

Supplementary Material 1 - Questionnaire

1) In which kind of hospital is your endoscopy unit located?

- Government community hospital
- Private community hospital
- Academic hospital (private and government)

2) How many endoscopic procedures were performed in your endoscopy unit in 2019?

- < 1000
- 1000–3000
- > 3000

3) Is there usually (prior to COVID-19 outbreak) the availability of anesthesiologist assistance for endoscopic procedures in your endoscopy unit?

- No, never
- Yes, for high risk patients only*
- Yes, for selected procedures only
- Yes, on certain days only
- Yes, everyday

4) Where are endoscopic procedures with anesthesiologist assistance usually performed?

- In the endoscopic room
- In the operating room
- In the emergency room (if urgent procedures)
- It depends on the type of procedure and patient's condition

5) How many procedures were carried out in your endoscopy unit in the time frame October 26 to December 06, 2020?

- Not urgent upper and lower endoscopies (EGDs and colonoscopies)
- Urgent upper and lower endoscopies (EGDs and colonoscopies)°
- Endoscopic ultrasounds procedures (EUS)
- Endoscopic retrograde cholangiopancreatographies (ERCP)
- Percutaneous endoscopic gastrostomies (PEG)
- Other operative endoscopies (enteral stents, dilations, endoscopic submucosal dissections...)

6) How many endoscopic procedures with anesthesiologist assistance (at least presence of the anesthesiologist in the procedural room) were performed in your endoscopy unit in the time frame October 26 to December 06, 2020?

- Not urgent upper and lower endoscopies (EGDs and colonoscopies)
- Urgent upper and lower endoscopies (EGDs and colonoscopies) °
- Endoscopic ultrasounds procedures (EUS)
- Endoscopic retrograde cholangiopancreatographies (ERCP)
- Percutaneous endoscopic gastrostomies (PEG)
- Other operative endoscopies (enteral stents, dilations, endoscopic submucosal dissections...)

7) How many procedures were carried out in your endoscopy unit in the time frame October 26 to December 06, 2019?

- Not urgent upper and lower endoscopies (EGDs and colonoscopies)
- Urgent upper and lower endoscopies (EGDs and colonoscopies) °
- Endoscopic ultrasounds procedures (EUS)
- Endoscopic retrograde cholangiopancreatographies (ERCP)
- Percutaneous endoscopic gastrostomies (PEG)
- Other operative endoscopies (enteral stents, dilations, endoscopic submucosal dissections...)

8) How many endoscopic procedures with anesthesiologist assistance (at least presence of the anesthesiologist in the procedural room) did you performed in your endoscopy unit in the time frame October 26 to December 06, 2019?

- Not urgent upper and lower endoscopies (EGDs and colonoscopies)
- Urgent upper and lower endoscopies (EGDs and colonoscopies) °
- Endoscopic ultrasounds procedures (EUS)
- Endoscopic retrograde cholangiopancreatographies (ERCP)
- Percutaneous endoscopic gastrostomies (PEG)
- Other operative endoscopies (enteral stents, dilations, endoscopic submucosal dissections...)

9) Did the management of the COVID-19 pandemic produce changes in the usual anesthesiologist assistance in your Endoscopy Center in the time frame October 26 to December 06, 2020?

- No
- Yes, a reduction in the availability of anesthesiologist assistance
- Yes, a zeroing in the availability of anesthesiologist assistance

10) Did any reduction of the anesthesiologist assistance affect other services in your Hospital in the time frame October 26 to December 06, 2020? (multiple answers are possible)

- Yes, emergency surgery
- Yes, elective oncological surgery
- Yes, elective non-oncological surgery
- Yes, delivery room activities
- Yes, other outpatient activities (e.g. bronchoscopies)
- No
- No reduction in anesthesiologist assistance

11) Any reduction in the anesthesiologist assistance in your endoscopy unit in the time frame October 26 to December 06, 2020, resulted as follows: (multiple answers are possible)

- Overall reduction of slots with anesthesiologist assistance
- Anesthesiologist assistance for hospitalized patients only
- Anesthesiologist assistance for selected procedures only
- Anesthesiologist assistance for high-risk patients only*
- Anesthesiologist assistance for urgent procedures only°
- Difficulty to plan any procedure with anesthesiologist assistance for any type of patient
- No reduction in anesthesiologist assistance

12) If a reduction in the anesthesiologist assistance had occurred in your endoscopy unit in the time frame October 26 to December 06, 2020, was it necessary to transfer patients needing for anesthesiologist assistance to another center?

- Yes
- No
- No reduction in anesthesiologist assistance

13) If a reduction in the anesthesiologist assistance had occurred in your endoscopy unit in the time frame October 26 to December 06, 2020, was it necessary to postpone some procedures indefinitely or to delete them?

- Yes
- No
- No reduction in anesthesiologist assistance

14) If a reduction in the anesthesiologist assistance had occurred in your endoscopy unit in the time frame October 26 to December 06, 2020, was it necessary to select the patients most requiring of anesthesiologist assistance?

- Yes
- No
- No reduction in anesthesiologist assistance

15) Is there an internal guideline about anesthesiologist assistance for endoscopic procedures in your Hospital?

- No
- Yes, and it has been issued following the COVID-19 emergency period
- Yes, and it has been issued before the COVID-19 emergency period

16) The choice to perform Endoscopic retrograde cholangiopancreatographies (ERCP) without any anesthesiology support, in the time frame October 26 to December 06, 2020, was based on the cases listed below (multiple answers are possible)

- In accordance with internal guideline, if any
- After a preliminary anesthesiologist's evaluation
- By the gastroenterologist without any preliminary anesthesiologist's evaluation
- Due to the impossibility to do otherwise
- No procedures were performed without anesthesiologist assistance

17) If a reduction in the anesthesiologist assistance had occurred in your endoscopy unit in the time frame October 26 to December 06, 2020, was a worsening of quality of the procedures observed?

- No, we didn't observed a worsening of procedures quality
- Yes, we observed an increasing number of complications related to sedation / to procedures
- Yes, we observed a reduction in successful procedures
- Yes, we observed a lower patient tolerability
- Yes, we observed a prolonged duration of procedures
- No reduction in anesthesiologist assistance
- Other

18) Regarding ERCPs performed without anesthesiologist assistance in the time frame October 26 to December 06, 2020:

- How many procedures were interrupted due to patient intolerance/criticity?
- In how many cases did you have to change the procedure plan, due to patient intolerance /criticity?

*defined as ASA (American Society of Anesthesiology) score > 3⁵

° defined as outpatient procedures needing to be performed within 72 hours according to statement of Lombardy Government⁶ or as inpatient procedures needing to be performed within 24 hours⁷⁻¹⁰