Appendix 1. Satisfaction survey to assess patient condition during hospitalization after third molar extraction under general anesthesia.

Satisfaction survey to assess patient condition during hospitalization after third molar extraction under general anesthesia

In order to improve patient care in the Stomatology Department, and in particular the anaesthetic techniques, we would be grateful if you could answer the following questions. This questionnaire is strictly anonymous and completely optional. Most of the questions require only one response. If this is not the case, this is specified in the question heading. If the answers do not correspond exactly to what you wish to express, try to tick the closest answer. If you wish to provide us with additional information, you can write in the space provided at the end of the questionnaire. If you encounter any difficulties, please let us know and ask for our help. Thank you in advance for providing us with this valuable information, which will help to provide a better care.

Generality

1) Your level of study :

□ Primary
□ Secondary (high-school)
□ Technical education
□ Advanced degree

Information

1) Who first told you about general anesthesia for wisdom teeth surgery ?

□ Your dental-surgeon
□ Your general practioner
□ The anesthesist

- □ You've already had general anesthesia
- □ The surgeon
- □ Your relatives : (specify)
- □ Other : (specify)

2) BEFORE the operation, did you have a preference for the type of anaesthesia?

- □ Yes
- □ No

If yes, for what type of anaesthesia ?

- □ General anesthesia
- □ Sedation
- □ Local anesthesia

If you prefer a general anesthesia, why?

- □ Comfort
- □ Fear of the atmosphere
- □ Other (specify) :
- □ Previous anesthesia without problems
- □ No preference

3) Do you feel that you have been given a choice of anaesthesia?

- □ Yes
- □ Partly
- □ No

4) Did an anaesthetist explain sedation anaesthesia to you?

- □ Yes
- □ No

5) Did a surgeon explain sedation anaesthesia to you ?

- □ Yes
- □ No

6) If yes, when ? (several answers possible)

- □ At the surgeon consultation
- □ At the anaesthesist consultation
- □ The day before the operation
- □ Just before the operation

7) If yes, have you understood this information ?

- □ Yes
- □ No

8) Have the risks of general anesthesia been explained to you ?

- □ Yes
- □ No
- □ Do not remeber anymore
- □ Not concerned

9) Based on what was explained to you, do you think that general anesthesia was risky for you?

- □ No
- □ Moderate risk
- □ Mild risk
- □ Severe risk

10) Do you consider the information to be sufficient ?

- □ Yes
- □ No

If yes, did it reassure you ?

- □ Yes
- □ No
- □ Partly

If you didn't find the information sufficient, what would you have liked to know ?

Before surgery

1) Before the operation, how was your degree of anxiety (Analog Visual Scale for Anxiety) ?

□ None (0-2) □ Mild (3-5)

□ Moderate (6-7) □ Severe (8-10)

2) What do you think of the waiting time in your room before going to the operating room (in relation to the time you were due to arrive) ?

□ No waiting □ Moderate waiting

□ A little waiting □ Long waiting

3) This waiting have been stressful ?

□ No □ A little

□ Moderate □ A lot

4) Have the people who looked after you introduced themselves to you ?

□ Yes □ No

If not, did it bother you ?

□ No □ A little

□ Moderate □ A lot

5) Did the people who looked after you explained what they were going to do to you ?

□ Yes □ No

If not, did it bother you ?

□ No □ Moderate

□ A little □ A lot

6) When you arrived in the operating room, did the staff pay attention to your comfort when you were placed on the stretcher ? :

□ Yes □ No

If not, what was the cause of your discomfort ? :

□ Neck discomfort □ Blankets

□ Back discomfort □ Intimacy

□ Arms discomfort □ Other : (specify)

7) In operating room did you waiting long before being assisted ?

□ Yes □ A little

□ No

After surgery under GENERAL ANESTHESIA

1) Did you have toothache after the operation (Analog Visual Scale for Pain) ?

□ None (0-2) □ Moderate (3-5)

□ Mild (6-7) □ Severe (8-10)

If you had pain, when was it ?

□ After the operation □ Less than 4 hours after the operation

□ More than 4 hours after the operation

2) Overall, how satisfied are you with your anaesthesia?

□ Not satisfied □ satisfied

□ A little satisfied □ Very satisfied

3) Would you agree to a new general anesthesia?

□ Yes □ No

4) Would you recommend this type of anaesthesia to another person?

□ Yes □ No

5) If you have to be operated again, would you return to this department?

□ Yes □ No

If no, why ?

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Remarks and comments :

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We would like to thank you for taking the time to complete this questionnaire and wish you a speedy recovery.

You may object to the use of your answers and the medical data relating to your hospitalisation for scientific research purposes. In this case, please inform the person who gave you the questionnaire. You can also object at any time by contacting Dr Petre Lupu Bratiloveanu, Head of the Stomatology - Maxillofacial Surgery Department, on 04.77.44.38.82.

Satisfaction survey for patient operated under general anesthesia in the Stomatology Department of Roanne Hospital at 7 days.

<u>One week after surgery</u>

1) Do you have toothache seven days before the operation?

□ None □ Moderate

□ Mild □ Severe

If you are in pain, is the pain relieved by prescribed medication and ice ?

□ Yes □ No

□ Partially

2) Have any teeth been fractured or traumatised as a result of anaesthesia and/or surgery ?

□ Yes, after anesthesia □ Yes, i don't remember at what time

□ Yes, after surgery □ No

3) Do you feel numbness or anaesthesia in your lip or tongue ?

□ Yes, on the lip □ Yes, both

□ Yes, on the tongue □ No

4) Do you have liquid reflux (water, milk, soup, etc.) in your nose when you eat?

□ Yes □ No

5) Do you come back to the department with a complication or persistent concern ?

□ Yes □ No

If yes, why ? (multiple answers are possible)

- □ Alveolitis
- □ Bleeding
- □ Bad taste in the mouth
- □ Abcess
- □ Pain not relieved
- □ Swelling
- □ Do not remeber

Thank you for your participation and for sending your satisfaction survey 7 days after the surgery, this will help us to improve our overall patient care. You can take a photo of your questionnaire and send it to the following e-mail address to lupupetre@gmail.com or hand it in to our Stomatology secretariat during opening hours (8.00am to 4.00pm Monday to Friday).

Remarks and comments:

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Appendix 2. Satisfaction survey to assess patient condition during hospitalization after third molar extraction under sedation

Satisfaction survey to assess patient condition during hospitalization after third molar extraction under sedation

In order to improve patient care in the Stomatology Department, and in particular the anaesthetic techniques, we would be grateful if you could answer the following questions. This questionnaire is strictly anonymous and completely optional. Most of the questions require only one response. If this is not the case, this is specified in the question heading. If the answers do not correspond exactly to what you wish to express, try to tick the closest answer. If you wish to provide us with additional information, you can write in the space provided at the end of the questionnaire. If you encounter any difficulties, please let us know and ask for our help. Thank you in advance for providing us with this valuable information, which will help us to provide better care.

Generality

1) Your level of study :

□ Primary
□ Secondary (high-school)
□ Technical education
□ Advanced degree

Information

1) Who first told you about sedation for wisdom teeth surgery ?

□ Your dental-surgeon
□ Your general practioner

□ The anesthesist
□ You've already had sedation
□ The surgeon
□ Your relatives : (specify)
□ Other : (specify)

2) BEFORE the operation, did you have a preference for the type of anaesthesia?

□ Yes
□ No

If yes, for what type of anaesthesia ?

□ General anesthesia
□ Local anesthesia
□
□ Sedation

If you prefer a sedated anaesthetic, why?

□ Comfort
□ Fear of the atmosphere
□ Other (specify) :
□ Previous anaesthesia without problems
□ No preference

3) Do you feel that you have been given a choice of anaesthesia ?

□ Yes
□ No
□ Partly

4) Did an anaesthetist explain sedation anaesthesia to you?

□ Yes
□ No

5) Did a surgeon explain sedation anaesthesia to you ?

□ Yes
□ No

6) If yes, when ? (several answers are possible)

- □ At the surgeon consultation
- □ At the anaesthesist consultation
- □ The day before the operation
- □ Just before the operation

7) If yes, have you understood this information ?

- □ Yes
- □ No

8) Have the risks of sedation anaesthesia been explained to you ?

- □ Yes
- □ No
- □ Do not remember anymore
- □ Not concerned

9) Based on what was explained to you, do you think that anaesthesia with sedation was risky for you?

- □ None
- □ Mild risk
- □ Moderate risk
- □ Severe risk

10) Do you consider the information to be sufficient ?

- □ Yes
- □ No

If yes, did it reassure you ?

- □ Yes
- □ Partly
- □ No

If you didn't find the information sufficient, what would you have liked to know?

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Before surgery

1) Before the operation, how was your degree of anxiety (Analog Visual Scale for Anxiety) ?

□ None (0-2) □ Mild (3-5)

□ Moderate (6-7) □ Severe (8-10)

2) What do you think of the waiting time in your room before going to the operating room (in relation to the time you were due to arrive) ?

□ No waiting □ Moderate waiting

□ A little waiting □ Long waiting

3) This waiting have been stressful ?

□ No □ A little

□ Moderate □ A lot

4) Have the people who looked after you introduced themselves to you ?

□ Yes □ No

If not, did it bother you ?

□ No □ A little

□ Moderate □ A lot

5) Did the people who looked after you explained what they were going to do to you ?

□ Yes □ No

If not, did it bother you ?

□ No □ Moderate

□ A little □ Very

6) When you arrived in the operating room, did the staff pay attention to your comfort when you were placed on the stretcher?

□ Yes □ No

If not, what was the cause of your discomfort?

□ Neck discomfort □ Blankets

□ Back discomfort □ Intimacy

□ Arms discomfort □ Other : (specify)

7) In the operating room did you wait long before being assisted?

□ Yes □ A little

□ No

During the operation if you have opted for SEDATION anaesthesia

1) Were you afraid that the local anaesthetic wouldn't work when the surgeon started the operation?

□ None
□ A little
□ Moderate
□ A lot

2) Did someone ask you during the operation if you were in pain?

□ Yes
□ No
□ Do not remember

3) Did you find the intervention?

□ Very unpleasant
□ Unpleasant
□ Pleasant
□ Very pleasant
□ Do not remember

4) What caused your DISCOMFORT? (several answers are possible)

□ None
□ Pain at the site of the operation
□ Sleepiness
□ Back ache
□ Neck ache
□ Sensation of suffocating under sterile sheets
□ Cold
□ Overheating
□ Painful lying posture
□ Feeling the need to urinate
□ Itching
□ Length of intervention
□ Impatience
□ Worry due to operator's conversations or reflections
□ Worry due to conversations from staff in the room

□ Discomfort due to music in the operating room

□ Annoyance caused by unexplained noise

□ Perfusion

□ Other : (specify)

5) Do you have any memories of the surgery? If you do, was it pleasant? (Describe your experience if you wish)

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After surgery under SEDATION

1) Did you have a toothache after the operation (Analog Visual Scale for Pain)?

□ None (0-2)
□ Mild (3-5)
□ Moderate (6-7)
□ Severe (8-10)

If you had pain, when was it ?

□ After the operation
□ More than 4 hours after the operation
□ Less than 4 hours after the operation

2) Overall, how satisfied are you with your anaesthesia?

□ Not satisfied
□ Little satisfied
□ satisfied
□ Very satisfied

3) Would you agree to a new anaesthesia using this type of sedation?

□ Yes
□ No

4) Would you recommend this type of anaesthesia to another person?

□ Yes
□ No

5) If you have to be operated again, would you return to this department?

□ Yes
□ No

If no, why ?

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Remarks and comments :

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We would like to thank you for taking the time to complete this questionnaire and wish you a speedy recovery.

You may object to the use of your answers to the questions and the medical data relating to your hospitalisation for scientific research purposes. In this case, please inform the person who gave you the questionnaire. You can also object at any time by contacting Dr Petre Lupu Bratiloveanu, Head of the Stomatology - Maxillofacial Surgery Department, on 04.77.44.38.82.

Satisfaction survey for patients operated under sedation in the Stomatology Department of Roanne Hospital at 7 days.

One week after surgery

1) Do you have toothache seven days before the operation?

□ None
□ Moderate
□ Mild
□ Severe

If you are in pain, is the pain relieved by prescribed medication and ice ?

□ Yes
□ No
□ Partially

2) Have any teeth been fractured or traumatised as a result of anaesthesia and/or surgery ?

□ Yes, after anesthesia
□ Yes, i don't remember at what time
□ Yes, after surgery
□ No

3) Do you feel numbness or anaesthesia in your lip or tongue ?

□ Yes, on the lip
□ Yes, both
□ Yes, on the tongue
□ No

4) Do you have liquid reflux (water, milk, soup, etc.) in your nose when you eat?

□ Yes
□ No

5) Do you come back to the department with a complication or persistent concern ?

□ Yes
□ No

If yes, why ? (multiple answers are possible)

- □ Alveolitis
- □ Bleeding
- □ Bad taste in the mouth
- □ Abcess
- □ Pain not relieved
- □ Swelling
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Thank you for your participation and for sending your satisfaction survey 7 days after the surgery, this will help us to improve our overall patient care. You can take a photo of your questionnaire and send it to the following e-mail address to lupupetre@gmail.com or hand it in to our Stomatology secretariat during opening hours (8.00am to 4.00pm Monday to Friday).

Remarks and comments:

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