Additional file 1:

The Survey: Thromboprophylaxis in Pelvic and Acetabular Fractures

Q1. Are you a fully trained orthopedic staff surgeon currently in independent practice (i.e., not fellowship or residency)?

- Yes
- No

Q2. Have you completed a trauma fellowship?

- Yes
- No

Q3. What country do you currently practice in?

- Canada
- United States
- Spain
- Netherlands
- Australia
- Norway
- Other (please specify)

Q4. How many years have you been in independent practice?

- 0–5 years
- 6–10 years
- 11–15 years
- > 15 years

Q5. What best describes your practice type?

- Academic, Level 1
- Academic, Non-Level 1
- Non-academic, Level 1
- Non-academic, Non-Level 1

Q6. What is the total number of pelvic and acetabular fractures that you treat per year?

- 0–10
- 11–25
- 26–50 · >
50

Q7. What is the average number of pelvis and acetabular surgeries that you perform annually?

- 0–10
- 11–25
- 26–50

- > 50

Q8. Do your patients routinely receive pharmacological thromboprophylaxis preoperatively?

- Yes
- No

Q9. Who prescribes pharmacological thromboprophylaxis to your patients?

- Myself
- Internal medicine service
- Thrombosis service
- Other (please specify)

Q10. When do you start thromboprophylaxis if a patient is hemodynamically stable?

- On admission
- Within 24 hours
- After 24 hours

Q11. What agent do you most commonly use for pharmacological thromboprophylaxis?

- Low Molecular Weight Heparin (LMWH)
- Unfractionated Heparin (UH)
- Aspirin
- Direct Oral Anticoagulant (DOAC)
- Other (please specify)

Q12. When choosing the modality for pharmacological thromboprophylaxis, rank the following factors in order of most important (1) to least important (5):

- Effectiveness (VTE prevention)
- Compliance/route of administration
- Bleeding risk (peri-op)
- Infection (post-op)
- Cost

Q13. Do you routinely use mechanical thromboprophylaxis in addition to pharmacological thromboprophylaxis?

- Yes
- No

Q14. Which form of mechanical thromboprophylaxis do you typically use?

- Graduated compression stockings
- Intermittent pneumatic compression devices (moon boots) ·

Other (please specify)

Q15. Do you use IVC filters as a method of thromboprophylaxis?

· Yes ·
No

Q16. If yes, what scenarios would you use an IVC filter as thromboprophylaxis?

· Surgery is delayed (please specify timing below)
· Patient has risk factors for DVT (please specify risk factors below) ·
Other (please specify below)

Q17. If a patient has been diagnosed radiologically with a DVT preoperatively, do you use an IVC filter prior to surgery?

· Yes
· No

Q18. If yes, when do you arrange for IVC filter retrieval?

Open-ended response

Q19. Do you routinely perform radiological surveillance (ultrasound Doppler or venography) for DVT preoperatively?

· Yes (ultrasound Doppler)
· Yes (venography)
· No
· Other (please specify)

Q20. Do you routinely use TXA intraoperatively?

· Yes ·
No

Q21. How long do you typically continue thromboprophylaxis postoperatively?

· Until hospital discharge
· Until patient ambulation
· 30 days
· 6 weeks
· 12 weeks
· Other (please specify)

Q22. If using thromboprophylaxis after hospital discharge, which agent do you most commonly prescribe?

· Low Molecular Weight Heparin (LMWH)
· Unfractionated Heparin (UH)
· Aspirin
· Direct Oral Anticoagulant (DOAC)
· Other (please specify)

Q23. Does ambulation status of the patient change the duration of thromboprophylaxis postoperatively?

· Yes

- No

Q24. Do you routinely perform radiological surveillance (ultrasound Doppler or venography) for DVT postoperatively?

- Yes (ultrasound Doppler)
- Yes (venography)
- No

Q25. What agent do you most commonly use for pharmacological thromboprophylaxis in nonoperative patients?

- Low Molecular Weight Heparin (LMWH)
- Unfractionated Heparin (UH)
- Aspirin
- Direct Oral Anticoagulant (DOAC)
- Other (please specify)

Q26. How long do you typically continue thromboprophylaxis in nonoperative patients?

- Until hospital discharge
- Until patient ambulation
- 30 days
- 6 weeks
- 12 weeks
- Other (please specify)

Q27. Do you routinely perform radiological surveillance (ultrasound Doppler or venography) for DVT in nonoperative patients?

- Yes (ultrasound Doppler)
- Yes (venography)
- No

Q28. If you have any other thoughts or comments on this topic, please provide them here: *Openended response*