

## **SUPPLEMENTARY FILE 2. French numeric survey for practices organization in Level-1 traumacenter.**

REBOA (*Resuscitative Endovascular Balloon Occlusion of the Aorta*) is increasingly used in management of severe trauma patients. Due to inflation of balloon into aorta, it allows to reduce or stop the blood flow below the balloon in order to control the bleeding. The aim of present survey is to describe practices in the different European countries.

Duration of response is 3 – 5 minutes.

Thank you for your participation!

French society of anaesthesiology and critical cares (SFAR) - ACUTE group

### **PART 1: INDIVIDUAL DATA**

Only one response is expected by institution.

Name:

Name of institution, city:

Personal mail:

### **PART 2: TRAUMACENTER DATA**

All questions are focused on REBOA. Responses should be done on team use and not on personal practice.

- Does a specific REBOA protocol exist in your traumacenter to identify the clinical indications?  
     yes    no
- Does a specific REBOA protocol exist in your traumacenter to describe procedure?  
     yes    no
- If yes, does your REBOA protocol determine a maximal duration of complete aortic occlusion?  
     yes    no
- Does a specific REBOA set exist in your traumacenter?  
     yes    no
- Is there a referring physician on REBOA in your traumacenter?  
     yes    no

### **PART 3: CONCERNING INDICATIONS OF REBOA IN TRAUMA SETTING**

-Have you ever use REBOA in your center (*prehospital or intrahospital placement*)

yes    no

*If no, next question may be read part 6*

-During 2022, how many REBOA were placed in your center?

0       1-5       6-10       >10

-May trauma patients admit in your center after a prehospital REBOA placement?

yes  no

#### **PART 4: REBOA PLACEMENT IN TRAUMA SETTING**

- Which kind of suspected injuries may justify a REBOA placement (*several responses may be possible*)

Abdominal trauma	<input type="checkbox"/> yes <input type="checkbox"/> no
Pelvic trauma	<input type="checkbox"/> yes <input type="checkbox"/> no
Thoracic trauma	<input type="checkbox"/> yes <input type="checkbox"/> no
Lower limb trauma	<input type="checkbox"/> yes <input type="checkbox"/> no
Other:	

- What is the current device of used REBOA?

Boston scientific     ER-REBOA Prytime     BVM MEDICAL     other

- What is the diameter of current used sheath?

7 Fr     8Fr     10 Fr     12Fr     other

- What is the diameter of current used balloon?

20-24 mm     25-30 mm     >30 mm

- Is traumatic cardiac arrest an indication of REBOA in your center?

yes  no

- Which physician does place REBOA in your center?

Trauma surgeon  
 Vascular surgeon  
 Visceral surgeon  
 Anaesthesiologist  
 Intensivist  
 Emergency physician  
 Interventional radiologist

#### **PART 5: A REBOA MANAGEMENT IN TRAUMA SETTING**

**A propos des REBOA posés dans votre centre au cours de l'année 2022 :**

- Which kind of occlusion is practiced in your center?

complete only  
 Partial only  
 Complete or partial

- Used in area 1 (between left subclavian artery and coeliac trunk)

Never     <50% of REBOA     >50% of REBOA

- Used in area 3 (below lower mesenteric artery)

Never     <50% of REBOA     >50% of REBOA

-May interventional radiology be practiced with a REBOA?

Area 1	<input type="checkbox"/> Never	<input type="checkbox"/> <50% of REBOA	<input type="checkbox"/> >50% of REBOA
Area 3	<input type="checkbox"/> Never	<input type="checkbox"/> <50% of REBOA	<input type="checkbox"/> >50% of REBOA

- Generally, what is the maximum duration of complete occlusion by REBOA that you authorize??

Area 1	<input type="checkbox"/> <30 mins	<input type="checkbox"/> <45 mins	<input type="checkbox"/> < 60 mins	<input type="checkbox"/> <120 mins	<input type="checkbox"/> not defined.
Area 3.	<input type="checkbox"/> <30 mins	<input type="checkbox"/> <45 mins	<input type="checkbox"/> < 60 mins	<input type="checkbox"/> <120 mins	<input type="checkbox"/> not defined

-Concerning complications associated with REBOA placement?

- ischemic complications  Never  <50% of REBOA  >50% of REBOA
- septic complications  Never  <50% of REBOA  >50% of REBOA
- hemorrhagic complications  Never  <50% of REBOA  >50% of REBOA

- Can you describe in a few words the serious complications encountered following the installation of REBOA in trauma patients, in your center?

- In a general way, how do you judge the use of REBOA in your center?

Never useful  useful <50% of cases  useful >50% of cases

## PART 6: REBOA FORMATION

- Would you like participate to REBOA formation?

useless  Theoretical formation  Practice training  Both

-Does your center participate to a national register focused on REBOA?

Yes, which one:.....  
 No, but we are interested to integrate one  
 No, it is not useful for us