

File S1. Questionnaire

Preventive antibiotic prescribing habits among professionals dedicated to Oral Implantology: An observational study - Questionnaire

Block I: General variables related to the population surveyed (demographic, academic, professional and experience data of the respondent).

1. **Gender:**
 - Male.
 - Female.
2. **Age (years):**
 - ≤ 30 years.
 - 31-40 years.
 - 41-50 years.
 - 51-60 years.
 - > 60 years.
3. **Education levels:**
 - Graduate in Dentistry.
 - Degree in Dentistry.
 - Stomatologist.
 - Maxillofacial surgeon
4. **Level of postgraduate training achieved:**
 - Non-accredited training courses (clinical placements, commercial firm courses, etc).
 - Postgraduate university courses related to Oral Implantology.
 - Student of any university master's degree related to Oral Implantology (Oral Surgery, Oral Implantology, Periodontics or combinations of these).
 - A completed master's degree course related to Oral Implantology.
5. **Years of experience placing implants:**
 - ≤ 5 years.
 - 6-15 years.
 - 16-20 years.
 - > 20 years.
6. **Approximate average number of implants placed per year:**
 - ≤ 50.
 - 51-100.
 - > 100.
7. **Are you dedicated exclusively to the placement of implants?**
 - Yes.
 - No.

Block II: Frequency of prescription of different antibiotic regimens and regimens of choice according to different scenarios (implant procedures and patients with risk or special conditions).

1. **In healthy patients, do you prescribe preventive antibiotics in dental implant surgeries?**
 - Always.
 - Sometimes.
 - Never.
2. **Please specify whether you prescribe preventive antibiotics in the following procedures in healthy patients:**
 - 2.1. **Immediate implants:**
 - I do not normally prescribe antibiotics for this procedure.
 - I prescribe antibiotics preoperatively only.

- I prescribe antibiotics postoperatively only.
 - I prescribe antibiotics preoperatively and postoperatively.
 - I do not perform this type of treatment.
- 2.2. Multiple implants:**
- I do not normally prescribe antibiotics for this procedure.
 - I prescribe antibiotics preoperatively only.
 - I prescribe antibiotics postoperatively only.
 - I prescribe antibiotics preoperatively and postoperatively.
 - I do not perform this type of treatment.
- 2.3. Immediate implant placement without the presence of chronic infection in the site of the tooth to be extracted:**
- I do not normally prescribe antibiotics for this procedure.
 - I prescribe antibiotics preoperatively only.
 - I prescribe antibiotics postoperatively only.
 - I prescribe antibiotics preoperatively and postoperatively.
 - I do not perform this type of treatment.
- 2.4. Immediate implant placement in the presence of chronic infection in the site of the tooth to be extracted:**
- I do not normally prescribe antibiotics for this procedure.
 - I prescribe antibiotics preoperatively only.
 - I prescribe antibiotics postoperatively only.
 - I prescribe antibiotics preoperatively and postoperatively.
 - I do not perform this type of treatment.
- 2.5. Transcrestal (atraumatic) sinus lift:**
- I do not normally prescribe antibiotics for this procedure.
 - I prescribe antibiotics preoperatively only.
 - I prescribe antibiotics postoperatively only.
 - I prescribe antibiotics preoperatively and postoperatively.
 - I do not perform this type of treatment.
- 2.6. Sinus lift with lateral window approach:**
- I do not normally prescribe antibiotics for this procedure.
 - I prescribe antibiotics preoperatively only.
 - I prescribe antibiotics postoperatively only.
 - I prescribe antibiotics preoperatively and postoperatively.
 - I do not perform this type of treatment.
- 2.7. Bone augmentation procedures (bone regeneration):**
- I do not normally prescribe antibiotics for this procedure.
 - I prescribe antibiotics preoperatively only.
 - I prescribe antibiotics postoperatively only.
 - I prescribe antibiotics preoperatively and postoperatively.
 - I do not perform this type of treatment.
- 2.8. Second stage implant surgery (uncovering implants prior to the beginning of the prosthetic phase):**
- I do not normally prescribe antibiotics for this procedure.
 - I prescribe antibiotics preoperatively only.
 - I prescribe antibiotics postoperatively only.
 - I prescribe antibiotics preoperatively and postoperatively.
 - I do not perform this type of treatment.
- 2.9. Making impressions for implant-supported prosthesis:**
- I do not normally prescribe antibiotics for this procedure.
 - I prescribe antibiotics preoperatively only.
 - I prescribe antibiotics postoperatively only.
 - I prescribe antibiotics preoperatively and postoperatively.
 - I do not perform this type of treatment.

2.10. Placement of the implant-supported prosthesis:

- I do not normally prescribe antibiotics for this procedure.
- I prescribe antibiotics preoperatively only.
- I prescribe antibiotics postoperatively only.
- I prescribe antibiotics preoperatively and postoperatively.
- I do not perform these types of treatments.

3. Mark if any of the following risk factors trigger the prescription of antibiotics:

3.1. Smokers:

- I do not normally prescribe antibiotics for this situation.
- I prescribe antibiotics preoperatively only.
- I prescribe antibiotics postoperatively only.
- I prescribe antibiotics preoperatively and postoperatively.
- I do not treat this type of patient.

3.2. Diabetes mellitus:

- I do not normally prescribe antibiotics for this situation.
- I prescribe antibiotics preoperatively only.
- I prescribe antibiotics postoperatively only.
- I prescribe antibiotics preoperatively and postoperatively.
- I do not treat this type of patient.

3.3. Immunodeficiency states (antineoplastic treatments, lymphopenia, convalescence or recent postoperative period, etc.):

- I do not normally prescribe antibiotics for this situation.
- I prescribe antibiotics preoperatively only.
- I prescribe antibiotics postoperatively only.
- I prescribe antibiotics preoperatively and postoperatively.
- I do not treat this type of patient.

3.4. Psychiatric disorders:

- I do not normally prescribe antibiotics for this situation.
- I prescribe antibiotics preoperatively only.
- I prescribe antibiotics postoperatively only.
- I prescribe antibiotics preoperatively and postoperatively.
- I do not treat this type of patient.

3.5. Patients with a history of bacterial endocarditis or prosthetic heart valves:

- I do not normally prescribe antibiotics for this situation.
- I prescribe antibiotics preoperatively only.
- I prescribe antibiotics postoperatively only.
- I prescribe antibiotics preoperatively and postoperatively.
- I do not treat this type of patient.

3.6. Patients with a hip prosthesis:

- I do not normally prescribe antibiotics for this situation.
- I prescribe antibiotics preoperatively only.
- I prescribe antibiotics postoperatively only.
- I prescribe antibiotics preoperatively and postoperatively.
- I do not treat this type of patient.

Bloque III: Type of antibiotic of choice, dose and dosage of administration in healthy patients without allergies.

1. Do you routinely prescribe antibiotics preoperatively and prior to implant procedures?

1.1. How many days before surgery do you start antibiotic prophylaxis?

- 2 days before.
- 1 day before.
- 1 hour before.
- Immediately before.

- I never do preoperative prophylaxis.
- 1.2. **If you have selected "1 or 2 days before", which antibiotic do you prescribe for a patient without allergies? (You can only select one type of antibiotic and one dose)**
- I do not perform preoperative prophylaxis "one or two days before".
 - *Amoxicillin*:
 - 500 mg, 2 times/day.
 - 500 mg, 3 times/day.
 - 750 mg, 2 times/day.
 - 750 mg, 3 times/day.
 - 1,000 mg, 2 times/day.
 - 1,000 mg, 3 times/day.
 - *Amoxicillin/ clavulanic acid*:
 - 875/ 125 mg, 2 times/day.
 - 875/ 125 mg, 3 times/day.
 - 500/ 125 mg, 2 times/day.
 - 500/ 125 mg, 3 times/day.
 - 250/ 62.5 mg, 3 times/day.
 - *Clindamycin*:
 - 150 mg, 4 times/day.
 - 300 mg, 4 times/day.
 - 300 mg, 3 times/day.
 - *Erythromycin*:
 - 400 mg, 4 times/day (ethylsuccinate).
 - 800 mg, 2 times/day (ethylsuccinate).
 - 250 mg, 4 times/day (stearate).
 - 500 mg, 2 times/day (stearate)
 - Azithromycin 500 mg, 1 time/day.
- 1.3. **If you have selected "one hour before" or "immediately before", which antibiotic do you prescribe in a patient without allergies? (You can only select one type of antibiotic and one dose).**
- I do not perform antibiotic prophylaxis "one hour before" or "immediately before" surgery.
 - *Amoxicillin*:
 - 3,000 mg.
 - 2,000 mg.
 - 1,000 mg.
 - 750 mg.
 - 500 mg.
 - *Amoxicillin/ clavulanic acid*:
 - 875/ 125 mg.
 - 500/ 125 mg.
 - 250/ 62.5 mg.
 - *Clindamycin*:
 - 600 mg.
 - 300 mg.
 - 150 mg.
 - *Erythromycin*:
 - 1,600 mg (ethylsuccinate).
 - 800 mg (ethylsuccinate).
 - 1,000 mg (stearate).
 - 500 mg (stearate).
 - *Azithromycin*:
 - 1,000 mg.
 - 500 mg.

2. Do you routinely prescribe antibiotics postoperatively for dental implant treatments in healthy patients??
- No.
 - Yes. If you have chosen this answer:
- 2.1. Which antibiotic do you prescribe in patients without allergies? (You can only select one type of antibiotic and one dose).
- I do not perform prophylaxis postoperatively.
 - *Amoxicillin*:
 - 250 mg, 4 times/day.
 - 500 mg, 3 times/day.
 - 750 mg, 2 times/day.
 - 750 mg, 3 times/day.
 - *Amoxicillin/ clavulanic acid*:
 - 500/ 125 mg, 2 times/day.
 - 500/125 mg, 3 times/day.
 - 875/ 125 mg, 2 times/day.
 - 875/ 125 mg, 3 times/day.
 - *Clindamycin*:
 - 150 mg, 4 times/day.
 - 300 mg, 3 times/day.
 - 300 mg, 4 times/day.
 - *Erythromycin*:
 - 400 mg, 4 times/day (ethylsuccinate).
 - 800 mg, 2 times/day (ethylsuccinate).
 - 250 mg, 4 times/day (stearate).
 - 500 mg, 2 times/day (stearate).
 - Azithromycin 500 mg, 1 time/day.
- 2.2. Duration of postoperative antibiotic treatment (in days):
- 1.
 - 2.
 - 3.
 - 5.
 - 7.
 - 10.
 - I do not perform postoperative prophylaxis.
3. In patients allergic to beta-lactams (such as penicillin), which preventive antibiotic do you usually use?
- Clindamycin.
 - Azithromycin.
 - Clarithromycin.
 - Erythromycin.

Block IV: Factors affecting the decision to prescribe antibiotics.

1. Which of the following factors affect the choice of antibiotic type and dosage of administration? (mark the degree of influence each factor has on your decision, with 1 being "none" and 5 being "very important")
- Patient preferences
 - Reading scientific material (articles, books, etc).
 - Knowledge acquired during dentistry/stomatology studies.
 - Knowledge acquired in postgraduate courses (specialisation courses, master's degree or doctorate).
 - Knowledge acquired in courses and congresses.
 - Cost of antibiotics.
 - Recommendations from other fellow professionals.
 - Previous experience with the antibiotic in a similar procedure.
 - Recommendations from a commercial firm.

- I don't think it makes any difference. Any antibiotic that the patient keeps at home may be useful.