We are conducting a postal survey looking at the preferred choice of muscle relaxants of obstetric anaesthetists for a General Anaesthetic (GA) Caesarean Section (CS). We would be most grateful if you could fill out this form and return it in the stamped envelope enclosed. Thank you for your help in conducting this survey.

For the purpose of this survey, we define a rapid sequence induction as pre-oxygenation of at least 3 min, +/- injection of an opioid, then rapid injection of a calculated dose of intravenous anaesthetic drug followed by a muscle relaxant. Cricoid pressure is applied just before injection of the induction agent and the trachea intubated when muscle relaxation is adequate (after 45-60 sec).

For a GA for Caesarean Section (CS), would you always use a rapid sequence induction?

Yes □  No □

Have you ever used rocuronium?

Yes □  No □

Please indicate your first choice of muscle relaxant when inducing general anaesthesia in the following scenarios. In all cases assume there are no problems other than those stated, the patient has had a GA in the recent past without any problems and she has a full range of head and neck movements. Please tick one box only per choice.

Scenario 1 A healthy slim woman (BMI 20) who is scheduled for her first (Grade 4) elective CS. Mallampatti 1
suxamethonium □
rocuronium □
atracurium □
vecuronium □
other.............

Scenario 2 An obese woman (BMI 40) for emergency (grade 1) CS for prolapsed cord with persistent foetal bradycardia. Mallampatti 3
suxamethonium □
rocuronium □
atracurium □
vecuronium □
other.............

Scenario 3 An average size woman (BMI 28) for an urgent (grade 3) CS for severe pre-eclampsia. Mallampatti 2
suxamethonium □
rocuronium □
atracurium □
vecuronium □
other.............

Scenario 4 As a comparison, what would your choice be if conducting a rapid sequence induction in a non obstetric situation. The patient is a healthy slim woman (BMI 20) who ate 2 hours ago and needs emergency surgery for a fractured forearm with nerve compression. Mallampatti 1
suxamethonium □
rocuronium □
atracurium □
vecuronium □
other.............

Sugammadex (Org 25969) is a new drug which binds rocuronium to form an inactive complex, thereby reversing neuromuscular block. Early studies show that sugammadex reverses rocuronium induced neuromuscular block in humans within 2-3 min with minimal side-effects. If sugammadex was shown conclusively to be a safe, effective reversal agent to rocuronium and became widely available for clinical use, would this affect your choice of muscle relaxant for the same scenarios above? Please answer the scenarios again as above, this time with sugammadex available for use.

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