Supplementary files

Supplementary table 1. Questionnaire

Question no	**Question**:	**Answers**:
Demographic data		
1.1	What is your profession?	▪ Cardiothoracic surgeon ▪ General cardiologist ▪ Interventional cardiologist
1.2	In which of the following cardiac centers do you work?	▪ Albert Schweitzer Ziekenhuis (Dordwijk) ▪ Amsterdam UMC, AMC ▪ Amsterdam UMC, VUmc ▪ Amphia Ziekenhuis (Breda) ▪ Canisius-Wilhelmina Ziekenhuis (Nijmegen) ▪ Catharina Ziekenhuis (Eindhoven) ▪ Erasmus MC (Rotterdam) ▪ ETZ TweeSteden (Tilburg) ▪ HagaZiekenhuis (Den Haag) ▪ HMC-Westeinde (Den Haag) ▪ Isala (Zwolle) ▪ Jeroen Bosch Ziekenhuis (Den Bosch) ▪ LUMC (Leiden) ▪ Maasstad Ziekenhuis (Rotterdam) ▪ Maastricht UMC+ ▪ Meander Medisch Centrum (Amersfoort) ▪ Medisch Centrum Leeuwarden ▪ Medisch Spectrum Twente (Enschede) ▪ Noordwest Ziekenhuisgroep (Alkmaar) ▪ OLVG (Amsterdam) ▪ Radboudumc (Nijmegen) ▪ Rijnstate Ziekenhuis (Arnhem) ▪ St. Antonius Ziekenhuis (Nieuwegein) ▪ Tergooi (Blaricum) ▪ Treant Ziekenhuis, locatie Scheper (Emmen) ▪ UMC Groningen ▪ UMC Utrecht ▪ VieCuri Medisch Centrum (Venlo) ▪ ZorgSaam (Terneuzen) ▪ Zuyderland Medisch Centrum (Heerlen)s
Therapeutic decision making		
2.1	Which patients after cardiac surgery will undergo a routine postoperative echocardiography before discharge? (multiple answers are possible)	▪ None. Echocardiography only on clinical indication ▪ All patients after cardiac surgery ▪ After aortic valve surgery ▪ After mitral valve surgery ▪ After tricuspid valve surgery

		▪ CABG ▪ Aortic surgery ▪ Other: …
2.2	if the decision is made to evacuate a sub-acute cardiac tamponade, is this preferably done by pericardiocentesis or surgical drainage?	▪ Pericardiocentesis ▪ Surgical drainage
Diagnostic decision making		
3.1	If imaging quality with TTE is insufficient to rule out a cardiac tamponade, which additional imaging modality is preferred in case of a nonventilated patient?	▪ CT-scan ▪ TEE ▪ Other: …
3.2	If imaging quality with TTE is insufficient to rule out a cardiac tamponade, which additional imaging modality is preferred in case of a ventilated patient?	▪ CT-scan ▪ TEE ▪ Other: …
Patient scenarios		
Following are 4 different scenarios of a patient after cardiac surgery, with varying degrees of clinical/echocardiographic suspicion of cardiac tamponade. This is a "typical" patient on the ward (e.g. a 67 years old patient, 5 days after uneventful cardiac surgery). Echocardiography was performed demonstrating various amounts of pericardial effusion. Please specify what your recommended action would be in every depicted situation (only 1 of the following 4 options possible): A. No evacuation, no follow-up echocardiography B. No evacuation, echocardiography follow-up required (usually within 1 week) C. Immediate additional imaging required (e.g., TEE, CT) D. Evacuation of pericardial effusion		
Scenario 1	**Low clinical suspicion, low echocardiographic suspicion (during routine postoperative TTE).** The patient has no dyspnea, tachycardia or hypotension, and normal diuresis. On echocardiography wide open atria and ventricles are demonstrated without vena cava inferior distension. What would your recommended action be based on the amount of pericardial effusion: ▪ <1cm pericardial effusion ▪ 1-2 cm pericardial effusion ▪ >2 cm pericardial effusion	▪ None ▪ Follow-up echocardiography ▪ Immediate additional imaging ▪ Evacuation
Scenario 2	**Low clinical suspicion, high echocardiographic suspicion (during routine postoperative TTE).** The patient has no dyspnea, tachycardia or hypotension, and normal diuresis. On echocardiography collapse of the right and left	▪ None ▪ Follow-up echocardiography ▪ Immediate additional imaging ▪ Evacuation

	atrium was demonstrated, with discrete distension of the vena cava inferior with blunted inspiratory response. What would your recommended action be based on the amount of pericardial effusion: ▪ <1cm pericardial effusion ▪ 1-2 cm pericardial effusion ▪ >2 cm pericardial effusion	
Scenario 3	**High clinical suspicion, low echocardiographic suspicion (during routine postoperative TTE).** The patient complains of progressive dyspnea. Blood pressure is normal, but there is sinus tachycardia and oliguria in the absence of apparent shock and fever. Chest x-ray, ECG and urinalysis are inconclusive. On echocardiography wide open atria and ventricles are demonstrated, without vena cave inferior distension and without respiratory flow variations of the mitral- or tricuspid valve. What would your recommended action be based on the amount of pericardial effusion: ▪ <1cm pericardial effusion ▪ 1-2 cm pericardial effusion ▪ >2 cm pericardial effusion	▪ None ▪ Follow-up echocardiography ▪ Immediate additional imaging ▪ Evacuation
Scenario 4	**High clinical suspicion, high echocardiographic suspicion (during routine postoperative TTE)**. The patient complains of progressive dyspnea. Blood pressure is normal, but there is sinus tachycardia and oliguria in the absence of apparent shock and fever. Chest x-ray, ECG and urinalysis are inconclusive. On echocardiography a collapse of the right and left atrium was demonstrated, with discrete distension of the vena cava inferior with blunted inspiratory response. What would your recommended action be based on the amount of pericardial effusion: ▪ <1cm pericardial effusion ▪ 1-2 cm pericardial effusion ▪ >2 cm pericardial effusion	▪ None ▪ Follow-up echocardiography ▪ Immediate additional imaging ▪ Evacuation