Supplementary Material

Biliary atresia (BA) post-Kasai Questionnaire

By participating in this, we will endeavor to include your hospital in all related citations. We know your time is precious, and we want to keep this simple questionnaire short and sweet. Please tick/circle the answer, which best applies to your practice. Feel free to put your comments on the paper. Thank you!

1. Approximately how many cases would your unit see per year?

<table>
<thead>
<tr>
<th></th>
<th>0–5</th>
<th>6–10</th>
<th>10–15</th>
<th>&gt;15</th>
</tr>
</thead>
</table>

2. Approximately what proportion best fits into this classification in your experience?

<table>
<thead>
<tr>
<th>Variant</th>
<th>Isolated BA</th>
<th>Cystic BA</th>
<th>Syndromic BA</th>
<th>CMV IgM +ve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. What is your unit’s approximate mean, average, or median age at Kasai operation?

<table>
<thead>
<tr>
<th></th>
<th>&lt;50 days</th>
<th>51–60 days</th>
<th>61–70 days</th>
<th>71–80 days</th>
<th>&gt;80 days</th>
</tr>
</thead>
</table>

4. Which tests are usually routinely used in the PREOPERATIVE diagnosis?

|                | Ultrasound | Radio-isotope | Liver Biopsy | MR scan | ERCP |

Circle/tick all that apply

5. Which viruses do you routinely test for?

|                  | CMV IgG and/or IgM | REOvirus | Epstein-Barr (EBV) | Hepatitis A/B | Rubella IgM | Toxoplasma IgG |

Circle/tick all that apply

6. Describe nature of the Kasai portoenterostomy (KPE)?

| Procedure Description | Laparoscopic KPE Superficial transection (after Yamataka) | Laparoscopic KPE Deep transection (To level of liver capsule) | Open KPE Superficial (ovoid) transection (after Kasai) | Open KPE Deep transection (To level of liver capsule) | Open KPE Radical (wide dissection exposing bifurcation of right vascular pedicle & Rex fossa) (after OHI) |

7. Approximately what is the proportion of infants coming to Kasai surgery that clear their jaundice to normal values (<17 µmol/L or <1.5 mg/dL) (at any stage)?

|        | 30–40% | 41–50% | 51–60% | 61–70% | >71% |

If published please give reference…………………………………………………………

8. Post-operative regimen:

|                | Antibiotics | Ursodeoxycholic acid | Steroids | Others | Traditional herbs |

Circle/tick all that apply
Section: Steroids

9. Which steroid do you routinely use? Yes/No

<table>
<thead>
<tr>
<th>Methylprednisolone (IV) [see H9]</th>
<th>Prednisolone (oral) [see #10]</th>
<th>Prednisone (oral) [see #10]</th>
<th>Dexamethasone (oral) [see #11]</th>
<th>Budesonide (oral/rectal)</th>
</tr>
</thead>
</table>

Circle/tick all that apply

10. What is starting dose? Methylprednisolone

- 1–2 mg/kg/day
- 3–5 mg/kg/day
- >5 mg/kg/day

11. What is starting dose? Dexamethasone

- 0.2 mg/kg/day
- 0.4 mg/kg/day
- 0.8 mg/kg/day
- 1 mg/kg/day

12. What is starting dose? Prednisolone/prednisone

- 1–2 mg/kg/day
- 4 mg/kg/day
- 5 mg/kg/day
- 10 mg/kg/day

13. Assuming a tapering regimen. How long do you prescribe steroids for (weeks)?

| 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 | 22 | 24 |

14. Assuming your infant has responded after the Kasai portoenterostomy, with pigmented stools and fading jaundice, but at 4 weeks, the stools become pale, and the bilirubin starts to rise, in the absence of pyrexia. Would you repeat a course of steroids? Yes/No How many times? .................

Section: Choleretics

Do you use ursodeoxycholic (Urso) acid? Yes/No

If so, what dose do you use (mg/kg/day)?

- 5
- 10
- 15
- ≥20

15. Do you use phenobarbitone? Yes/No

If so, what dose do you (mg/kg/day)?

- 2.5
- 5
- 10
- 15

16. Do you use cholestyramine? Yes/NO

If so, what dose do you use (sachet/day)?

- 0.5
- 1
- 1.5
- 2

Section: Antibiotic Prophylaxis

17. Intravenous perioperative antibiotics. Please circle / tick all that are routinely used.

<table>
<thead>
<tr>
<th>Ampicillin</th>
<th>Amoxicillin/clavulanate Augmentin®, Co-Amoxyclov®</th>
<th>Gentamicin</th>
<th>Metronidazole</th>
<th>Piperacillin/Tazobactam Tazocin®</th>
<th>Third generation CEFs Cefuroxime/Ceftazidime</th>
<th>Sulbactam/ampicillin Unasyn®, Unictam®, Subacillin®</th>
</tr>
</thead>
</table>
13. Oral prophylactic antibiotics? Please circle/tick all that are routinely used.

<table>
<thead>
<tr>
<th>Trimethoprim</th>
<th>Sulfa/trimethoprim Seprtrim®, Bactrim®</th>
<th>Amoxicillin/clavulanate Augmentin®, Co-Amoxyclov®</th>
<th>Cefalosporins e.g. cepalexin®</th>
<th>Others</th>
</tr>
</thead>
</table>

18. How long do you use oral prophylaxis for (months)?

| 1 | 3 | 6 | 9 | ≥12 |

Section: Antiviral treatment

19. If there is perioperative evidence of cytomegalovirus (CMV) infection (e.g., IgM +ve), would you prescribe specific antiviral therapy? Yes/No

| Ganciclovir (intravenous) | Valganciclovir (oral) | Immunoglobulin (intravenous) |

20. How long would you continue treatment (months)?

| 1 | 2 | 3 | ≥4 | Based on serial copies/mL |

Circle/tick all that apply

Section: Traditional/Complementary Medications

21. Do you use traditional/complementary medicine? Yes/No

<table>
<thead>
<tr>
<th>Wormwood</th>
<th>Yin Zhi Huang</th>
<th>Glycyrrhizin</th>
<th>Inchin-ko-to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artemisia absinthium</td>
<td>Artemisia capillaris</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Circle/tick all that apply

Comments…………………………………………………………………………………………………………………………………………….