

**Anexo I del artículo:**

Pereira Duarte M, Camino Willhuber G, Valacco M, Falavigna A, Asghar J, Guiroy A. ¿ Why are frailty indices not used systematically during preoperative spine consultations?. Rev Fac Cien Med Univ Nac Cordoba 2022;79(4): 347-352. doi: 10.31053/1853.0605.v79.n4.37815.

**ANNEX 1**

FRAILTY INDEXES AND SPINE SURGERY IN LATIN AMERICA

- E-mail address
  - .....
  
- Gender
  - Femenine
  - Masculine
  
- Age:
  - .....
  
- Country of Residency:
  - .....
  
- Years of spinal surgery practice:
  - <5 years
  - 5–10 years
  - >10 years
  
- Especialidad de formación:
  - Orthopedist
  - Neurosurgeon
  
- Practice Hospital Level:
  - Univesity Hospital
  - Trauma Center Level 1
  - Private Practice

- Number of spine surgeries performed annually:
  - <50 per year
  - 50-100 per year
  - >100 per year
  
- Most frequently pathology treated:
  - Degenerative
  - Traumatic
  - Oncologic
  - Deformity
  - Infectious
  
- What is the average age of most of the patients you treat?
  - Less than 40 years
  - between 40-60 years
  - More than 60 years
  
- What is your main type of practice?
  - Urgent surgeries.
  - Elective surgeries.
  
- Are you familiar with the terms of Frailty and Frailty Indexes?
  - Yes
  - No
  
- Do you use any frailty scale during the preoperative visit?
  - Yes
  - No
  
- If so. Which of the following frailty indexes do you use most frequently? There may be more than one answer.
  - Modified Frailty Index (mFI)
  - Charlson Comorbidity Index (CCI)
  - Adult Spinal Deformity Frailty Index (ASD-FI)
  - Cervical Deformity Frailty Index (CD-FI).
  - Canadian Study of Health and Aging Frailty Index (CSHA-FI)
  - Other (specify): .....
  
- If not, do you use any tools to try to predict the probabilities of perioperative complications prior to your elective surgeries?
  - Yes
  - No

- If yes, which one?
  - ASA (American Society of Anesthesiologist) score
  - Patient's age
  - DEXA or Bone mineral density
  - Laboratory values such as albumin and hematocrit levels.
  - Others (specify): \_\_\_\_\_
  
- Do you think that any of these indexes can generate a change in your therapeutic decisions or surgical strategies with respect to a specific patient?
  - Yes
  - No
  
- Which of the following do you think are the most important limitations for the implementation of this type of frailty indexes? (put a score from 1 to 5; 1: little limitation, 5: great limitation)
  - These scales cannot be used in your current practice (for example, due to performing emergencies only).
  - These scales need trained personnel to be used.
  - These scales need specific software to be calculated.
  - These scales require an excessive amount of time for the preoperative consultation.
  - These scales are not validated.
  - These scales would not generate any change in my current practice according to their results.
  
- On a scale from 1 to 5 (1: least important, 5 most important) What complications do you consider to be the most important to prevent?
  - Mechanical (Pull out, Bar rupture, Proximal Junctional Kipnosis)
  - Medical (Urinary infection, Pneumonia, DVT/PTE, Wound complications)
  - Re-admission
  - Re-operation
  - Mortality
  
- On a scale from 1 to 5 (1: least necessary, 5 most necessary) In which surgeries would you consider the application of the frailty scales most necessary?
  - Minimally invasive decompression
  - Anterior Cervical Discectomy and Fusion
  - Posterior intersomatic fusion (such as TLIF)
  - Laminectomy and Posterior cervical fusion
  - Adolescent Idiopathic Scoliosis Posterolateral fusion
  - Arthrodesis of adult degenerative scoliosis of more than 3 levels

- On a scale from 1 to 5 (1: least important, 5: most important) What do you find frailty scales most useful for?
  - To be able to explain to my patients their perioperative risks in a more personalized way
  - To decide which patients to operate on and which ones NOT
  - To better study some patients in order to reduce their complication rates
  - To have an objective tool to legally protect myself if a postoperative complication appears
  
- Would you rather have a simpler to use risk prediction scale?
  - Yes
  - No