

Thank you for participating in the EuroSurg IMAGINE pre-study questionnaire. This is an essential component of the IMAGINE analysis. All responses will remain anonymous and no centre-specific comparisons will be performed. Below is a list of Enhanced Recovery After Surgery (ERAS) guidelines for colorectal surgery (full paper here: [http://www.clinicalnutritionjournal.com/article/S0261-5614\(12\)00180-X/pdf](http://www.clinicalnutritionjournal.com/article/S0261-5614(12)00180-X/pdf)). Please select the approximate proportion of colorectal patients at your centre who comply with each of the following guidelines. Your responses should be guided by what is recommended at your local centre and not influenced by patient compliance.

Centre Details			
	Please enter your country:		
	Please enter your full name:		
	Please enter your email address:		
	Please enter the name of your hospital in English:		
	Please enter the name of your hospital in the local language (if not English):		
	Items – Data criteria	Recommendations	Options (please circle)
Preoperative Guidelines			
1	Preoperative information, education and counselling	Patients should routinely receive dedicated preoperative counselling.	Most patients (>=50%) Few or no patients (<50%)
2	Preoperative bowel preparation	Mechanical bowel preparation should not be used routinely.	Most patients (>=50%) Few or no patients (<50%)
3	Preoperative fasting	Clear fluids should be allowed up to 2 hours and solids up to 6 hours prior to anaesthesia.	Most patients (>=50%) Few or no patients (<50%)
4	Oral carbohydrate treatment	Preoperative oral carbohydrate treatment should be provided routinely.	Most patients (>=50%) Few or no patients (<50%)
5	Pre-anaesthetic medication (<i>sedative medication</i>)	Patients should NOT routinely receive preoperative sedative medication.	Most patients (>=50%) Few or no patients (<50%)
6	Antimicrobial prophylaxis	Routine antibiotic prophylaxis should be given 30-60 minutes before surgery.	Most patients (>=50%) Few or no patients (<50%)
Intraoperative Guidelines			
7	Standard anaesthetic protocol	In open surgery, mid-thoracic epidural blocks using local anaesthetics and low-dose opioids should be used. In laparoscopic surgery: spinal analgesia or morphine PCA is an alternative to epidural anaesthesia.	Most patients (>=50%) Few or no patients (<50%)
8	Preventing intraoperative hypothermia	Intraoperative maintenance of normothermia with a suitable warming device and warmed intravenous fluids should be used routinely to keep body temperature >36 C°.	Most patients (>=50%) Few or no patients (<50%)
9	Perioperative fluid management	Patients should receive intraoperative fluids (colloids and crystalloids) guided by flow measurements to optimise cardiac output.	Most patients (>=50%) Few or no patients (<50%)
Postoperative Guidelines			
10	Prophylaxis against thromboembolism	Patients should routinely receive mechanical and pharmacological prophylaxis with Low Molecular Weight Heparin (LMWH).	Most patients (>=50%) Few or no patients (<50%)
11	Postoperative analgesia	In open surgery, mid-thoracic epidural using low-dose local anaesthetic and opioids should be used. In laparoscopic surgery, an alternative to thoracic epidural analgesia is spinal analgesia with a low-dose, long-acting opioid.	Most patients (>=50%) Few or no patients (<50%)
12	Multimodal approach for postoperative nausea and vomiting (PONV)	A multimodal approach to postoperative nausea and vomiting (PONV) prophylaxis should be adopted in all patients with risk factors.	Most patients (>=50%) Few or no patients (<50%)
13	Postoperative ileus prevention	Postoperative nasogastric tubes should NOT be used routinely.	Most patients (>=50%) Few or no patients (<50%)
14	Drainage of peritoneal cavity after colonic anastomosis	Postoperative drainage of the abdominal cavity should NOT be performed routinely.	Most patients (>=50%) Few or no patients (<50%)
15	Urinary drainage	Routine transurethral bladder drainage for 1-2 days should be performed.	Most patients (>=50%) Few or no patients (<50%)
16	Nutritional status screening	Patients should be encouraged to take normal food as soon as lucid after surgery.	Most patients (>=50%) Few or no patients (<50%)
17	Early mobilisation	Patients should be mobilised early.	Most patients (>=50%) Few or no patients (<50%)