SUPPLEMENTARY MATERIAL
Appendix A: Questionnaire

QUESTIONNAIRE ABOUT PRACTICES AND OPINIONS RELATED WITH MANAGEMENT OF MALE ANTERIOR URETHRAL STRICTURES

1) Age range:
   30-39
   40-49
   50-59
   > 60

2) Type of practice:
   Private hospital
   Private teaching hospital
   Public hospital
   Public teaching hospital

3) Level of the hospital where you practice:
   Tertiary hospital
   Secondary hospital

4) Autonomic community where you practice is located:
   Andalucía
   Aragón
   Principado de Asturias
   Illes Balears
   Canarias
   Cantabria
   Castilla y León
Castilla – La Mancha
Catalunya
Comunitat Valenciana
Extremadura
Galicia
Comunidad de Madrid
Región de Murcia
Comunidad Foral de Navarra
Pais Vasco
La Rioja
Ceuta
Melilla

5) Is there in your hospital a unit or person specially dedicated to urethral disease?:
   
   Yes
   No

6) Please state the (approximate) number of patients with urethral strictures that you treat during one year:

   None
   1-5
   6-10
   11-20
   >20
7) During diagnostic workout of anterior urethral strictures, previously to surgical indication, which tests do you usually perform in your routine practice) (Check all that apply)

Uroflowmetry
Urethral calibration
Retrograde urethrogram +/- voiding cysto-urethrography
Urethral ultrasonography
Urethrocystoscopy (flexible / rigid)
IPSS (International Prostate Symptom Score)
PROMs-Urethra (Patient Reported Outcome Measure)
Other questionnaires (i.e. IIEF)

8) Which reconstructive procedures did you perform over the last 2 years? (Check all that apply):

Urethral dilation
Patient driven self-dilations
Direct vision endoscopic internal urethrotomy (Sachse)
Blind endoscopic internal urethrotomy (Otis)
Laser endoscopic internal urethrotomy
Urethral stent implantation (Memokath, Urolume, Allium)
External meatotomy
Meatoplasty
End-to-end anastomotic urethroplasty
“Non-transecting” urethroplasty (end-to-end anastomotic without complete transection)
Urethroplasty using skin flaps (preputial, penile, scrotal)
Urethroplasty using grafts (skin, oral mucosa)
Perineal urethrostomy
9) If you perform internal urethrotomies or urethral dilations, what is the maximal stricture length that you consider suitable for using this techniques?:
   - < 1 cm
   - < 1.5 cm
   - < 2 cm
   - < 2.5 cm
   - < 3 cm
   - More than 3 cm

10) If you perform internal urethrotomies or urethral dilations, do you routinely use a guidewire or a ureteric catheter to reference the urethral lumen during the procedure?:
   - Yes
   - Only in selected cases
   - No

11) If you perform internal urethrotomies or urethral dilations, how long do you usually keep the urethral catheter in place after the procedure?:
   - I do not leave urethral catheter
   - 24 hours
   - 2-3 days
   - 4-6 days
   - 1 week
   - 2 weeks
   - 3 weeks
   - More than 3 weeks
12) If you leave a urethra catheter after urethrotomy or dilation, which size of catheter do you routinely choose?:

- I do not have a preferred size
- 12 F
- 14 F
- 16 F
- 18 F
- 20 F
- 22 F or wider

13) If you perform urethroplasties, how many of them do you perform during a year?

- I do not perform urethroplasties
- 1-5
- 6-10
- >10

14) For a bulbar urethroplasty, what is your preferred technique? (Check only one answer):

- I do not perform urethroplasties
- End-to-end anastomotic urethroplasty.
- Urethroplasty using grafts (skin, oral mucosa) ventrally located
- Urethroplasty using grafts (skin, oral mucosa) dorsally located
- Urethroplasty using skin flaps (preputial, penile, scrotal)

15) If you perform urethroplasties, do you routinely perform radiographic test before removal of urethral catheter?:

- No, I remove the catheter without imaging testing.
- I do not use these tests routinely, only depending on each case.
- Yes, I routinely perform imaging checks before of immediately after catheter removal.
16) During follow-up of anterior urethral stricture patients, what methods do you use for monitoring the outcomes and detecting recurrences? (Check all that apply):

- Uroflowmetry
- Urethral calibration (catheters, sounds, bougies à boule)
- Retrograde urethrogram +/- voiding cysto-urethrography
- Urethral ultrasonography
- Urethro-cystoscopy (flexible / rigid)
- IPSS (International Prostate Symptom Score)
- PROMs-Urethra (Patient Reported Outcome Measure)
- Other questionnaires (i.e. IIEF)

17) If you perform retrograde urethrograms during diagnosis and/or follow-up for these patients, who carry out the test?

- Myself (or another Urologist)
- A Radiologist

18) How would you manage the following patient in your clinical practice? 35 year-old male, uncircumcised, with a 3.5 cm idiopathic bulbar urethral stricture, complaining of poor flow and with maximum flow rate of 6 ml/s. (Check only one answer):

- Refer the patient to another Urologist from my Hospital.
- Refer the patient to another Hospital
- Urethral dilation
- Urethral dilation + patient driven self-dilations
- Endoscopic internal urethrotomy (cold knife, laser)
- Endoscopic internal urethrotomy (cold knife, laser) + patient driven self-dilations
- Urethral stent implantation (Memokath, Urome, Allium)
- End-to-end anastomotic urethroplasty
Urethroplasty using skin flaps (preputial, penile, scrotal)
Urethroplasty using grafts (skin, oral mucosa, preputial mucosa), dorsally located
Urethroplasty using grafts (skin, oral mucosa, preputial mucosa), ventrally located

19) How would you manage the following patient in your clinical practice? 24 year-old male, with a 1 cm idiopathic proximal bulbar urethral stricture, with 2 previous internal urethrotomies (last one 6 months ago), complaining of poor flow and with maximum flow rate of 7 ml/s. (Check only one answer):

Refer the patient to another Urologist from my Hospital.
Refer the patient to another Hospital
Urethral dilation
Urethral dilation + patient driven self-dilations
Endoscopic internal urethrotomy (cold knife, laser)
Endoscopic internal urethrotomy (cold knife, laser) + patient driven self-dilations
Urethral stent implantation (Memokath, Urolume, Allium)
End-to-end anastomotic urethroplasty
Urethroplasty using skin flaps (preputial, penile, scrotal)
Urethroplasty using grafts (skin, oral mucosa, preputial mucosa), dorsally located
Urethroplasty using grafts (skin, oral mucosa, preputial mucosa), ventrally located

20) Regarding the management of urethral strictures, which policy do you consider as adequate according to current literature?:

A “therapeutic ladder”: starting the treatment using minimally invasive procedures (dilation, internal urethrotomy) and considering urethroplasty only after repeated failure of these procedures.
Choose an urethroplasty as primary option, in the cases when indicated
21) Do you consider the creation of Referral Units or Centres for the management of male anterior urethral stricture disease necessary?:
   Yes
   No

22) Related with the specific training on treatment of urethral stricture disease, would you consider it as adequate?
   Yes
   No

23) Do you consider courses and/or workshops on management of urethral stricture disease useful?
   Yes, only theoretical courses
   Yes, only hands-on courses
   Yes, both theoretical and hands-on courses
   No