

Refractory Treatment Options

Please complete the survey below.

Thank you!

By completing this survey, you are consenting to its use in research. Once you have submitted your responses for this survey, your answers will be put into a database and will not be identifiable to you.

What is your institution?

About how many total cardiac surgeries are performed at your institution annually?

What is your role?

- Physician (ICU)
- Physician (interventional)
- Physician (other)
- Advanced Practice Provider
- Dietician
- Pharmacist
- Other

Other, please describe:

I am responding to this survey because (check all that apply)

- I am the recognized institutional clinical expert in managing chylothorax
- I was designated by medical director to respond
- I am the medical director

Refractory Treatment Options

Does your institution have an established team or program for managing lymphatic disorders?

- Yes
- No

How does your institution define refractory chylothorax?: (Please be as specific as possible, including the duration of chylothorax and/or output volumes if relevant)

Is there a designated treatment protocol at your institution for patients who have refractory chylothorax?

- Yes
- No

In patients with refractory chylothorax, if there was no improvement after a trial of NPO, do you re-start feeds?

- Yes
- No

How soon do you restart feeds (i.e. how long is your NPO trial)?

Do you restart a regular or fat-modified diet?
Comments?

Do you use prophylactic anticoagulation in chylothorax patients?

- Yes
 No

Indication for prophylactic anticoagulation (check all that apply):

- All chylothorax patients
 Based on chest tube output volume (high output)
 History of clot
 Cardiac lesion-specific

What do you routinely use for prophylactic anticoagulation in chylothorax patients? (check all that apply)

- Heparin
 Lovenox
 Bivalirudin
 Warfarin
 Apixaban
 Other

Other anticoagulation utilized:

In the past 2 years have you referred patients to a lymphatic center or outside hospital for lymphatic interventions?

- Yes
 No

Which center or centers?

When in the clinical course do you typically refer? (i.e. certain duration of chylothorax, failure of other therapies, etc.):

Do you experience any barriers to referral?

- Yes
 No

What barriers have you perceived in referring patients to a lymphatic center?

When are you usually INITIATING the following chylothorax therapies.

Octreotide

- Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

Steroids

- Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

Propranolol Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

Midodrine Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

Sildenafil Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

Sirolimus Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

MEK inhibitors Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

Pleurodesis Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

What pleurodesis agent or agents do you use?

Blood patch (sterile injection of patient's blood into their chest tube) Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

Surgical thoracic duct ligation Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

Is diagnostic lymphatic imaging routinely performed prior to performing a thoracic duct ligation? Yes
 No

Thoracic duct decompression (surgical and/or percutaneous) Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

How has your institution performed thoracic duct decompression? (select all that apply) Surgical (innominate vein turndown)
 Transcatheter/Stent based

Pleuroperitoneal shunt

Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

Peritoneovenous (Denver) shunt

Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

Lymphovenous anastomoses

Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

Percutaneous lymphatic interventions

Within 10 days of chylothorax diagnosis
 10-20 days after diagnosis
 >20 days after diagnosis
 Never used

What lymphatic imaging methods are utilized to inform your percutaneous lymphatic interventions? (select all that apply)

DCMRL
 standard lymphangiogram
 other

Please describe other lymphatic imaging methods:

Do you routinely include mesenteric and/or hepatic access points when imaging the lymphatic system?

Yes
 No

Which team or teams perform percutaneous lymphatic interventions at your center? (select all that apply)

Interventional Radiology
 Interventional Cardiology

Which percutaneous lymphatic interventions are performed at your institution? (select all that apply)

Lipiodol embolization
 Total thoracic duct embolization
 Selective lymphatic channel embolization

Please comment on how patient size, underlying diagnosis, or other clinical considerations might impact your decision to perform a lipiodol embolization:

Please comment on how patient size, underlying diagnosis, or other clinical considerations might impact your decision to perform a total thoracic duct embolization:

Please comment on how patient size, underlying diagnosis, or other clinical considerations might impact your decision to perform a selective lymphatic channel embolization:

Other treatment options utilized for the treatment of chylothorax (please also describe timing of use):

Free text: Please add any comments you have regarding the above treatment modalities (i.e. dosing, if/when to start or stop a medication, if/when to proceed with an intervention, etc).
