still some during the week

Q27. If yes - is this running at normal capacity? Any changes to staffing (e.g. theatre team, anaesthetic cover?)

Q28. If you had access to a hybrid theatre before the pandemic, do you still have normal access to it now?

Q29. Has your centre disseminated a PPE policy to members of your vascular team / unit?

Q30. Are you able to follow the policy?

Q31. Do you feel your region/locality/hospital has passed the 'first peak' of the pandemic ?If you answer No you will be taken to the contact details page at the end of the survey.

Q32. Have you previously answered the new questions regarding services resumption?

Q33. Has anything changed from your previous answers regarding service resumption? If you answer yes you will be taken to the 'passed the peak resumption of services questions' section. If you answer no and nothing has changed from your previous answers to the resumption of services questions you will be taken to the contact details section at the end of the survey. Thank you.

Q34. Are you testing elective patients for COVID (PCR/serological/CT chest/other) pre-operatively

Yes - All

Yes - elective (day case and admissions)

Yes - elective (admissions only)

Yes - some (any combination of elective and emergency)

No uniform pathway / policy

Q35. How many negative tests do you require to consider a patient COVID negative?

1 negative test required

2 negative tests required

>2 negative tests required

Not applicable - patients not being tested/No uniform policy

Q36. If your patient tests positive, how are you deciding when to start treating the patient as negative?

After one or more negative tests

After a certain period of time (e.g. 7 days after symptom resolution)

After both negative testing AND a period of time

Pathway not defined / no policy

Q37. What type of test for COVID are you performing ?

Q38. Are you performing a preoperative CT chest for your patients as part of a COVID-19 screen?

Q39. Are you testing healthcare staff for COVID?

Q40. We are not testing staff because

Lack of testing facility

Hospital/trust guidelines

Other?

Not applicable-we are testing staff

Q41. Are you asking patients to isolate before their surgery?

Q42. If so - how long? (days)

Q43. If yes, are you asking for other members of the household to isolate with them ahead of their surgery?

Q44. If so - how long? (days)

Q45. Are you asking patients to isolate after surgery?

Q46. If so - how long? (days)

Q47. If yes, are you asking for other members of the household to isolate with them after their surgery?

Q48. If so - how long? (days)

Q49. Are you discharging your patients on extended venous-thromboprophylaxis?

Q50. If you are discharging them on VTE prophylaxis, how long for?

Q51. At the height of the pandemic, was your hospital a designated:

Q52. Does your vascular unit have access to a separate green/clean hospital

Q53. Do you have a traffic light pathway in place? i.e.: green (COVID Negative), amber (suspected COVID) and blue (proven COVID) areas?

Q54. Does your hospital/unit/centre participate in vascular research?

Q55. If your vascular hospital/unit/centre participates in national/international research studies, have you resumed your normal activity?

Q56. Have members of the medical research team that were redeployed to clinical areas (e.g. academic clinicians, research fellows) returned to their academic duties?

Q57. If your centre includes allied healthcare staff (data clerks, nursing etc.) for research duties have these returned from secondment?

Q58. Have you or your hospital management team assessed the number of patients currently waiting for 'elective' / 'cold' vascular procedures?

Q59. Approximately how many patients are awaiting elective AAA repair (open/EVAR)?

Q60. Approximately how many patients are awaiting elective open surgical lower limb revascularisation (e.g. for claudication / rest pain)?

Q61. Approximately how many patients are awaiting elective endovascular lower limb revascularisation (e.g. for claudication / rest pain)?

Q62. Approximately how many patients are awaiting elective treatment for superficial venous disease?

Q63. Have you or your hospital management team assessed the number of NEW patients currently awaiting an outpatient clinic appointment?

Q64. Please provide how many / approximation of how many

Q65. Have you or your hospital management team assessed the number of FOLLOW-UP patients currently awaiting an outpatient clinic appointment?

Q66. Please provide how many / approximation of how many