Office of Research Compliance and Quality Improvement, 6500 Wilshire Blvd., Suite 1800, Los Angeles, CA 90048

IRB APPROVAL NOTICE

May 13, 2026

Dear Devon Callahan:

On 5/13/2026, the IRB reviewed and approved the following submission:

Type of Submission:	Modification / Update
Title of Submission:	MOD00014543: STOP-VTE-EGS EAST Modifications
Protocol Title:	Multicenter Prospective Comparative-Effectiveness Trial: UFH vs LMWH in Emergency General Surgery (EGS)
IRB Protocol ID:	STUDY00004808
Investigator:	Devon Callahan
Funding:	Name: Internal CSMC Funding
IRB Review Level:	Expedited
Approval Effective Date:	5/13/2026
Approval Expiration Date, if applicable:	
Documents Reviewed:	• STOP-VTE EAST MCT IRB 1.12_DSC_7May2026_final.docx, Category: IRB Protocol;

If an expiration date is displayed above, a continuing review must be submitted at least 60 days in advance of this date.

If no expiration date is displayed above, this minimal risk study will not require annual continuing review submissions.

In conducting this research, you are required to follow the IRB approved protocol and all applicable IRB Policies and Procedures.

Please review the following requirements for providing new information to subjects:

Subjects will not be notified

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IRB APPROVAL NOTICE

March 13, 2026

Dear Devon Callahan:

On 3/11/2026, the IRB reviewed and approved the following submission:

Type of Submission:	Initial Study
Title of Submission:	STUDY00004808: MCT Prospective Comparative-Effectiveness Trial: UFH vs LMWH in EGS
Protocol Title:	Multicenter Prospective Comparative-Effectiveness Trial: UFH vs LMWH in Emergency General Surgery (EGS)
IRB Protocol ID:	STUDY00004808
Investigator:	Devon Callahan
Funding:	Name: Internal CSMC Funding
IRB Review Level:	Expedited
Approval Effective Date:	3/13/2026
Approval Expiration Date, if applicable:	
Documents Reviewed:	• STOP-VTE EAST MCT IRB 1.1_DSC_4Mar2026_clean_13Mar2026.docx, Category: IRB Protocol;

If an expiration date is displayed above, a continuing review must be submitted at least 60 days in advance of this date.

If no expiration date is displayed above, this minimal risk study will not require annual continuing review submissions.

In conducting this research, you are required to follow the IRB approved protocol and all applicable IRB Policies and Procedures.

Strategies for Thromboprophylaxis Outcomes and Prevention of Venous ThromboEmbolism in EGS (STOP-VTE-EGS); An EAST Prospective Observational Multicenter Trial

Version Date: 2/2/2026

Devon S. Callahan, MD Cedars-Sinai

Table of Contents

1.0 Background, Rationale

Venous thromboembolism (VTE) — encompassing deep venous thrombosis (DVT) and pulmonary embolism (PE) — remains one of the most preventable causes of morbidity and mortality among hospitalized surgical patients. Emergency General Surgery (EGS) patients are uniquely vulnerable to VTE due to acute physiologic stress, immobility, operative interventions, and occasionally, concurrent critical illness. Despite the recognized risk, optimal pharmacologic prophylaxis in EGS remains uncertain. Unfractionated heparin (UFH) and low-molecular-weight heparin (LMWH) are both widely used for VTE prevention in surgical populations. UFH is inexpensive and reversible, whereas LMWH provides more predictable pharmacokinetics, improved bioavailability, and a longer half-life allowing twice-daily dosing. Evidence from trauma, orthopedic, and critical care literature consistently demonstrates that LMWH reduces the incidence of both DVT and PE compared with UFH, without increasing major bleeding. The landmark New England Journal of Medicine randomized trial by Geerts et al. showed LMWH reduced any DVT from 44% to 31% and proximal DVT from 15% to 6% in trauma patients(1). Subsequent large database analyses, including the National Trauma Quality Improvement Program (TQIP), confirmed approximately a 40–50% reduction in clinically evident PE with LMWH compared to UFH(2).

However, these findings have not been directly evaluated in the EGS population, whose risk profile and perioperative physiology differ from trauma and elective surgery cohorts. Current practice patterns for VTE prophylaxis in EGS remain highly variable both within and across institutions, often driven by individual clinician preference rather than evidence. Recent survey of VTE management across trauma centers found that chemoprophylaxis dosage, timing, varied widely even amongst the top institutions that reportedly had lowest rates of VTE(3). This heterogeneity may contribute to preventable complications, inconsistent outcomes, and suboptimal resource utilization.

EGS patients represent a large, diverse, and clinically complex population with significant variation in anticoagulation practices. Establishing the comparative effectiveness and safety of UFH versus LMWH for VTE prophylaxis in this group is therefore an essential first step toward evidence-based standardization of care. This prospective multicenter observational study will use eighteen months of institutional data to compare rates of symptomatic VTE, major bleeding (as defined by ISTH criteria), transfusion requirements, and mortality between patients receiving UFH and LMWH. It will also capture key process-of-care measures, including dosing adherence, timing of initiation, and peri-operative holds.

By defining current practice patterns, event rates, and potential modifiable factors, this study will fill a critical gap in knowledge regarding optimal prophylaxis for EGS patients.

2.0 Study Objectives

The overall objective of this study is to determine the comparative effectiveness and safety of LMWH vs UFH for VTE prophylaxis in Emergency General Surgery (EGS) inpatients across diverse centers and identify modifiable care processes and high-risk subgroups.

The primary objectives include the prevalence of Symptomatic VTE (defined in Section 7.0) within 30 days of admission (composite of objectively confirmed DVT by ultrasound and/or PE by CT). The primary

exposure will be an as-treated, time-varying approach, where each day will be reported as either LMWH exposed, UFH-exposed, both, or neither.

Patients who receive both agents during the hospitalization will remain in the analysis. Crossovers will be modeled according to their actual prophylaxis exposure over time, with exposure status noted daily and incorporated into multivariable models that adjust for patient-level covariates and center-level clustering.

The secondary objectives include total VTE and the comparison of: major bleeding events (as defined by the International Society of Thrombosis and Hemostasis [ISTH]), red cell transfusion rates, rates of return to the OR for major bleeding, 30 day all-cause mortality.

Process of care metrics will also be evaluated including: time to first dose, missed dose rates, peri-operative holds and time to resumption, mechanical prophylaxis adherence. For medication adherence there will be a review of the medication administration record to ensure the medication was administered and adherence metrics were met.

Side effect profile such as suspected/confirmed HIT will also be assessed.

3.0 Study Design and Procedures

This is a Multicenter Prospective Comparative Effectiveness Study with collection of data from multiple site EMRs based on our inclusion/exclusion criteria. The data points listed in section 7.0 will be analyzed.

4.0 Date Range of Study

Data for this study were and/or will be originally obtained between the dates of September 1, 2026 to March 01, 2028. Patients across the multiple sites will be screened for inclusion in the study. The data points noted in Section 7.0 will be collected across multiple sites. Deidentified data will be entered into a centralized REDCap system hosted at CSMC. At the time of entry, each study participant will be assigned a unique study number. Deidentified data will be sent from the participating sites to CSMC. No individual patient data will be transmitted out of CSMC to the participating sites.

5.0 Total Number of Records and/or Specimens and Total Number of Study Sites Projected

It is anticipated that this study will have at least 20-30 centers enrolled with approximately 3,000 -4,500 patients in total from all sites; however, sites beyond CSMC have not yet been recruited. We anticipate, based on a current retrospective study examining the same question as this study, that approximately 500-700 patients from CSMC will be included in the study.

6.0 Data/Specimen Sources

- **Identification/Access/Abstraction**

☒ Members of the study team will require access to the clinical data source (e.g., electronic medical record) to identify eligible data/specimens and to conduct data abstraction or gain access to specimens.[1]

☒ Electronic Information Systems (EIS) Department will identify and/or abstract applicable data or specimens (e.g., request query of Deep6 through EIS).

☐ Separate registry or repository will identify, abstract, and/or provide specimens and/or data to the study team.

☐ Other:

- **Source(s) of Data/Specimens**:
  The source(s) of the data/specimens to be analyzed is the EMR.

7.0 Data Elements

- Medical Record Number (MRN)
- Name
- Patient demographics
  - Age
  - Gender
  - Race
  - Ethnicity
  - Primary language
  - religion
  - insurance status
  - BMI
  - Comorbidities
  - History of cancer
  - Recent central venous catheter placement
  - History of prior VTE
  - Anticoagulant use
  - Antiplatelet use
- Hospitalization Information
  - Admission date
  - Discharge date
  - Hospital length of stay
  - Discharge disposition
  - Admitting service
  - ICU length of stay
  - Primary/EGS diagnosis (ICD-10; see list below)
  - SOFA score on admission
  - Intubation status
    - Ventilator days

[1] Clinical records can only be accessed by study team members who are listed on the CS-IRB application and are IRB Certified.

    - Initial lab results (Hb, HCT, platelet count, INR, PTT, fibrinogen, TEG/ROTEM/Quantra results, BUN, Creatinine, Ca, HCO3)
    - Major bleeding events (See ISTH definition below)
    - Number of PRBCs transfused during hospitalization
    - Operation intervention (y/n)
        - Type of operation
        - Duration of operation
    - Type of prophylactic anticoagulant started on admission (UFH, LMWH, therapeutic, none)
    - Anticoagulation held (y/n)
        - Duration of hold (h)
- Received anti-platelet agents during hospitalization
    - Type/duration/dose
    - Symptomatic VTE* (primary outcome); as defined by signs, symptoms or findings, including:
        - Unilateral leg swelling or pain
        - Erythema
        - Tachycardia
        - Hypoxia
        - Pleuritic chest pain
        - Hemoptysis
        - Syncope
        - Evidence of RH strain on echocardiography or CT

      AND
        - Ultrasound or CT confirmation of DVT or PE

    - Asymptomatic VTE* - Ultrasound or CT confirmed DVT or PE identified incidentally performed for other indications

- **Below knee DVT will include any DVT in the following vessels: peroneal, posterior tibial, anterior tibial, gastrocnemius, and soleal veins. These will be grouped with general DVT outcomes.*
    - *Line-associated thrombosis will be excluded from general DVT outcomes and analyzed separately*
- *Splanchnic thrombosis will be reported as a secondary outcome and will not be considered as a primary endpoint with other VTE.*
- Other Post-operative complications
- Return to OR (y/n)
- Code status changes during hospitalization
- Death details
    - Time
    - Cause
    - Locations
    - Discontinuation of life-sustaining measures

The information to be accessed and reviewed is that which is minimally necessary to achieve the goals of this research.

8.0 HIPAA Identifiers

HIPAA Identifiers
☐ **No HIPAA Identifiers will be collected for this study (or select the identifiers from the following list).** *The investigators will not attempt to re-identify subjects from the collected data.*
☒ Medical Record Number
☒ Name
☐ Address (all geographic sub-divisions smaller than state, including street address, city county, and zip code)
☒ All elements (except years) of dates (including birthdate, admission date, discharge date, date of death, and exact age if over 89)
☐ Telephone Numbers
☐ Fax Numbers
☐ Email Address
☐ Social Security Number
☐ Health plan beneficiary number
☐ Account Number
☐ Certificate or license number
☐ Vehicle identifiers and serial numbers, including license plate numbers
☐ Device identifiers and serial numbers
☐ Web URL
☐ Internet Protocol (IP) Address
☐ Finger or Voice Print
☐ Photographic Image (photographic images are not limited to the face)
☐ Any other characteristic that could uniquely identify the individual (list these if applicable)

9.0 Subject Population

9.1 Inclusion Criteria

- Adults ≥18 years admitted under EGS/ACS service
- Undergoing surgical intervention for specific EGS related ICD-10 codes(see appendix 1)
- Admitted for >48 hours
- Eligible for pharmacologic VTE prophylaxis
- Admitted with EGS specific ICD-10 codes as a primary diagnosis (see Appendix 1 for complete list of codes)

9.2 Exclusion Criteria

- Therapeutic anticoagulation at baseline
- Active bleeding

- Severe renal impairment with a GFR < 30 ml/min/1.73m2
- History of HIT
- Comfort care on admission
- Absolute contraindication to chemoprophylaxis (e.g., certain spine/neuro interventions)
- Pregnancy
- Any records flagged “break the glass” or “research opt out”.

10.0 Consent Considerations

☒ Consent/Authorization Waiver

- Procedures for this study will not require interaction or interventions with participants.
- A Waiver of Consent/HIPAA Authorization will be sought from the IRB because the requirement to obtain consent would make the conduct of the research impracticable due to the following reasons
    - Given the patient population and date range of the study, subjects would likely be lost to follow-up or deceased. The proportion of individuals likely to have relocated or died may be a significant percentage of the subject population and the research results may not be meaningful and lose statistical power.
    - Contacting patients would require recording of identifiable information, such as phone numbers and addresses, beyond what is required to conduct the study.
- The study is no greater than minimal risk and will have no direct impact on patient’s rights, welfare, or clinical care. There is no direct interaction with subjects. The research results will not impact subjects’ clinical care.
- Measures described in the Confidentiality section below will be implemented to minimize risk of a breach of confidentiality during record review and data collection/analysis.

11.0 Confidentiality and Storage of Data and/or Specimens

- **Secure Storage**: Data will be housed in a HIPAA-compliant secure storage system, like REDCap or Box, within the Cedars-Sinai network with access restricted to approved members of the research team.
- **Limited Access:** Private identifiable information will be accessible only to IRB approved study team members with current IRB training.
- **Unique ID Numbers and Coding:** Each patient will be assigned a unique ID number. The linking list will be kept secure. Direct identifiers listed in section 8 will be separated from the study materials (data and/or specimens) as soon as possible. During data abstraction, name and/or MRN are required for data verification purposes. After data abstraction is complete and data have been verified, the name will be removed (if collected). Only the MRN will be used to link the study ID/code to the individual after that point until the linking list is destroyed.
- **Destroying Identifiers:** The identifiers and the linking list will be destroyed as soon as scientifically possible and maintained only as long as necessary to abstract, analyze and verify data.

- **Retention/Destruction of Study Materials:** Study data/materials will be kept and/or destroyed according to applicable policy.

12.0 Study and Data Monitoring

The study will be monitored by the PI to ensure appropriate study conduct, including obtaining proper access to data/specimens, compliance with the HIPAA Privacy Rule, compliance with Cedars-Sinai policy, and adhering to the plans outlined in the protocol for abstracting and recording data, data and/or specimen security and maintenance, and data accuracy and integrity.

13.0 Statistical Methods

Unadjusted outcomes for categorical variables — including 30-day VTE incidence, major bleeding, return to the operating room for bleeding, and 30-day all-cause mortality — will be compared between the UFH and LMWH groups using the Chi-square test or Fisher's exact test when expected cell counts are <5. Effect estimates will be presented as risk ratios (RR) or odds ratios (OR) with 95% confidence intervals. To account for potential confounding, multivariable regression models (log-binomial or Poisson regression with robust variance) will be used to estimate adjusted relative risks. In sensitivity analyses, propensity score–weighted models (inverse probability or overlap weighting) will be applied to evaluate the robustness of findings to residual confounding.

The primary analysis will adjust for diagnosis category(e.g. normal risk, high risk) to ensure adequate treatment effects across this clinically varied cohort. These categories will be included as a prespecified covariate in the primary hierarchical model. We will perform a prespecified subgroup and interaction analyses comparing all EGS patients to those in the high-risk subgroups.

Secondary analyses will evaluate major bleeding, transfusion requirements, PE, proximal DVT, distal DVT, mortality, and prophylaxis adherence/interruption.

Subgroup analyses will be explicitly labeled as exploratory unless otherwise prespecified as key secondary, and will include renal dysfunction, obesity, ICU admission, emergency laparotomy, malignancy, high-risk EGS diagnosis category, and center-level prophylaxis practice. We will interpret these analyses as hypothesis-generating and will report effect estimates with confidence intervals.

To address institutional policies that may dictate prophylaxis choice we will prospectively inventory and time-stamp each site's VTE prophylaxis policy (agent preference, dosing, renal/BMI adjustments, neuraxial and perioperative hold rules, and surveillance practices) at onboarding. In the primary analysis, we will use propensity score methods incorporating center and patient-level covariates and fit hierarchical models with center random effects to account for clustering and policy-driven practice patterns. We will perform prespecified sensitivity analyses using alternative exposure definitions, including: initial prophylaxis agent**,** predominant hospitalization exposure**,** and per-protocol exposure excluding patients with early crossover or substantial mixed exposure. These analyses will test whether the primary findings are robust to different clinically plausible definitions of UFH versus LMWH exposure and will help distinguish treatment-selection effects from true differences in prophylaxis effectiveness.

Centers with limited treatment overlap will be handled via overlap weighting and prespecified restrictions to the overlap population, and any mid-study policy changes will be analyzed as natural experiments using difference-in-differences approaches.

Continuous outcomes — including red blood cell transfusion volume, duration of anticoagulation hold, time to first prophylaxis dose, ICU length of stay, and overall hospital length of stay — will be summarized as means with standard deviations or medians with interquartile ranges, as appropriate based on data distribution. Unadjusted comparisons between UFH and LMWH groups will be made using Welch's t-test for approximately normal data or the Wilcoxon rank-sum test for non-normally distributed variables. Adjusted analyses will employ multivariable linear regression for normally distributed outcomes or generalized linear models (GLM) with gamma distribution and log link for skewed data. For outcomes with a high proportion of zero values (e.g., transfusion volume), two-part hurdle models will be considered. In exploratory analyses, propensity score–weighted regression models will be used to estimate marginal treatment effects, and results will be reported with 95% confidence intervals.

14.0 Power Analysis

Based on published trauma literature, the expected incidence of VTE in high risk patients approximately 7.5% among patients receiving UFH and 5.2% among those receiving LMWH. Assuming a two-sided α of 0.05 and 80% power to detect this 1% absolute difference in VTE rates and expect lost to follow up rate of 10%, approximately 3700 patients will be enrolled.

15.0 References

1. Geerts WH, Jay RM, Code KI et al. A Comparison of Low-Dose Heparin with Low-Molecular-Weight Heparin as Prophylaxis against Venous Thromboembolism after Major Trauma. New England Journal of Medicine. 1996. 335(10): 701-707.

2. Jacobs BN, Walsh M, Tignanelli CJ et al. Unfractionated Heparin versus Low-Molecular-Weight Heparin for Venous Thromboembolism Prophylaxis in Trauma: A Propensity-Matched Analysis of the TQIP Database. JTACS. 2017. 83(1):151-158

3. Regner JL, Shaver CN; SWSC Multicenter Trials Group. Determining the impact of culture on venous thromboembolism prevention in trauma patients: A Southwestern Surgical Congress Multicenter trial. Am J Surg. 2019 Jun;217(6):1030-1036. doi: 10.1016/j.amjsurg.2018.11.005. Epub 2018 Nov 20. PMID: 30503515.

16.0 Appendix 1 – ICD-10 Codes to be included

Complete list of ICD-10 codes:

K81.0 🔹 575.0 🔸 Gallbladder gangrene

K81.0 🔹 NA 🔸 Acute cholecystitis

K81.1 🔹 575.11 🔸 Cholecystitis, chronic

K81.1 🔹 NA 🔸 Chronic cholecystitis

K81.2 🔹 575.12 🔸 Acute cholecystitis with chronic cholecystitis

K81.2 🔹 NA 🔸 Acute cholecystitis with chronic cholecystitis

K81.9 🔹 575.10 🔸 Cholecystitis

K81.9 🔹 NA 🔸 Cholecystitis, unspecified

K85.90, K80.50 🔹 577.0 🔸 Pancreatitis due to common bile duct stone

K80.00 🔹 574.00 🔸 Calculus of gallbladder with acute cholecystitis

K80.00 🔹 NA 🔸 Calculus of gallbladder with acute cholecystitis without obstruction

K80.01 🔹 574.01 🔸 Cholelithiasis and acute cholecystitis with obstruction

K80.01 🔹 NA 🔸 Calculus of gallbladder with acute cholecystitis with obstruction

K80.10 🔹 574.10 🔸 Calculus of gallbladder with cholecystitis without biliary obstruction

K80.10 🔹 NA 🔸 Calculus of gallbladder with chronic cholecystitis without obstruction

K80.11 🔹 574.11 🔸 Calculus of gallbladder with cholecystitis with biliary obstruction

K80.11 🔹 NA 🔸 Calculus of gallbladder with chronic cholecystitis with obstruction

K80.12 🔹 574.00, 574.10 🔸 Calculus of gallbladder with acute and chronic cholecystitis without obstruction

K80.12 🔹 NA 🔸 Calculus of gallbladder with acute and chronic cholecystitis without obstruction

K80.13 🔹 574.01, 574.11 🔸 Calculus of gallbladder with acute on chronic cholecystitis with obstruction

K80.13 🔹 NA 🔸 Calculus of gallbladder with acute and chronic cholecystitis with obstruction

K80.18 🔹 574.10 🔸 Calculus of gallbladder with cholecystitis of other acuity without obstruction

K80.18 🔹 NA 🔸 Calculus of gallbladder with other cholecystitis without obstruction

K80.19 🔹 574.11 🔸 Gallstones and inflammation of gallbladder with obstruction

K80.20 🔹 574.20 🔸 Calculus of gallbladder without cholecystitis

K80.20 🔹 NA 🔸 Calculus of gallbladder without cholecystitis without obstruction

K80.21 🔹 574.21 🔸 Gallbladder calculus with obstruction

K80.21 🔹 NA 🔸 Calculus of gallbladder without cholecystitis with obstruction

K80.30 🔹 574.50, 576.1 🔸 Calculus of bile duct with cholangitis without obstruction, unspecified cholangitis acuity

K80.30 🔹 NA 🔸 Calculus of bile duct with cholangitis, unspecified, without obstruction

K80.31 🔹 574.51, 576.1 🔸 Calculus of bile duct with cholangitis and obstruction, unspecified cholangitis acuity

K80.31 🔹 NA 🔸 Calculus of bile duct with cholangitis, unspecified, with obstruction

K80.32 🔹 NA 🔸 Calculus of bile duct with acute cholangitis without obstruction

K80.33 🔹 576.1, 574.51 🔸 Acute cholangitis due to calculus of bile duct with obstruction

K80.33 🔹 NA 🔸 Calculus of bile duct with acute cholangitis with obstruction

K80.34 🔹 NA 🔸 Calculus of bile duct with chronic cholangitis without obstruction

K80.35 🔹 NA 🔸 Calculus of bile duct with chronic cholangitis with obstruction

K80.40 🔹 574.40 🔸 Calculus of bile duct with other cholecystitis, without mention of obstruction

K80.40 🔹 NA 🔸 Calculus of bile duct with cholecystitis, unspecified, without obstruction

K80.41 🔹 574.41 🔸 Calculus of bile duct with other cholecystitis and obstruction

K80.41 🔹 NA 🔸 Calculus of bile duct with cholecystitis, unspecified, with obstruction

K80.42 🔹 574.30 🔸 Choledocholithiasis with acute cholecystitis

K80.42 🔹 NA 🔸 Calculus of bile duct with acute cholecystitis without obstruction

K80.43 🔹 574.31 🔸 Calculus of bile duct with acute cholecystitis and obstruction

K80.43 🔹 NA 🔸 Calculus of bile duct with acute cholecystitis with obstruction

K80.44 🔹 574.40 🔸 Choledocholithiasis with chronic cholecystitis

K80.44 🔹 NA 🔸 Calculus of bile duct with chronic cholecystitis without obstruction

K80.45 🔹 NA 🔸 Calculus of bile duct with chronic cholecystitis with obstruction

K80.46 🔹 NA 🔸 Calculus of bile duct with acute and chronic cholecystitis without obstruction

K80.47 🔹 NA 🔸 Calculus of bile duct with acute and chronic cholecystitis with obstruction

K80.50 🔹 574.20 🔸 Colic, biliary

K80.50 🔹 574.50 🔸 Intrahepatic bile duct stones

K80.50 🔹 NA 🔸 Calculus of bile duct without cholangitis or cholecystitis without obstruction

K80.51 🔹 574.51 🔸 Choledocholithiasis with obstruction

K80.51 🔹 NA 🔸 Calculus of bile duct without cholangitis or cholecystitis with obstruction

K80.60 🔹 574.70 🔸 Calculus of gallbladder and bile duct with other cholecystitis, without mention of obstruction

K80.60 🔹 NA 🔸 Calculus of gallbladder and bile duct with cholecystitis, unspecified, without obstruction

K80.61 🔹 574.51 🔸 Multiple obstructing stones in biliary tract

K80.61 🔹 574.71 🔸 Calculus of gallbladder and bile duct with other cholecystitis, with obstruction

K80.61 🔹 NA 🔸 Calculus of gallbladder and bile duct with cholecystitis, unspecified, with obstruction

K80.62 🔹 574.60 🔸 Calculus of gallbladder and bile duct with acute cholecystitis without obstruction

K80.62 🔹 NA 🔸 Calculus of gallbladder and bile duct with acute cholecystitis without obstruction

K80.63 🔹 574.61 🔸 Gallbladder & bile duct stone, acute cholecystitis and obstruction

K80.63 🔹 NA 🔸 Calculus of gallbladder and bile duct with acute cholecystitis with obstruction

K80.64 🔹 574.70 🔸 Calculus of gallbladder and bile duct with chronic cholecystitis without obstruction

K80.64 🔹 NA 🔸 Calculus of gallbladder and bile duct with chronic cholecystitis without obstruction

K80.65 🔹 NA 🔸 Calculus of gallbladder and bile duct with chronic cholecystitis with obstruction

K80.66 🔹 574.80 🔸 Calculus of gallbladder and bile duct with acute and chronic cholecystitis, without mention of obstruction

K80.66 🔹 NA 🔸 Calculus of gallbladder and bile duct with acute and chronic cholecystitis without obstruction

K80.67 🔹 574.81 🔸 Calculus of gallbladder and bile duct with acute and chronic cholecystitis, with obstruction

K80.67 🔹 NA 🔸 Calculus of gallbladder and bile duct with acute and chronic cholecystitis with obstruction

K80.70 🔹 574.90 🔸 Calculus of gallbladder and bile duct without cholecystitis

K80.70 🔹 NA 🔸 Calculus of gallbladder and bile duct without cholecystitis without obstruction

K80.71 🔹 574.91 🔸 Gallbladder & bile duct stone with obstruction

K80.71 🔹 NA 🔸 Calculus of gallbladder and bile duct without cholecystitis with obstruction

K80.80 🔹 574.20 🔸 Biliary calculus of other site without obstruction

K80.80 🔹 NA 🔸 Other cholelithiasis without obstruction

K80.81 🔹 574.21 🔸 Biliary calculus of other site with obstruction

K80.81 🔹 NA 🔸 Other cholelithiasis with obstruction

O26.613, K80.20 🔹 646.73, 574.20 🔸 Cholelithiasis affecting pregnancy in third trimester, antepartum

K35.890 🔹 NA 🔸 Other acute appendicitis without perforation or gangrene

K35.891 🔹 540.9 🔸 Gangrenous appendicitis

K35.891 🔹 NA 🔸 Other acute appendicitis without perforation, with gangrene

K35.2 🔹 NA 🔸 Acute appendicitis with generalized peritonitis

K35.20 🔹 540.0 🔸 Acute appendicitis with generalized peritonitis

K35.20 🔹 NA 🔸 Acute appendicitis with generalized peritonitis, without abscess

K35.21 🔹 540.1 🔸 Acute appendicitis with perforation, generalized peritonitis, abscess, and gangrene

K35.21 🔹 NA 🔸 Acute appendicitis with generalized peritonitis, with abscess

K35.3 🔹 NA 🔸 Acute appendicitis with localized peritonitis

K35.30 🔹 540.0 🔸 Acute appendicitis with localized peritonitis without abscess

K35.30 🔹 540.1 🔸 Acute appendicitis with localized peritonitis

K35.30 🔹 540.9 🔸 Acute appendicitis with localized peritonitis, without perforation, abscess, or gangrene

K35.30 🔹 NA 🔸 Acute appendicitis with localized peritonitis, without perforation or gangrene

K35.31 🔹 540.0 🔸 Acute appendicitis with localized peritonitis and gangrene, without perforation or abscess

K35.31 🔹 NA 🔸 Acute appendicitis with localized peritonitis and gangrene, without perforation

K35.32 🔹 540.0 🔸 Acute appendicitis with perforation and localized peritonitis, without abscess

K35.32 🔹 NA 🔸 Acute appendicitis with perforation, localized peritonitis, and gangrene, without abscess

K35.33 🔹 540.0 🔸 Appendicitis with peritonitis

K35.33 🔹 540.1 🔸 Acute appendicitis with peritoneal abscess

K35.33 🔹 NA 🔸 Acute appendicitis with perforation, localized peritonitis, and gangrene, with abscess

K35.80 🔹 540.9 🔸 Acute appendicitis

K35.80 🔹 NA 🔸 Unspecified acute appendicitis

K35.89 🔹 NA 🔸 Other acute appendicitis

K35.890 🔹 540.9 🔸 Other acute appendicitis

K56.0 🔹 560.1 🔸 Adynamic ileus (HCC)

K56.0 🔹 NA 🔸 Paralytic ileus

K56.1 🔹 560.0 🔸 Intussusception of small intestine (HCC)

K56.1 🔹 NA 🔸 Intussusception

K56.2 🔹 560.2 🔸 Small bowel volvulus (HCC)

K56.2 🔹 NA 🔸 Volvulus

K56.3 🔹 560.31 🔸 Gallstone ileus (HCC)

K56.3 🔹 NA 🔸 Gallstone ileus

K56.41 🔹 560.32 🔸 Fecal impaction in rectum (HCC)

K56.41 🔹 564.02 🔸 Obstructive defecation (HCC)

K56.41 🔹 NA 🔸 Fecal impaction

K56.49 🔹 560.30 🔸 Impaction, bowel (HCC)

K56.49 🔹 560.39 🔸 Other impaction of intestine (HCC)

K56.49 🔹 NA 🔸 Other impaction of intestine

K56.5 🔹 NA 🔸 Intestinal adhesions (bands) with obstruction (postinfection)

K56.50 🔹 560.81 🔸 Small bowel obstruction due to adhesions (HCC)

K56.50 🔹 NA 🔸 Intestinal adhesions (bands), unspecified as to partial versus complete obstruction

K56.51 🔹 560.81 🔸 Intestinal adhesions with partial obstruction (HCC)

K56.51 🔹 NA 🔸 Intestinal adhesions (bands), with partial obstruction

K56.52 🔹 560.81 🔸 Intestinal adhesions with complete obstruction (HCC)

K56.52 🔹 NA 🔸 Intestinal adhesions (bands) with complete obstruction

K56.60 🔹 NA 🔸 Unspecified intestinal obstruction

K56.600 🔹 560.9 🔸 Partial bowel obstruction (HCC)

K56.600 🔹 NA 🔸 Partial intestinal obstruction, unspecified as to cause

K56.601 🔹 560.9 🔸 Complete intestinal obstruction (HCC)

K56.601 🔹 NA 🔸 Complete intestinal obstruction, unspecified as to cause

K56.609 🔹 560.9 🔸 Unspecified intestinal obstruction

K56.609 🔹 NA 🔸 Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction

K56.69 🔹 560.89 🔸 Other specified intestinal obstruction(560.89)

K56.69 🔹 NA 🔸 Other intestinal obstruction

K56.690 🔹 560.89 🔸 Other partial intestinal obstruction (HCC)

K56.690 🔹 NA 🔸 Other partial intestinal obstruction

K56.691 🔹 560.89 🔸 Other complete intestinal obstruction (HCC)

K56.691 🔹 NA 🔸 Other complete intestinal obstruction

K56.699 🔹 560.89 🔸 Other intestinal obstruction unspecified as to partial versus complete obstruction (HCC)

K56.699 🔹 560.9 🔸 Small bowel stricture (HCC)

K56.699 🔹 NA 🔸 Other intestinal obstruction unspecified as to partial versus complete obstruction

K56.7 🔹 560.1 🔸 Ileus (HCC)

K56.7 🔹 NA 🔸 Ileus, unspecified

K56.7, T50.905A 🔹 560.1, E947.9 🔸 Drug-induced ileus (HCC)

K91.81, K56.690 🔹 997.49, 560.9 🔸 Intraoperative partial intestinal obstruction (HCC)

K91.89, K56.7 🔹 997.49, 560.1 🔸 Ileus following gastrointestinal surgery (HCC)

K27.9, K56.609 🔹 533.91 🔸 Peptic ulcer without hemorrhage or perforation but with obstruction (HCC)

K62.3, K56.1 🔹 569.1 🔸 Internal complete rectal prolapse with intussusception of rectosigmoid (HCC)

K57.00 🔹 562.00 🔸 Perforated diverticulum of duodenum

K57.00 🔹 562.01 🔸 Diverticulitis of small intestine with perforation and abscess without bleeding

K50.10, K57.30 🔹 555.1, 562.10 🔸 Segmental colitis associated with diverticulosis (HCC)

K57.00 🔹 562.01, 569.5 🔸 Diverticulitis of small intestine with abscess without bleeding

K57.00 🔹 562.01, 569.83 🔸 Diverticulitis of small intestine with perforation without bleeding

K57.00 🔹 NA 🔸 Diverticulitis of small intestine with perforation and abscess without bleeding

K57.10 🔹 562.00 🔸 Ileal diverticulum

K57.10 🔹 NA 🔸 Diverticulosis of small intestine without perforation or abscess without bleeding

K57.11 🔹 562.02 🔸 Diverticulosis of small intestine with hemorrhage

K57.11 🔹 NA 🔸 Diverticulosis of small intestine without perforation or abscess with bleeding

K57.12 🔹 562.01 🔸 Diverticulitis of small intestine

K57.12 🔹 NA 🔸 Diverticulitis of small intestine without perforation or abscess without bleeding

K57.20 🔹 562.10 🔸 Perforated diverticulum of large intestine

K57.20 🔹 562.11 🔸 Diverticulitis of colon with perforation

K57.20 🔹 562.11, 569.5 🔸 Diverticulitis of large intestine with abscess

K57.20 🔹 562.11, 569.83 🔸 Diverticulitis of large intestine with perforation without abscess, unspecified bleeding status

K57.20 🔹 NA 🔸 Diverticulitis of large intestine with perforation and abscess without bleeding

K57.21 🔹 562.13, 569.83 🔸 Diverticulitis of large intestine with perforation with bleeding

K57.21 🔹 NA 🔸 Diverticulitis of large intestine with perforation and abscess with bleeding

K57.30 🔹 562.10 🔸 Diverticulosis of colon without hemorrhage

K57.30 🔹 NA 🔸 Diverticulosis of large intestine without perforation or abscess without bleeding

K57.31 🔹 562.12 🔸 Diverticulosis of colon with hemorrhage

K57.31 🔹 NA 🔸 Diverticulosis of large intestine without perforation or abscess with bleeding

K57.32 🔹 562.11 🔸 Diverticulitis large intestine

K57.32 🔹 NA 🔸 Diverticulitis of large intestine without perforation or abscess without bleeding

K57.33 🔹 562.13 🔸 Diverticulitis of large intestine without perforation or abscess with bleeding

K57.33 🔹 NA 🔸 Diverticulitis of large intestine without perforation or abscess with bleeding

K57.40 🔹 562.10 🔸 Diverticular disease small and large intestine, perforation, abscess

K57.40 🔹 NA 🔸 Diverticulitis of both small and large intestine with perforation and abscess without bleeding

K57.50 🔹 562.00, 562.10 🔸 Diverticulosis of both small and large intestine without bleeding

K57.50 🔹 562.10 🔸 Diverticular disease of both small and large intestine

K57.50 🔹 NA 🔸 Diverticulosis of both small and large intestine without perforation or abscess without bleeding

K57.51 🔹 NA 🔸 Diverticulosis of both small and large intestine without perforation or abscess with bleeding

K57.52 🔹 NA 🔸 Diverticulitis of both small and large intestine without perforation or abscess without bleeding

K57.80 🔹 562.10 🔸 Perforated diverticulum

K57.80 🔹 562.11 🔸 Diverticulitis of intestine with perforation

K57.80 🔹 562.11, 569.5 🔸 Diverticulitis of intestine with abscess

K57.80 🔹 562.11, 569.83 🔸 Diverticulitis of intestine with perforation without bleeding

K57.80 🔹 569.83, 562.11 🔸 Perforation of intestine due to diverticulitis of gastrointestinal tract

K57.80 🔹 NA 🔸 Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding

K57.81 🔹 NA 🔸 Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding

K57.90 🔹 562.10 🔸 Diverticulosis of intestine

K57.90 🔹 NA 🔸 Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding

K57.91 🔹 562.12 🔸 Diverticulosis of intestine with bleeding

K57.91 🔹 NA 🔸 Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding

K57.92 🔹 562.11 🔸 Diverticulitis of intestine without perforation or abscess without bleeding

K57.92 🔹 NA 🔸 Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding

K57.93 🔹 562.13 🔸 Diverticulitis of intestine without perforation or abscess with bleeding

K57.93 🔹 NA 🔸 Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding

K25.1 🔹 531.10 🔸 Acute gastric ulcer with perforation (HCC)

K25.1 🔹 NA 🔸 Acute gastric ulcer with perforation

K26.1 🔹 532.10 🔸 Acute duodenal ulcer with perforation, without mention of obstruction (HCC)

K26.1 🔹 NA 🔸 Acute duodenal ulcer with perforation

K27.0 🔹 533.00 🔸 Acute peptic ulcer with hemorrhage

K27.0 🔹 NA 🔸 Acute peptic ulcer, site unspecified, with hemorrhage

K27.3 🔹 533.30 🔸 Acute peptic ulcer, unspecified site, without mention of hemorrhage, perforation, or obstruction

K27.3 🔹 NA 🔸 Acute peptic ulcer, site unspecified, without hemorrhage or perforation

K27.4 🔹 533.40 🔸 Peptic ulcer disease with hemorrhage

K27.4 🔹 NA 🔸 Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage

K27.5 🔹 533.50 🔸 Perforated peptic ulcer (HCC)

K27.5 🔹 NA 🔸 Chronic or unspecified peptic ulcer, site unspecified, with perforation

K27.6 🔹 533.60 🔸 Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and perforation, without mention of obstruction

K27.7 🔹 533.70 🔸 Chronic peptic ulcer

K27.7 🔹 533.91 🔸 Peptic ulcer, unspecified site, unspecified as acute or chronic, without mention of hemorrhage or perforation, with obstruction

K27.7 🔹 NA 🔸 Chronic peptic ulcer, site unspecified, without hemorrhage or perforation

K27.9 🔹 533.90 🔸 Ulcer, peptic, acute or chronic

K27.9 🔹 NA 🔸 Peptic ulcer, site unspecified, unspecified as acute or chronic, without hemorrhage or perforation

K27.9, B96.81 🔹 533.90, 041.86 🔸 Peptic ulcer due to Helicobacter pylori

K28.0 🔹 534.00 🔸 Acute gastrojejunal ulcer with hemorrhage, without mention of obstruction

K28.0 🔹 NA 🔸 Acute gastrojejunal ulcer with hemorrhage

K28.3 🔹 534.30 🔸 Acute gastrojejunal ulcer without mention of hemorrhage, perforation, or obstruction

K28.3 🔹 NA 🔸 Acute gastrojejunal ulcer without hemorrhage or perforation

K28.4 🔹 533.40 🔸 Bleeding ulcer

K28.4 🔹 534.40 🔸 Chronic or unspecified gastrojejunal ulcer with hemorrhage, without mention of obstruction

K28.4 🔹 NA 🔸 Chronic or unspecified gastrojejunal ulcer with hemorrhage

K28.5 🔹 NA 🔸 Chronic or unspecified gastrojejunal ulcer with perforation

K28.7 🔹 534.70 🔸 Chronic marginal ulcer

K28.7 🔹 NA 🔸 Chronic gastrojejunal ulcer without hemorrhage or perforation

K28.9 🔹 534.90 🔸 Gastrojejunal ulcer

K28.9 🔹 534.91 🔸 Gastrojejunal ulcer, unspecified as acute or chronic, without mention of hemorrhage or perforation, with obstruction

K28.9 🔹 NA 🔸 Gastrojejunal ulcer, unspecified as acute or chronic, without hemorrhage or perforation

K28.9, B96.81 🔹 534.90, 041.86 🔸 Gastrointestinal ulcer due to Helicobacter pylori

T85.898A, K28.9 🔹 534.90 🔸 Ulcer at site of surgical anastomosis following bypass of stomach

K40.00 🔹 550.12 🔸 Bilateral inguinal hernia with obstruction and without gangrene

K40.00 🔹 NA 🔸 Bilateral inguinal hernia, with obstruction, without gangrene, not specified as recurrent

K40.01 🔹 550.13 🔸 Bilateral recurrent inguinal hernia with obstruction and without gangrene

K40.01 🔹 NA 🔸 Bilateral inguinal hernia, with obstruction, without gangrene, recurrent

K40.10 🔹 550.02 🔸 Non-recurrent bilateral inguinal hernia with gangrene

K40.20 🔹 550.92 🔸 Bilateral inguinal hernia without obstruction or gangrene

K40.20 🔹 NA 🔸 Bilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent

K40.21 🔹 550.93 🔸 Recurrent bilateral inguinal hernia (BIH)

K40.21 🔹 NA 🔸 Bilateral inguinal hernia, without obstruction or gangrene, recurrent

K40.30 🔹 550.10 🔸 Unilateral inguinal hernia with obstruction and without gangrene

K40.30 🔹 550.12 🔸 Inguinal hernia with obstruction, without mention gangrene, bilateral, (not specified as recurrent)

K40.30 🔹 NA 🔸 Unilateral inguinal hernia, with obstruction, without gangrene, not specified as recurrent

K40.31 🔹 550.11 🔸 Recurrent unilateral inguinal hernia with obstruction and without gangrene

K40.31 🔹 550.13 🔸 Inguinal hernia with obstruction, without mention of gangrene, recurrent bilateral

K40.31 ◆ NA ◆ Unilateral inguinal hernia, with obstruction, without gangrene, recurrent

K40.40 ◆ 550.00 ◆ Unilateral inguinal hernia with gangrene, recurrence not specified

K40.40 ◆ NA ◆ Unilateral inguinal hernia, with gangrene, not specified as recurrent

K40.41 ◆ 550.01 ◆ Inguinal hernia with gangrene, recurrent unilateral or unspecified inguinal hernia

K40.90 ◆ 550.90 ◆ Inguinal hernia

K40.90 ◆ NA ◆ Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent

K40.91 ◆ 550.91 ◆ Recurrent unilateral inguinal hernia

K40.91 ◆ NA ◆ Unilateral inguinal hernia, without obstruction or gangrene, recurrent

K41.00 ◆ NA ◆ Bilateral femoral hernia, with obstruction, without gangrene, not specified as recurrent

K41.20 ◆ 553.02 ◆ Femoral hernia without mention of obstruction or gangrene, bilateral

K41.20 ◆ NA ◆ Bilateral femoral hernia, without obstruction or gangrene, not specified as recurrent

K41.30 ◆ 552.00 ◆ Incarcerated femoral hernia

K41.30 ◆ NA ◆ Unilateral femoral hernia, with obstruction, without gangrene, not specified as recurrent

K41.90 ◆ 553.00 ◆ Femoral hernia

K41.90 ◆ NA ◆ Unilateral femoral hernia, without obstruction or gangrene, not specified as recurrent

K41.91 ◆ 553.01 ◆ Unilateral recurrent femoral hernia without obstruction or gangrene

K41.91 ◆ NA ◆ Unilateral femoral hernia, without obstruction or gangrene, recurrent

K42.0 ◆ 552.1 ◆ Umbilical hernia, incarcerated

K42.0 ◆ NA ◆ Umbilical hernia with obstruction, without gangrene

K42.1 ◆ 551.1 ◆ Umbilical hernia with gangrene

K42.1 ◆ NA ◆ Umbilical hernia with gangrene

K42.9 ◆ 553.1 ◆ Umbilical hernia

K42.9 ◆ NA ◆ Umbilical hernia without obstruction or gangrene

K43.0 ◆ 552.21 ◆ Incisional hernia with obstruction

K43.0 ◆ NA ◆ Incisional hernia with obstruction, without gangrene

K43.1 ◆ NA ◆ Incisional hernia with gangrene

K43.2 ◆ 553.21 ◆ Incisional hernia, without obstruction or gangrene

K43.2 ◆ NA ◆ Incisional hernia without obstruction or gangrene

K43.2, Z94.9 ◆ 553.21 ◆ Incisional hernia following transplant

K43.3 🔹 569.69 🔸 Parastomal hernia with obstruction and without gangrene

K43.3 🔹 NA 🔸 Parastomal hernia with obstruction, without gangrene

K43.5 🔹 569.69 🔸 Parastomal hernia without obstruction or gangrene

K43.5 🔹 NA 🔸 Parastomal hernia without obstruction or gangrene

K43.6 🔹 552.20 🔸 Ventral hernia, unspecified, with obstruction

K43.6 🔹 552.29 🔸 Other ventral hernia with obstruction

K43.6 🔹 NA 🔸 Other and unspecified ventral hernia with obstruction, without gangrene

K43.7 🔹 551.20 🔸 Ventral hernia with gangrene

K43.7 🔹 NA 🔸 Other and unspecified ventral hernia with gangrene

K43.9 🔹 553.20 🔸 Ventral hernia

K43.9 🔹 553.29 🔸 Uncomplicated epigastric hernia

K43.9 🔹 553.9 🔸 Supraumbilical hernia

K43.9 🔹 NA 🔸 Ventral hernia without obstruction or gangrene

K94.19, K43.5 🔹 569.69 🔸 Para-ileostomy hernia (HCC)

K45.0 🔹 552.8 🔸 Incarcerated hernia of abdominal cavity

K45.0 🔹 NA 🔸 Other specified abdominal hernia with obstruction, without gangrene

K45.8 🔹 553.8 🔸 Internal hernia

K45.8 🔹 NA 🔸 Other specified abdominal hernia without obstruction or gangrene

K94.09, K46.9 🔹 569.69 🔸 Hernia due to colostomy (HCC)

K46.0 🔹 550.10 🔸 Hernia with strangulation

K46.0 🔹 552.20 🔸 Abdominal hernia with obstruction and without gangrene

K46.0 🔹 552.8 🔸 Obstruction concurrent with and due to internal hernia of abdomen

K46.0 🔹 552.9 🔸 Incarcerated hernia

K46.0 🔹 NA 🔸 Unspecified abdominal hernia with obstruction, without gangrene

K46.1 🔹 551.9 🔸 Hernia of unspecified site, with gangrene

K46.1 🔹 NA 🔸 Unspecified abdominal hernia with gangrene

K46.9 🔹 553.20 🔸 Abdominal hernia without obstruction or gangrene

K46.9 🔹 553.9 🔸 Hernia, abdominal

K46.9 🔹 NA 🔸 Unspecified abdominal hernia without obstruction or gangrene

K65.4 🔷 567.82 🔶 Idiopathic sclerosing mesenteritis (HCC)

K65.0 🔷 567.21 🔶 Peritonitis, acute generalized (HCC)

K65.0 🔷 567.22 🔶 Perihepatic abscess (HCC)

K65.0 🔷 567.29 🔶 Phlegmonous peritonitis (HCC)

K65.0 🔷 567.9 🔶 Acute peritonitis (HCC)

K65.0 🔷 NA 🔶 Generalized (acute) peritonitis

K65.1 🔷 567.21 🔶 Peritonitis due to abscess (HCC)

K65.1 🔷 567.22 🔶 Right lower quadrant abdominal abscess (HCC)

K65.1 🔷 682.8 🔶 Abdominal visceral abscess (HCC)

K65.1 🔷 NA 🔶 Peritoneal abscess

K65.2 🔷 567.23 🔶 Peritonitis, spontaneous bacterial (HCC)

K65.2 🔷 NA 🔶 Spontaneous bacterial peritonitis

K65.3 🔷 567.81 🔶 Peritonitis due to bile (HCC)

K65.4 🔷 NA 🔶 Sclerosing mesenteritis

K65.8 🔷 567.29 🔶 Other suppurative peritonitis(567.29)

K65.8 🔷 567.89 🔶 Fecal peritonitis (HCC)

K65.8 🔷 567.9 🔶 Sclerosing encapsulating peritonitis (HCC)

K65.8 🔷 569.89 🔶 Serositis (HCC)

K65.8 🔷 NA 🔶 Other peritonitis

K65.8, T80.89XA 🔷 567.89, 999.88 🔶 Sclerosing peritonitis as complication of peritoneal dialysis (HCC)

K65.9 🔷 567.21 🔶 Acute bacterial peritonitis (HCC)

K65.9 🔷 567.29 🔶 Bacterial peritonitis (HCC)

K65.9 🔷 567.9 🔶 Peritonitis (HCC)

K65.9 🔷 NA 🔶 Peritonitis, unspecified

K65.9, K68.9 🔷 567.9 🔶 Peritonitis and retroperitoneal infections (HCC)

K65.3 🔷 NA 🔶 Choleperitonitis

K85.80 🔷 577.0 🔶 Other acute pancreatitis without infection or necrosis

K85.80 🔷 NA 🔶 Other acute pancreatitis without necrosis or infection

K85.81 🔷 577.0 🔶 Other acute pancreatitis with uninfected necrosis

K85.81 🔹 NA 🔸 Other acute pancreatitis with uninfected necrosis

K85.82 🔹 577.0 🔸 Other acute pancreatitis with infected necrosis

K85.82 🔹 NA 🔸 Other acute pancreatitis with infected necrosis

K85.9 🔹 NA 🔸 Acute pancreatitis, unspecified

K85.90 🔹 577.0 🔸 Acute pancreatitis

K85.90 🔹 NA 🔸 Acute pancreatitis without necrosis or infection, unspecified

K85.90, K83.1 🔹 577.0 🔸 Pancreatitis due to biliary obstruction

K85.90, K86.1 🔹 577.0, 577.1 🔸 Acute on chronic pancreatitis (HCC)

K85.91 🔹 577.0 🔸 Pancreatitis, necrotizing

K85.91 🔹 NA 🔸 Acute pancreatitis with uninfected necrosis, unspecified

K85.92 🔹 577.0 🔸 Acute pancreatitis with infected necrosis, unspecified pancreatitis type

K85.92 🔹 NA 🔸 Acute pancreatitis with infected necrosis, unspecified

K91.89, K85.90 🔹 997.49, 577.0 🔸 Post-ERCP acute pancreatitis

K85.0 🔹 NA 🔸 Idiopathic acute pancreatitis

K85.00 🔹 577.0 🔸 Idiopathic acute pancreatitis

K85.00 🔹 NA 🔸 Idiopathic acute pancreatitis without necrosis or infection

K85.01 🔹 577.0 🔸 Idiopathic acute pancreatitis with uninfected necrosis

K85.01 🔹 NA 🔸 Idiopathic acute pancreatitis with uninfected necrosis

K85.02 🔹 577.0 🔸 Idiopathic acute pancreatitis with infected necrosis

K85.02 🔹 NA 🔸 Idiopathic acute pancreatitis with infected necrosis

K85.1 🔹 NA 🔸 Biliary acute pancreatitis

K85.10 🔹 577.0 🔸 Acute biliary pancreatitis

K85.10 🔹 577.0, 574.20 🔸 Pancreatitis, gallstone

K85.10 🔹 NA 🔸 Biliary acute pancreatitis without necrosis or infection

K85.11 🔹 577.0 🔸 Acute biliary pancreatitis with uninfected necrosis

K85.11 🔹 NA 🔸 Biliary acute pancreatitis with uninfected necrosis

K85.12 🔹 577.0 🔸 Acute biliary pancreatitis with infected necrosis

K85.12 🔹 NA 🔸 Biliary acute pancreatitis with infected necrosis

K85.2 🔹 NA 🔸 Alcohol induced acute pancreatitis

K85.20 ◆ 577.0 ◆ Alcoholic pancreatitis

K85.20 ◆ NA ◆ Alcohol induced acute pancreatitis without necrosis or infection

K85.21 ◆ 577.0 ◆ Alcohol-induced acute pancreatitis with uninfected necrosis

K85.21 ◆ NA ◆ Alcohol induced acute pancreatitis with uninfected necrosis

K85.22 ◆ 577.0 ◆ Alcohol-induced acute pancreatitis with infected necrosis

K85.22 ◆ NA ◆ Alcohol induced acute pancreatitis with infected necrosis

K85.3 ◆ NA ◆ Drug induced acute pancreatitis

K85.30 ◆ 577.0 ◆ Drug-induced pancreatitis

K85.30 ◆ 577.0, E980.5 ◆ Drug-induced acute pancreatitis

K85.30 ◆ NA ◆ Drug induced acute pancreatitis without necrosis or infection

K85.8 ◆ NA ◆ Other acute pancreatitis

M72.6 ◆ 728.86 ◆ Flesh-eating bacteria (HCC)

M72.6 ◆ NA ◆ Necrotizing fasciitis

M72.6, B95.0 ◆ 728.86, 041.01 ◆ Necrotizing fasciitis due to Streptococcus pyogenes (HCC)

L03.032, L02.612 ◆ 681.10 ◆ Cellulitis and abscess of toe of left foot

L03.039, L02.619 ◆ 681.10 ◆ Cellulitis and abscess of toe

L03.115, L02.415 ◆ 682.6 ◆ Cellulitis and abscess of right leg

L03.116, L02.416 ◆ 682.6 ◆ Cellulitis and abscess of left leg

L03.119, L02.419 ◆ 682.3 ◆ Cellulitis and abscess of upper extremity

L03.119, L02.419 ◆ 682.6 ◆ Cellulitis and abscess of leg

L03.119, L02.519 ◆ 682.4 ◆ Cellulitis and abscess of hand

L03.119, L02.619 ◆ 682.7 ◆ Cellulitis and abscess of foot excluding toe

L03.211, L02.01 ◆ 682.0 ◆ Cellulitis and abscess of face

L03.221, L02.11 ◆ 682.1 ◆ Cellulitis and abscess of neck

L03.319, L02.219 ◆ 682.2 ◆ Cellulitis and abscess of trunk

L03.811, L02.811 ◆ 682.8 ◆ Cellulitis and abscess of head

L03.818, L02.818 ◆ 682.8 ◆ Cellulitis and abscess of other specified site

L03.90, L02.91 ◆ 682.9 ◆ Cellulitis and abscess of unspecified site

L02.01 ◆ 682.0 ◆ Abscess of cheek

L02.01 🔹 NA 🔸 Cutaneous abscess of face

L02.01, Q18.1 🔹 682.0, 744.46 🔸 Abscess of preauricular sinus

L02.02 🔹 680.0 🔸 Boil, face

L02.02 🔹 NA 🔸 Furuncle of face

L02.03 🔹 680.0 🔸 Carbuncle of face

L02.03 🔹 NA 🔸 Carbuncle of face

L02.03, L02.02 🔹 680.0 🔸 Carbuncle and furuncle of face

L02.11 🔹 682.1 🔸 Abscess of skin of neck

L02.11 🔹 NA 🔸 Cutaneous abscess of neck

L02.12 🔹 680.1 🔸 Boil of neck

L02.12 🔹 NA 🔸 Furuncle of neck

L02.12, L02.13 🔹 680.1 🔸 Carbuncle and furuncle of neck

L02.13 🔹 NA 🔸 Carbuncle of neck

L02.211 🔹 682.2 🔸 Abscess of skin of abdomen

L02.211 🔹 NA 🔸 Cutaneous abscess of abdominal wall

L02.212 🔹 682.2 🔸 Back abscess

L02.212 🔹 NA 🔸 Cutaneous abscess of back (any part, except buttock)

L02.213 🔹 682.2 🔸 Cutaneous abscess of chest wall

L02.213 🔹 NA 🔸 Cutaneous abscess of chest wall

L02.214 🔹 682.2 🔸 Cutaneous abscess of groin

L02.214 🔹 NA 🔸 Cutaneous abscess of groin

L02.215 🔹 682.2 🔸 Cutaneous abscess of perineum

L02.215 🔹 NA 🔸 Cutaneous abscess of perineum

L02.216 🔹 682.2 🔸 Cutaneous abscess of umbilicus

L02.216 🔹 NA 🔸 Cutaneous abscess of umbilicus

L02.219 🔹 682.2 🔸 Soft tissue abscess of suprapubic region

L02.219 🔹 NA 🔸 Cutaneous abscess of trunk, unspecified

L02.221 🔹 680.2 🔸 Furunculosis of abdominal wall

L02.221 🔹 NA 🔸 Furuncle of abdominal wall

L02.222 🔹 680.2 🔸 Boil, back

L02.222 🔹 NA 🔸 Furuncle of back (any part, except buttock)

L02.223 🔹 NA 🔸 Furuncle of chest wall

L02.224 🔹 680.2 🔸 Boil, groin

L02.224 🔹 NA 🔸 Furuncle of groin

L02.229 🔹 680.2 🔸 Boil of trunk

L02.229 🔹 NA 🔸 Furuncle of trunk, unspecified

L02.231 🔹 680.2 🔸 Carbuncle of abdominal wall

L02.232 🔹 680.2 🔸 Carbuncle of back

L02.239, L02.229 🔹 680.2 🔸 Carbuncle and furuncle of trunk

L02.31 🔹 682.5 🔸 Abscess of gluteal cleft

L02.31 🔹 NA 🔸 Cutaneous abscess of buttock

L02.31, L03.317 🔹 682.5 🔸 Cellulitis and abscess of buttock

L02.32 🔹 680.5 🔸 Furunculosis of buttock

L02.32 🔹 NA 🔸 Furuncle of buttock

L02.33 🔹 680.5 🔸 Carbuncle of buttock

L02.33 🔹 NA 🔸 Carbuncle of buttock

L02.411 🔹 682.3 🔸 Cutaneous abscess of right axilla

L02.411 🔹 NA 🔸 Cutaneous abscess of right axilla

L02.412 🔹 682.3 🔸 Cutaneous abscess of left axilla

L02.412 🔹 NA 🔸 Cutaneous abscess of left axilla

L02.413 🔹 682.3 🔸 Cutaneous abscess of right upper extremity

L02.413 🔹 NA 🔸 Cutaneous abscess of right upper limb

L02.414 🔹 682.3 🔸 Abscess of left shoulder

L02.414 🔹 NA 🔸 Cutaneous abscess of left upper limb

L02.415 🔹 682.6 🔸 Abscess of right thigh

L02.415 🔹 NA 🔸 Cutaneous abscess of right lower limb

L02.415, L02.416 🔹 682.6 🔸 Multiple abscesses of both legs

L02.416 🔹 682.6 🔸 Abscess of leg without foot, left

L02.416 🔹 NA 🔸 Cutaneous abscess of left lower limb

L02.419 🔹 682.3 🔸 Abscess, elbow

L02.419 🔹 682.4 🔸 Abscess, wrist

L02.419 🔹 682.6 🔸 Prepatellar abscess

L02.419 🔹 NA 🔸 Cutaneous abscess of limb, unspecified

L02.421 🔹 680.3 🔸 Furuncle of right axilla

L02.421 🔹 NA 🔸 Furuncle of right axilla

L02.422 🔹 NA 🔸 Furuncle of left axilla

L02.423 🔹 NA 🔸 Furuncle of right upper limb

L02.425 🔹 NA 🔸 Furuncle of right lower limb

L02.426 🔹 NA 🔸 Furuncle of left lower limb

L02.429 🔹 680.3 🔸 Boil, axilla

L02.429 🔹 680.6 🔸 Furunculosis of multiple sites of lower extremity

L02.429 🔹 NA 🔸 Furuncle of limb, unspecified

L02.429, L02.439 🔹 680.6 🔸 Carbuncle and furuncle of leg

L02.432 🔹 680.3 🔸 Carbuncle of left axilla

L02.439 🔹 680.3 🔸 Carbuncle of axilla

L02.439, L02.429 🔹 680.3 🔸 Carbuncle and furuncle of upper arm and forearm

L02.511 🔹 681.00 🔸 Abscess of thumb, right

L02.511 🔹 682.4 🔸 Cutaneous abscess of right hand

L02.511 🔹 NA 🔸 Cutaneous abscess of right hand

L02.512 🔹 681.00 🔸 Abscess of left thumb

L02.512 🔹 682.4 🔸 Cutaneous abscess of left hand

L02.512 🔹 NA 🔸 Cutaneous abscess of left hand

L02.519 🔹 681.00 🔸 Abscess of thumb

L02.519 🔹 682.4 🔸 Hand abscess

L02.519 🔹 NA 🔸 Cutaneous abscess of unspecified hand

L02.539, L02.529 🔹 680.4 🔸 Carbuncle and furuncle of hand

L02.611 🔹 681.10 🔸 Abscess of toe of right foot

L02.611 🔹 682.7 🔸 Cutaneous abscess of right foot

L02.611 🔹 NA 🔸 Cutaneous abscess of right foot

L02.612 🔹 681.10 🔸 Abscess of toe of left foot

L02.612 🔹 682.7 🔸 Cutaneous abscess of left foot

L02.612 🔹 NA 🔸 Cutaneous abscess of left foot

L02.619 🔹 681.10 🔸 Abscess, toe

L02.619 🔹 682.7 🔸 Abscess of foot

L02.619 🔹 NA 🔸 Cutaneous abscess of unspecified foot

L02.811 🔹 682.8 🔸 Scalp abscess

L02.811 🔹 NA 🔸 Cutaneous abscess of head (any part, except face)

L02.818 🔹 682.8 🔸 Cutaneous abscess of other site

L02.818 🔹 NA 🔸 Cutaneous abscess of other sites

L02.821 🔹 680.8 🔸 Boil of scalp

L02.821 🔹 NA 🔸 Furuncle of head (any part, except face)

L02.828 🔹 NA 🔸 Furuncle of other sites

L02.828, L02.838 🔹 680.8 🔸 Carbuncle and furuncle of other specified sites

L02.91 🔹 682.8 🔸 Soft tissue abscess

L02.91 🔹 682.9 🔸 Abscess of skin

L02.91 🔹 NA 🔸 Cutaneous abscess, unspecified

L02.92 🔹 680.9 🔸 Boils

L02.92 🔹 NA 🔸 Furuncle, unspecified

L02.92, L02.93 🔹 680.9 🔸 Carbuncle and furuncle

L02.93 🔹 680.9 🔸 Recurrent boils

L02.93 🔹 NA 🔸 Carbuncle, unspecified

L03.019, L02.519 🔹 681.00 🔸 Cellulitis and abscess of finger, unspecified

L03.031, L02.611 🔹 681.10 🔸 Cellulitis and abscess of toe of right foot

Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers

EAST MULTICENTER STUDY
DATA DICTIONARY

UFH vs. LMWH in EGS – Data Dictionary

Data Entry Points and appropriate definitions / clarifications:

Entry space	Definition / Instructions
Standard Study Questions	
Admit Date	Admission date of the patient enrolled
Admitting Service	Drop down (ACS, IM [or IM subspecialty], Non-ACS Gen Surg Service, OB/Gyn, Neurosurgery, Urology, ICU, other
Discharge Date	Discharge date of the patient enrolled
Discharge Disposition	Drop down (Home independent, Home with services, Subacute Rehab, Acute Rehab, SNF, Hospice, Expired, Other
Age	Age of patient enrolled
Case Information	
Gender	Gender of Patient enrolled
Race	Race of the patient enrolled
Ethnicity	Hispanic/Non-hispanic/Unknown
BMI	BMI of the patient enrolled
Comorbidities/PMH	Check if applies; MI, CHF, Peripheral Arterial Disease, CVA/TIA, Dementia, COPD, Liver Disease, PUD, DM, CKD/ESRD, Hx of Cancer, Recent central venous catheter placement (within 2 weeks), History of VTE
Chronic Antiplatelet Use	Drop down, select Antiplatelet agent
EGS Diagnosis	The diagnosis that the patient was either admitted for, or for which ACS was consulted
Operative Intervention	Name of operation
Duration of operation	(HH:MM)

SOFA Score on Admit	Free text
Laboratory Values	
Hb	First hemoglobin level obtained for the admission (includes ED labs)
HCT	First hematocrit level obtained for the admission (includes ED labs)
Platelets	First platelet count obtained for the admission (includes ED labs)
INR	First INR level obtained for the admission (includes ED labs)
aPTT	First aPTT level obtained for the admission (includes ED labs)
Fibrinogen	First fibrinogen level obtained for the admission (includes ED labs)
BUN	First BUN level obtained for the admission (includes ED labs)
Creatinine	First Cr level obtained for the admission (includes ED labs)
Calcium	First Ca level obtained for the admission (includes ED labs)
Bicarbonate	First HCO3 level obtained for the admission (includes ED labs)
TEG	TEG results obtained for the admission (includes ED labs)
ROTEM	ROTEM results obtained for the admission (includes ED labs)
Quantra	Quantra results obtained for the admission (includes ED labs)
Inpatient Medications	
Type of ppx anticoagulation	Drop down, select first prophylactic anticoagulant agent started after admit and dose
Ppx anticoagulant changed during hospitalization	Yes/No
Number of days receiving initial anticoagulant	Free text number of days
Name and dose of second Prophylactic anticoagulant	Drop down, select second prophylactic anticoagulant agent (if applicable) and dose
Number of days receiving second anticoagulant	Free text number of days
Ppx anticoagulation held during Admission	Yes/no
Duration of hold	Enter in the form (DD:HH:MM)
Indication for hold	Drop down; Bleeding/concern for bleeding, Operative intervention, Procedural neuraxial intervention (i.e. epidurals et al.), Radiological procedural intervention, Other procedural intervention, Not indicated, other

Antiplatelet agent given during admission	Yes/no
What type of antiplatelet agent	Drop down; Aspirin 81mg, Aspirin 325mg, Plavix 75mg, Prasugrel 60mg, Ticagrelor, Cangrelor
Duration of antiplatelet agent while admitted	Free text (days)

Outcomes

Symptomatic VTE	Yes/No; During admission of within 30 days of discharge
Specific VTE symptom prompting imaging	Drop down: Unilateral leg swelling or pain, Erythema, Tachycardia, Hypoxia, Pleuritic chest pain, Hemoptysis, Syncope, Evidence of RH strain on echo or CT
Asymptomatic VTE	Yes/No; During admission of within 30 days of discharge
VTE definition	DVT = Deep Vein Thrombosis or PE = Pulmonary embolism. Diagnosis must be confirmed radiographically (Ultrasound, Computed tomography, venography, etc.)
Post-operative complications	Drop down; Intra-abdominal Bleeding, Hematoma, Surgical Site Infection, DVT, PE, MI, AKI/Renal Failure, Acute Respiratory Failure, PNA, Upper GI Bleed, Lower GI Bleed, Splanchnic(i.e. portal vein, splenic vein, SMV) thrombosis, Other, none
Other complications not listed	Free text
Unplanned return to the OR	Yes/No: For the purposes of this study this is defined as any unexpected operative intervention requiring return to the operating room after the index procedure or admission, not planned at the time of the initial operation or routine care pathway.
ISTH major bleeding event	Yes/No: Major bleeding was defined using modified ISTH criteria, requiring clinically apparent or radiographically evident bleeding plus ≥2 g/dL hemoglobin decline, ≥2-unit transfusion attributable to bleeding, reoperation/intervention for hemorrhage, bleeding in a critical organ/space(see below for definition), or death from hemorrhage.
Type of ISTH bleeding event	Drop down: Fatal bleeding, Bleeding requiring >2 units PRBCs/WB, Bleeding causing >2 g/dl decrease in serial Hb, Symptomatic bleeding in critical organ/area (defined below)
Hospital LOS (H-LOS)	Free text; Days
ICU LOS	Free text; Days – If none leave blank
Intubated during admission	Yes/No: Excluding intraoperative/procedural mechanical ventilation
Length of mechanical ventilation	Free text; Days – If none leave blank
Discharge disposition	Drop down: Home independent, Home with services, Subacute rehab, Acute rehab, SNF, Hospice, Expired, Other

Outcomes (continued)

Code status change during admit	Yes/No
Code status at discharge	Full code, DNR/DNI, DNR may intubate, May resuscitate but DNI, Palliative supportive care/Hospice, Expired in hospital
If patient died during admission	Free text; indicate cause, location (ward, ICU, OR, other) and whether death occurred as a result of discontinuation of life saving measures

Definitions of complications included in this section:

Pneumonia	Check if applies. Definition below.

Pneumonia: Confirmed by the presence of the following after 48 hours of hospitalization:

1. purulent sputum
2. associated systemic evidence of infection:
   a. WBC > 11,000 or < 4,000
   b. Fever > 100.4 degrees F / 38 degrees Celsius
3. Two or more serial chest radiographs with new or progressive and persistent infiltrate, consolidation or cavitation.
4. BAL, mini-BAL or sterile endotracheal specimen with:
   a. Limited number of epithelial cells
   b. WBC (2-3+)
   c. Dominant organism(s) identified on gram stain or culture with quantitative culture > 100,000 cfu/mL

DVT / PE	Check if applies. DVT = Deep Vein Thrombosis PE = Pulmonary embolism. Diagnosis must be confirmed radiographically (Ultrasound, Computed tomography, venography, etc.)
Acute Kidney Injury/Renal Failure	Check if applies. Defined for the purpose of this study as rise in serum creatinine ≥0.3 mg/dL from baseline OR ≥1.5× baseline during hospitalization.
Acute respiratory failure	Check if applies. Defined for the purpose of this study as any of the following during hospitalization: • Endotracheal intubation and mechanical ventilation for respiratory deterioration, **OR** • Need for noninvasive positive pressure ventilation (BiPAP/CPAP) for acute hypoxemia or hypercapnia, **OR** • Documented hypoxemic or hypercapnic respiratory failure, defined as: ○ PaO_2 <60 mmHg on room air, or ○ $PaCO_2$ >50 mmHg with acidemia (pH <7.35)
Hospital LOS (days)	Free text entry for number of consecutive days patient hospitalized at initial admission (Day of admission = hospital day #1) LOS = Length of Stay

ICU LOS (days)	Free text entry of number of consecutive days patient required ICU admission (ICU = Intensive Care Unit, LOS = Length of Stay) - Day of admission = hospital day #1
Critical areas/organ spaces	Intracranial, Intraspinal, Intraocular (typically excluding conjunctival bleeding) Retroperitoneal, Intra-articular, Intrapericardial, Intramuscular bleeding with compartment syndrome

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EAST MULTICENTER STUDY
DATA COLLECTION TOOL

Multicenter Study: _____

Enrolling Center: _____
Enrolling Co-investigator: _____

Demographics / Patient Specific Variables:

Age: _____ Gender:_____ BMI:_____

Race ___American Indian or Alaska Native, ___ Asian ___ Black or African American |___ Native Hawaiian or Pacific Islander ___ White ___ Unknown

Ethnicity: Hispanic / Non-Hispanic / Uknown

Date of Admission:_____ Date of Discharge:_____

Discharge Disposition:___Home independent, ___Home with services, ___Subacute rehab, ___Acute rehab, ___SNF, ___Hospice, ____Expired, ___Other

Comorbidities/PMH: __MI __CHF __PAD __CVA/TIA __Dementia __COPD __Liver Disease __PUD __DM __CKD/ESRD __Hx of Cancer __Recent CVC placement (within 2 weeks) __Hx of VTE

Chronic antiplatelet use: YES / NO

Which antiplatelet agent: __ASA 81mg __ASA 325 mg __Plavix __Prasugrel __Ticagrelor __Cilostazol __ASA + dipyridamole

EGS Diagnosis: _____

Operative intervention: YES / NO

Name(s) of operation(s) and duration(HH:MM): _____

SOFA Score on Admit: ___

Laboratory Values

Hb___, HCT___, Plts___, INR___, aPTT____, Fibrinogen___, BUN____, Creatinine___, Calcium___,

Bicarbonate___, TEG/ROTEM/Quantra_____

Inpatient Medications

Type of ppx anticoagulation(AC): ___Subcutaneous heparin 5000 Units TID ___Subcutaneous heparin 5000 Units BID ___Lovenox, 40 mg, daily ___Lovenox, 40 mg, BID ___Lovenox, 30 mg, BID ___Lovenox, 30mg, daily ___Therapeutic AC ___none ___other

Ppx AC changed during admission: YES / NO

Number of days receiving initial AC: ___

Name and dose of second ppx AC: ___Subcutaneous heparin 5000 Units TID ___Subcutaneous heparin 5000 Units BID ___Lovenox, 40 mg, daily ___Lovenox, 40 mg, BID ___Lovenox, 30 mg, BID ___Lovenox, 30mg, daily ___Therapeutic AC ___other

Number of days receiving second AC: ___

Ppx AC held during admission: YES / NO

Duration of hold (DD:HH:MM): ____

Indication for hold: __Bleeding/concern for bleeding ___Operative intervention ___Procedural intervention (___neuraxial ___radiologic ___other) ___Not indicated ___Other

Antiplatelet agent given during admission: YES / NO

Which antiplatelet agent: __ASA 81mg __ASA 325 mg __Plavix 75mg __Prasugrel 60mg __Ticagrelor __Cangrelor

Duration of antiplatelet agent (Days): ___

<u>Outcomes</u>

Symptomatic VTE: YES / NO

Specific VTE sx prompting imaging: ___Unilateral leg swelling or pain ___Erythema ___Tachycardia ___Hypoxia ___Pleuritic chest pain ___Hemoptysis ___Syncope ___Evidence of RH strain on echo or CT

Asymptomatic VTE: YES / NO

Post-operative complications: ___Intra-abdominal Bleeding, ___Hematoma, ___Surgical Site Infection, ___DVT___PE, ___MI, ___AKI/Renal Failure, ___Acute Respiratory Failure, ___PNA, ___Upper GI Bleed, ___Lower GI Bleed, ___Splanchnic(i.e. portal vein, splenic vein, SMV) thrombosis, ___Other, ___none

Other complications not listed:_____

Unplanned return to the OR: YES / NO

ISTH Major Bleeding event: YES / NO

Type of ISTH Major Bleeding event: Fatal Bleeding / Bleeding requiring >2 unites PRBCs/WB / Bleeding causing or suspected as the cause of >2 g/dL decrease in serial Hbs / Symptomatic bleeding in critical organ space/area

Hospital LOS: ___ ICU LOS:___

Mechanical Ventilation(MV) during admission(excluding MV during surgery/procedural intervention): YES / NO

Length of MV:____