

Participate in a Short Survey for a Chance to Win a Free iPad!

*Perception and Awareness of Bariatric Surgery Among Ontario Primary Care Physicians*

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**What is your age?** \_\_\_\_\_

**What is your gender?**

Male       Female

**Years in practice:** \_\_\_\_\_

**Patient load per week:**

<25       26-50       51-100       >100

**Practice Type:**

University Affiliated Institution  
 Non-University Affiliated Institution  
 Hospital Based  
 Non-Hospital Based

**Location of Practice:**

Rural       Urban

**How frequently do you weigh your patients?**

Each visit       Every year       Every 3 years       Every 5 years       Never

**When weight is measured, which do you determine? (Select all that apply):**

BMI  
 Waist circumference  
 Other (please specify) \_\_\_\_\_

**At what minimum BMI would you consider bariatric surgery appropriate for a patient WITHOUT weight related comorbidities?**

30       35       40       45       >50

**In the past 12 months, what percentage of patients with morbid obesity (BMI>35) have you seen?**

<21%       21-30%       31-40%       41-50%       >50%

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**Are you supportive of bariatric surgery (“metabolic surgery”) for patients with diabetes who have BMI<35?**

Yes       No       Unsure

**In your opinion, what is the ideal bariatric surgical procedure in the average patient?**

Laparoscopic Roux-en-Y gastric bypass  
 Laparoscopic sleeve gastrectomy  
 Laparoscopic adjustable gastric band  
 Duodenal Switch/Biliopancreatic Diversion  
 Other (please specify) \_\_\_\_\_  
 Unsure

**What type of bariatric surgery do your patients show most interest in?**

Laparoscopic Roux-en-Y gastric bypass  
 Laparoscopic sleeve gastrectomy  
 Laparoscopic adjustable gastric band  
 Not specified  
 More than two of the above

**How many patients in your current practice have had bariatric procedures?**

0       1-5       6-10       11-15       16-20       >20

**What do you estimate as the 30-day mortality rate for the following bariatric procedures?**

**Laparoscopic Roux-en-Y gastric bypass:**

<0.1%     0.1-0.2%     0.3- 1.0%     1.1-2.0%     2.1-4%     >4.0%     Don't Know

**Laparoscopic sleeve gastrectomy:**

<0.1%     0.1-0.2%     0.3- 1.0%     1.1-2.0%     2.1-4%     >4.0%     Don't Know

**Laparoscopic adjustable gastric band:**

<0.1%     0.1-0.2%     0.3- 1.0%     1.1-2.0%     2.1-4%     >4.0%     Don't Know

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**What do you estimate as the 30-day morbidity rate (significant complication) for the following bariatric procedures?**

**Laparoscopic Roux-en-Y gastric bypass:**

0-5%     5-10%     10-15%     15-20%     >20%     Don't Know

**Laparoscopic sleeve gastrectomy:**

0-5%     5-10%     10-15%     15-20%     >20%     Don't Know

**Laparoscopic adjustable gastric band:**

0-5%     5-10%     10-15%     15-20%     >20%     Don't Know

**Do you initiate conversations with your patients about bariatric surgery?**

Yes     No

**How many of your morbidly obese patients inquire about bariatric surgery?**

<10%     10-20%     21-30%     31-40%     >40%

**Which of the following influence your decision to refer them to bariatric surgery? (Select all that apply):**

- BMI
- Comorbidities
- Age
- Number of attempts at dieting
- Use of pharmacotherapy for obesity

**Have you ever referred your patients for bariatric surgery?**

Yes     No

**If yes, what percentage of your morbidly obese patients (BMI >35 with related comorbidities) did you refer in the past 12 months?**

<1%     1-5%     6-10%     11-20%     >20%

**If no, why not? (Select all that apply):**

- Lack of resources
- Limited benefits from procedure
- Disagree with procedure
- Lack of awareness about procedure or benefits
- Concerns with follow up
- Discomfort within own setup to manage patients
- Medical issues
- Psychosocial issues
- Other (please specify) \_\_\_\_\_

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**In your opinion, is cost of surgery a significant barrier?**

Yes       No       Unsure

**Which of the following procedures are covered by OHIP? (Select all that apply):**

- Laparoscopic Roux-en-Y gastric bypass
- Laparoscopic sleeve gastrectomy
- Laparoscopic adjustable gastric band
- Duodenal Switch/Biliopancreatic Diversion
- Unsure

**Do you have the appropriate resources and equipment at your centre to manage morbidly obese patients?**

Yes       No       Unsure

**If you have difficulties managing morbidly obese patients, do you know who to contact?**

Yes       No       Unsure

**Hypothetically, would you refer a family member or a friend for gastric bypass surgery?**

Yes       No

**Do you agree or disagree with the following statements?**

***“Morbidly obese patients should attempt dieting for at least 6 months before considering surgery”***

Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

***“I have had morbidly obese patients who were successful at losing weight without surgery”***

Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

***“Bariatric surgeries result in sustained weight loss”***

Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

***“I feel comfortable explaining the procedural options to a patient”***

Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

***“I feel comfortable providing care to patients who have received bariatric surgery”***

Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

***“Additional continuing medical education resources in bariatric surgical care would be useful to primary care physicians in Ontario”***

Strongly Disagree       Disagree       Neutral       Agree       Strongly Agree

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**Other Comments:**

**Would you like to be considered for the draw to win an iPad?**

Yes       No

**Thank you!**