What was the reason(s) for change in practice related to the COVID-19 pandemic? This could be related to your choice of stoma vs anastomosis, stapled vs handsewn and/or open vs laparoscopic approach. Select all that apply.

☐ Lack of access to post-operative critical care facilities
☐ To avoid possible complications requiring critical care
☐ Recommendation from speciality associations
☐ Fear of patient suffering COVID-19 infection postoperatively
☐ Wish to reduce length of inpatient stay
☐ Surgeon’s personal risk of contracting COVID-19 infection
☐ Other:________________________

Management

Was an anastomosis performed?
☐ Yes, with a defunctioning stoma
☐ Yes, without a defunctioning stoma
☐ No, defunctioning stoma only

Was the choice of anastomosis and/or stoma a change in practice for the surgeon?
☐ No, typical practice for this patient
☐ Yes, change in practice unrelated to COVID-19 pandemic
☐ Yes, change in practice related to COVID-19 pandemic

Was the decision for stoma only made in theatre, or with the patient in the preoperative setting?
☐ In-theatre, or no discussion with patient
☐ Preoperatively with patient

Was the anastomosis stapled or handsewn?
☐ Stapled ☐ Handsewn

Was this choice of anastomosis type a change in practice for the surgeon?
☐ No, typical choice of anastomosis type for this patient
☐ Yes, change in practice unrelated to COVID-19 pandemic
☐ Yes, change in practice related to COVID-19 pandemic

Was the surgery performed by a general or colorectal surgeon? Consultant can be defined as attending/senior surgeon. Trainee can be defined as resident, registrar or junior surgeon.
☐ Colorectal consultant
☐ Colorectal trainee
☐ General surgery consultant