

Yale School of Medicine



Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers

Study Title

Operative Versus Non-Operative Management for Appendicitis with Abscess or Phlegmon: An EAST Multicenter Trial

PI: Kevin M. Schuster, MD, MPH

Data Dictionary

Introduction

This study is designed to investigate, in a multi-institutional fashion, the outcomes of operative and non-operative management of complicated appendicitis with abscess or phlegmon in adults. We hypothesize patients managed with early operative intervention experience a shorter length of stay and fewer complications. This is a prospective, randomized controlled trial.

Data to be collected will include age, gender, comorbidities such that the Charlson comorbidity index can be calculated, additional physiologic data to be collected will be the elements of the APACHE - II score. The CT findings, laboratory values, SIRS/sepsis status, ASA classification, operative duration, operative blood loss, intra-operative transfusion, and intra-operative findings will be recorded. Outcome variables to be collected will include: Failed intervention, need for additional intervention, Recurrent abscess, readmission, number of interventions in 60 days, disability days, and PROMIS GI quality of life variables. Outcomes variables will be include number of hospital days, readiness for discharge, wound dehiscence, pneumonia/ventilator associated pneumonia, surgical site infection, acute renal failure, myocardial infarction, in-hospital mortality and discharge disposition.

The variables collected for this study are based on the American College of Surgeons' NSQIP program. The definitions provided here are mostly based on the Operations Manual for the NSQIP program in order to uniformly and consistently acquire data.

Demographics/General

Center Specific ID

Options: This is an automatic numbering field to link to de-identified

data. No entry is required.

Notes: This is a key code patient identifier

Date of Birth

Options: numeric entry of mm/dd/yyyy

Admission Date

Options: Numeric entry of mm/dd/yyyy

Admission Time

Options: Numeric entry of hh:mm

Age

Options: Numeric entry in years at time of enrollment

Gender

Options: Male

Female

Race

Options:

- White
- Black or African-American
- Asian
- American Indian or Alaska Native
- Other

Ethnicity

Options:

Hispanic or Latino

Not Hispanic or Latino

Height

Options: data fields for either inches or centimeters

Notes: Enter in only one field, automatically displays in other field.

Limit to 36" - 96"; 91cm - 244cm

Weight

Options: data fields for either pounds or kilograms

Notes: Enter in only one field, automatically displays in other field.

Limit to 60lbs - 600lbs; 27kg - 273kg

Comorbidity

Admitted From

Options:

- Home
- Extended Care Facility
- Other Acute Care Hospital

Hypertension requiring medication

Options: Check box

Obesity

Options: BMI calculation from previously entered height and weight

Congestive Heart Failure within 30 days prior to diagnosis of appendicitis

Options: Check box

Coronary Artery Disease

Options: Check box

HIV Infection

Options: Check box

HIV with AIDS

Options: Check box

Diabetes

Options:

- No Diabetes
- Non-Insulin
- Insulin Dependent

Notes: For *Non-Insulin*, this is a diagnosis of diabetes requiring therapy with a non-insulin anti-diabetic agent (such as oral agents or other noninsulin agents. This does not include diabetes that is diet-controlled. For Insulin Dependent, this is a diagnosis requiring daily insulin therapy. Noninsulin and Insulin Dependent variables are assigned if patients are prescribed treatment and are non-compliant.

Active Smoker within 1 year

Options: Check box

Notes: Patient has smoked cigarettes within the past 12 months. This excludes cigars, pipes, chewing tobacco, and marijuana.

Dyspnea

Options:

- None
- With moderate exertion
- At rest

Notes: This is a diagnosis during their usual state of health. This is not assigned for obstructive sleep apnea or paroxysmal nocturnal dyspnea.

Functional Status

Options:

- Independent
- Partially dependent
- Totally dependent
- Unknown

Notes: Independent patients are those who do not require the assistance of another person for ADLs. This variable is assigned if they are independent even with prosthetics, equipment, or devices.

COPD

Options: Check box

Notes: This variable is assigned if the patient has COPD documented with functional disability (dyspnea, inability to complete ADLs).

Ascites within 30 Days Prior to diagnosis with appendicitis

Options: Check box

Notes: This variable is not assigned if ascites is documented as minimal,

trace, or small amount.

Acute Renal Failure within 24 hours Prior to diagnosis with appendicitis

Options: Check box

Notes: This is assigned if ARF is documented by the surgeon or other attending, OR an increased BUN with creatinine above 3mg/dl (when noted as an elevation from baseline).

Requiring Dialysis within 2 Weeks of diagnosis with appendicitis

Options: Check box

Notes: This variable is assigned if dialysis is prescribed even if patient

refuses.

Disseminated Cancer Prior to diagnosis or Found at Surgery

Options: Check box

Notes: This variable is assigned if the patient has a primary cancer with metastases AND (at least one of) received active treatment within one year, the extent of disease is appreciated at time of surgery, patient has refused prescribed treatment, OR disease is deemed untreatable.

Chronic Wound at Time of diagnosis with appendicitis

Options: Check box

Notes: This variable is assigned for wounds undergoing dressing changes,

or has negative pressure wound devices in place (wound vac).

On Chronic Immunosuppression

Options: Check box

Notes: This variable is assigned if the patient has a regularly administered oral corticosteroid or immunosuppressant for a chronic medical condition within 30 days of surgery (chemotherapy, transplant patients, or other chronic inflammatory conditions). This variable is not assigned for one-time pulse therapy, limited short course therapy, a taper <10 days. It is also not assigned for inhalation therapy, topical medications, or rectal medications.

Weight Loss >10% in Six Months

Options: Check box

Bleeding Disorder or on Anti-Coagulant or Anti-Platelet

Options: Check box

Notes: This variable is assigned for conditions that place a patient at risk for excessive bleeding (Vitamin K Deficiency, Hemophilia, Thrombocytopenia, chronic anti-coagulant therapy/anti-platelet agents/thrombin inhibitors/thrombolytic therapy).

Packed Cell Transfusion within 72 Hours Prior to diagnosis with appendicitis

Options: Check box

Physiology

All values are collected at the time of presentation if the initial diagnosis is acute appendicitis. If the diagnosis is made later than the time of presentation the values should be at the time of diagnosis.

Heart Rate

Description: Heart rate on presentation to the emergency department or if already hospitalized at the time of diagnosis of acute appendicitis

Options: Numeric value 30-150

Systolic Blood Pressure

Description: Systolic blood pressure on presentation to the emergency department or if already hospitalized at the time of diagnosis of acute appendicitis

Options: Numeric value 50-250

Diastolic Blood Pressure

Description: Diastolic blood pressure on presentation to the emergency department or if already hospitalized at the time of diagnosis of acute appendicitis

Options: Numeric value 30-130

Respiratory Rate

Description: Respiratory rate on presentation to the emergency department or if already hospitalized at the time of diagnosis of acute appendicitis

Options: Numeric value 5-50

Oxygen Saturation

Description: Oxygen saturation on presentation to the emergency department or if already hospitalized at the time of diagnosis of acute appendicitis

Options: Numeric value 70-100

Core temperature

Description: Core temperature on presentation to the emergency department or if already hospitalized at the time of diagnosis of acute appendicitis

Options: Numeric value 85-110F or 29-43C

Altered mental status

Description: Mental status depressed compared to baseline within 24 hours of presentation or at the time of diagnosis of acute appendicitis, if believed to be due to appendicitis.

Options: Check box

GCS

Description: Glasgow Coma Scale

Options: Numeric value 3-15

Oliguria

Description: urine output <0.5ml/kg/hr x 6 hours after admission or at the time of diagnosis of acute appendicitis.

Options: Check box

Laboratory Values

Description: Earliest serum lab values within 24 hours of presentation or at the time of diagnosis of acute appendicitis if different from time of

presentation. Note: decimal places specified within the range

WBCs: Numeric value 1.0 – 200.0 (K/mm³)

Platelet count: Numeric value 0 – 2000 (K/mm³)

Hematocrit: Numeric value 0.0 – 70.0 (%)

International Normalized Ratio: Numeric value 0.00 - 30.00

Partial Thromboplastin Time (PTT): Numeric value 0-150 (seconds)

Serum Sodium (Na): Numeric value 100-180 (mmol/L)

Serum Potassium (K): Numeric value 1.0-10.0 (mmol/L)

Blood Urea Nitrogen (BUN): Numeric value 0-200 (mg/dl)

Serum Creatinine (Cr): Numeric value 0.00-30.00 (mg/dl)

Albumin (Alb): Numeric value 0.0-10.0 (g/dl)

Arterial Partial pressure of Oxygen (PaO₂): Numeric value 30-600 (mmHg)

Fraction of inspired oxygen (FiO₂): Numeric value 0-100 (%)

Arterial pH: Numeric value 6.5-8.0

Meets Criteria for SIRS/Sepsis/Septic Shock at Presentation or Time of Diagnosis if different

Options:

- None
- SIRS
- Sepsis
- Septic Shock

Notes:

- SIRS: Two of the following- Temperature >38C(100.4F) or <36C (96.8F); Heart Rate >90; Respiratory Rate >20/PaCO₂ <32mmHg; WBC>12,000 cell/mm³; anion gap acidosis
- Sepsis: Meets SIRS criteria AND positive blood culture or clinical documentation of purulence/positive site culture OR suspected preoperative clinical condition of infection/infarction
- Septic Shock: Meets Sepsis criteria AND documented organ/circulatory dysfunction

Abdominal symptoms at time of presentation or time of diagnosis of acute appendicitis if different from time of presentation.

Periumbilical pain
 Options: Check box

• Right lower quadrant pain

Options: Check box

 Other area of pain Options: Check box

Duration of abdominal pain

Options: Numeric value: 0-20 (days)

Nausea

Options: Check box

Vomiting

Options: Check box

Anorexia

Options: Check box

Physical exam findings

• Periumbilical tenderness

Options: Check box

• Right lower quadrant tenderness

Options: Check box

• Other location of tenderness

Options: Check box Specify:

- Clinical Rovsing sign Options: Check box
- Abdominal distension Options: Check box
- Localized peritonitis Options: Check box
- Generalized peritonitis Options: Check box

Ultrasound imaging findings

- Ultrasound performed Options: Check box
- Appendix visualized Options: Check box
- Appendicolith/fecolith visualized Options: Check box
- Appendiceal diameter Options: none, <6mm, 7mm, 8mm, 9mm, 10mm, >10mm
- Generalized ascites Options: Check box
- Abscess visualized Options: Check box
- Phlegmon visualized Options: Check box

Suspicious for appendiceal perforation

Options: Check box

• Intraperitoneal air present

Options: Check box

Non-compressible appendix

Options: Check box

Hyperemia of appendix

Options: Check box

• Target lesion or "bull's eye" appearance of appendix

Options: Check box

Appendicitis present

Options: Check box

CT scan imaging Findings

Appendiceal diameter

Options: none, <6mm, 7mm, 8mm, 9mm, 10mm, >10mm

Abscess present

Options: Check box

If present length (cm) x width (cm)

The abscess size should be measured such that the length and width are maximized and recorded in centimeters

• Phlegmon present

Options: Check box

If present length (cm) x width (cm)

The phlegmon size should be measured such that the length and width are maximized and recorded in centimeters

Options: Check box

Evidence of bowel obstruction or ileus

Options: Check box

Extra-luminal air

Options: Check box

· Appendicolith/fecolith visualized

Options: Check box

Suspicious for appendiceal perforation

Options: Check box

AAST EGS Grading Scale Imaging Criteria grade

Options: I, II, III, IV, V

AAST EGS grading scale for acute appendicitis grades the severity of appendicitis by description, clinical criteria, imaging criteria, operative criteria, and pathologic criteria. Please use grade based on imaging alone here

http://www.aast.org/emergency-general-surgery-anatomic-grading-scales

Group Assignment/Outcome

Date of Randomization:

Options: Numeric entry of mm/dd/yyyy

Group Assignment (Choose only one)

Assigned to non-operative group, treatment successful at 30 days
 Defined as off antibiotics, out of hospital and no drains in place
 30 days after presentation.

- Assigned to non-operative group with treatment failure. Crossed over to surgery due to failure of non-operative management. Off antibiotics, out of hospital and no drains in place 30 days after presentation
- Assigned to non-operative group with treatment failure. Crossed over to surgery due to failure of non-operative management. Remains on antibiotics, in the hospital or with drains in place 30 days after presentation.
- Assigned to non-operative group with treatment failure. Did NOT crossover to surgery. Remains on antibiotics, in the hospital or with drains in place 30 days after presentation.
- Assigned to surgical intervention without complication. Off antibiotics, out of hospital and no drains in place 30 days after presentation.
- Assigned to surgical intervention with post-operative complications. Required repeat intervention (return to the operating room or percutaneous drainage). Off antibiotics, out of hospital and no drains in place 30 days after presentation.
- Assigned to surgical intervention with post-operative complications. Required repeat intervention (return to the operating room or percutaneous drainage). Remains on antibiotics, in the hospital or with drains in place 30 days after presentation.
- Assigned to surgical intervention with post-operative intra-abdominal complication(s).

Did NOT require repeat intervention (return to the operating room or percutaneous drainage). Off antibiotics, out of hospital and no drains in place 30 days after presentation.

 Assigned to surgical intervention with post-operative intra-abdominal complication(s).

> Did NOT require repeat intervention (return to the operating room or percutaneous drainage). Remains on antibiotics, in the hospital or with drains in place 30 days after presentation.

Initial Treatment, (Planned treatment immediately after randomization, choose one)

- Antibiotics only
- Antibiotics and planned follow up imaging
- Antibiotics and percutaneous drainage
- Antibiotics and appendectomy

Operation Characteristics

Operative Data (if multiple, first surgery only)

Operation performed

Options (check boxes) choose all that apply:

- Laparoscopic appendectomy
- Laparoscopic converted to open appendectomy
- Laparoscopic ileocectomy
- Laparoscopic right hemicolectomy
- Laparoscopic small bowel resection
- Conversion from laparoscopy to open surgery
- Open ileocectomy
- Open right hemicolectomy
- Open small bowel resection
- Other operation:
 - Opens free text field for data entry

OR Date

Options: numeric entry dd/mm/yyyy

Start Time of Operation (military time)

Options: numeric time data field

End Time of Operation (military time)

Options: numeric time data field

Pre-Op Diagnosis

Options: Free text field

Post-Op Diagnosis

Options: Free text field

Operative Findings

Options: Multiple check boxes

- Acute appendicitis
- Perforated appendicitis
- Abscess in the area of the appendix
- Abscess away from appendix
- Phlegmon surrounding the appendix
- Thin fluid in the abdomen
- Purulent fluid in the abdomen
- Feces in the abdomen
- latrogenic perforation of the appendix
- Any intra-operative complication
 Opens free text field

AAST EGS Grading Scale Operative Criteria grade

Options: I, II, III, IV, V

AAST EGS grading scale for acute appendicitis grades the severity of appendicitis by description, clinical criteria, imaging criteria, operative criteria, and pathologic criteria. Please use grade based on operative criteria alone here

http://www.aast.org/emergency-general-surgery-anatomic-grading-scales

Estimated Blood Loss

Options: The fields are volume in milliliters

- Minimal
- <200
- 200-400
- 401-800
- 801-1200
- 1201-2000
- >2000

Wound Class

Options:

- Clean/Contaminated
- Contaminated
- Dirty/Infected

Notes:

- Clean/Contaminated: controlled condition operative wounds entering the respiratory, alimentary, genital, or urinary tracts without unusual contamination.
- Operative procedures that encounter gross GI spillage, non-purulent inflammation, should be the choice acute non-perforated appendix

• Dirty/Infected: old traumatic wounds with devitalized tissue (I&D of abscess, perforated bowel, peritonitis, ruptured appendix, gangrenous gallbladder).

ASA Class

Options:

- |
- ||
- |||
- IV
- V

Notes: This is anesthesia driven, found on the anesthesia record. If not found in record, leave field blank.

- I-normal health patient
- II-patient with mild systemic disease
- III-patient with severe systemic disease
- IV-moribund patient who is not expected to survive without operation

Number of Units of FFP (fresh frozen plasma) in the OR

Options: numeric data field (0-20)

Number of Platelets in the OR

Options: numeric data field (0-20)

Number of Units of PRBCs (packed red blood cells) in the OR

Options: numeric data field (0-20)

Other Procedure Performed

Options (check boxes), choose all that apply:

Percutaneous drainage

Duration of percutaneous drain

Options: Numerical value for number of days drain is in place

Timing of drain placement

Options: Numerical value for number of days from admission until drain placement

Outcome/Complications

Additional interventions required after initial non-operative management.

Options: (check all that apply)

- Percutaneous drainage for phlegmon progressing to abscess, abscess unresponsive to antibiotics or worsening abscess despite antibiotics.
- Repeat percutaneous drainage for inadequate initial drainage
- · Recurrent abscess drainage after initial successful drainage and drain removal
- Crossover to surgery for:
 - Bleeding control
 - Bowel perforation
 - Inadequate source control requiring surgery

Recurrent abscess

Options: Check box

An abscess that requires ongoing antibiotic or interventional treatment more than ten days after initial surgical treatment or after drainage procedure

Readmission

Options:

- Check box
- Numerical value of readmission date

Date of any readmission after discharge from index hospitalization and within 60 days on index hospital admission date.

Duration of antibiotics

Options: Numerical value in days

Total days of antibiotic used to treat the appendicitis or sequelae from treatment within the first 60 days following index hospital admission.

Persistent abscess

Options: check box

Intra-abdominal abscess present for 7 or more consecutive days after date of index admission

Number of interventions in 60 days

Options: Numerical value for total number of procedures

Superficial/Deep SSI

Options: Check Box

Notes: Diagnosis of same by attending physician or surgeon. Superficial SSI involves skin or subcutaneous tissue WITH purulence (with or without lab confirmation), pain/tenderness, swelling, redness, or heat. Deep SSI involves deep soft tissue WITH above superficial symptoms AND fever >38C; wound dehiscence.

Organ Space SSI

Options: Check Box

Notes: This is assigned when there is an infection that involves any part of the anatomy that was manipulated in the operation, other than the incision. This infection is accompanied by purulence, cultures isolating an organism, abscess (found on exam, reoperation, histopathologic, or radiologic exam).

Fascial Dehiscence within 30 Days of Operation

Options: Check Box

Other latrogenic intra-operative injury

Options: Check Box

Notes: This is assigned if there is an injury to an organ distinct from the biliary tree. This is assigned for all liver, duodenal, pancreas, bowel, etc, . . .

injuries.

Pneumonia within 30 Days Post-Op or During index hospitalization if no operation

Options: Check Box

Notes: This is assigned if there is one definitive radiologic exam (CXR) AND one of: new/progressive infiltrate, consolidation/opacity, cavitation

On Ventilator >48 Hours Post-op

Options: Check Box

Pulmonary Embolism within 30 Days Post-Op or During index hospitalization if no operation

Options: Check Box

Notes: This variable is assigned if there is a NEW diagnosis of blood clot in a pulmonary artery, and is confirmed by definitive imaging (V-Q scan, arteriogram, CT angiogram).

Acute Renal Failure: Creatinine increased 2mg/dl or More from presentation during hospitalization

Options: Check Box

New Dialysis Requirement within 30 Days Post-Op or During index hospitalization if no operation

Options: Check Box

New UTI within 30 days Post-Op or During index hospitalization if no operation

Options: Check Box

Notes: This variable is assigned based on two series of factors:

- One of the following: fever, urgency, frequency, dysuria, tenderness
- AND urine culture >100.000

OR

• Two of the following: fever, urgency, frequency, dysuria, tenderness

• AND one of: pyuria, organisms seen on gram stain, two urine cultures with repeated isolation of same uropathogen, physician diagnosis

Stroke/CVA within 30 Days Post-Op or During index hospitalization if no operation

Options: Check Box

Cardiac Arrest within 30 Days Post-Op or During index hospitalization if no operation

Options: Check Box

Myocardial Infarction within 30 Days Post-Op or During index hospitalization if no operation

Options: Check Box

DVT Requiring Therapy within 30 Days Post-Op or During index hospitalization if no operation

Options: Check Box

Notes: This is assigned for NEW diagnosis of superficial or deep thrombus

Unplanned Return to the Operating Room

Options: Check Box

Notes: This is assigned if the patient underwent operation for appendicitis then returned to the OR within 30 days postoperatively from primary surgical intervention, it was related to the primary surgical intervention and it was unexpected.

Number of Units PRBCs within 72 Hours Post Op

Options: Numeric data field

New or Recurrent SIRS/Sepsis/Septic Shock within 30 Days Post Op or During index hospitalization if no operation

Options:

- None
- SIRS
- Sepsis
- Septic Shock

Notes:

- SIRS: Two of the following- Temperature >38C(100.4F) or <36C (96.8F); Heart Rate >90; Respiratory Rate >20/PaCO₂ <32mmHg; WBC>12,000 cell/mm³; anion gap acidosis
- Sepsis: Meets SIRS criteria AND positive blood culture or clinical documentation of purulence/positive site culture OR suspected preoperative clinical condition of infection/infarction
- Septic Shock: Meets Sepsis criteria AND documented organ/circulatory dysfunction

Discharge Disposition

Options:

- Home
- Rehabilitation
- Other acute care facility
- Skilled care, not home
- Unskilled care, not home
- Death

Date of Hospital Discharge

Options: numeric entry dd/mm/yyyy

Death Within 30 Days of Operation or During index hospitalization if no operation

Options: check box

Date of Death (if known)

Options: numeric entry dd/mm/yyyy



Eastern Association for the Surgery of Trauma Advancing Science, Fostering Relationships, and Building Careers

EAST MULTICENTER STUDY DATA COLLECTION TOOL

Multicenter Study: _Operative or Non-operative management for Appendicitis with Abscess or Phlegmon
Enrolling Center: Enrolling Co-investigator:
Demographics:
Age: Gender:
Admission Vital Signs: Temperature: Blood pressure: Heart rate: Respiratory rate: Oxygen saturation:
Admission Lab values:
White blood cell: Hemoglobin: Hematocrit: Platelets: Creatinine: Glucose: Lactate:
Admission Comorbidities:
Functional status: Independent: Partially dependent: Totally dependent: ASA class: I: II: III: IV: V: Ascites within 30 days prior to surgery: Yes No Systemic sepsis within 30 days prior to surgery: Yes No Disseminated cancer: Yes No Diabetes mellitus (insulin dependence if diabetic): Yes No Insulin: Yes No Hypertension requiring medication: Yes No Congestive Heart Failure in 30 days prior to surgery: Yes No Dyspnea: Yes No Current smoking within 1 year: Yes No History of severe COPD: Yes No Acute renal failure: Yes No Obesity: Yes No Obesity: Yes No
AAST EGS Grading Scale:
Grade 5: Yes No

CT scan findings:	
Abscess size:	
Phlegmon size:	
Free fluid: Yes No	
Free fluid: Yes No Bowel obstruction: Yes No	
lleus: Yes No	
Extra-luminal air: Yes No	
Operative variables at time of appendector	<u>ту:</u>
Case performed:	
Bowel resection: Yes No	
What was resected:	
Blood loss:	cc
Intra-operative crystalloid given:	cc
Total Intra-operative blood products given:	CC
PRBC volume:	cc
FFP volume:	cc
Platelet volume:	cc
Intra-operative non-blood colloid given:	cc
Case Time: minutes	
Procedure Variables - Non-Operative Grou	<u>ıp</u>
Percutaneous drainage: Yes No	
<u>-</u>	
Hospital day of drainage: HD #	
Hospital Course – Variables	
Antibiotic duration: days	
Drain duration: days	
Persistent Abscess: Yes No	
Number of interventions:	
Malignancy on pathology: Yes No	
	Outcomes:
Length of stay: days	
Did the primary intervention fail? Yes No	
If Yes, what additional intervention did the pat	ient receive? (check the one that applies)
Percutaneous drainage	
Reason:	
Recurrent abscess	
Residual abscess	

Unplanned return to the operating roor Reason: Bleeding:	_		
Reason:	_		
Reason: Bleeding:	11		
Bleeding:			
Peritonitis			
Inadequate source control requiring surg	gery:		
Bowel perforation: Recurrent appendicitis:	, ,		
Recurrent appendicitis:	h amicala atamuu		
Malignancy on pathology requiring right Reamission	nemicolectomy:		
Readmitted on HD#			
Delayed appendectomy			
Disability days: days			
PROMIS quality of life score:			



Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers

EAST MULTICENTER STUDY DATA DICTIONARY

Operative Versus Non-Operative Management for Appendicitis with Abscess or Phlegmon: An EAST Multicenter Trial – Data Dictionary

Data Entry Points and appropriate definitions / clarifications:

Entry space Definition / Instructions

Standard Study Questions

Admit Date Admission date of the patient enrolled

Admit Time Admission time of the patient enrolled

Age Age of patient enrolled

Gender of Patient enrolled

Vital Signs Vital signs at time of admission:

Blood pressure Heart rate Respiratory rate Oxygen saturation Temperature

NSQIP comorbidities Comorbid conditions at the time of index admission listed in NSQIP:

Functional status ASA class

Ascites within 30 days prior to surgery

Systemic sepsis within 30 days prior to surgery

Disseminated cancer

Diabetes mellitus (insulin dependence if diabetic)

Hypertension requiring medication

Congestive Heart Failure in 30 days prior to surgery

Dyspnea

Current smoking within 1 year History of severe COPD Acute renal failure

Acute remai iam

Obesity

AAST EGS Grading Scale Characteristics of appendicitis severity

http://www.aast.org/emergency-general-surgery-anatomic-grading-scales

CT findings Size of abscess: measured on a single CT image such that measure of

length x width is maximized.

Size of phlegmon: measured on a single CT image such that measure of

length x width is maximized. Presence of free fluid

Evidence of bowel obstruction or ileus

Extra-luminal air

Laboratory values White blood cell count

Hemoglobin Hematocrit Platelets Creatinine Glucose Lactate

Case Information – Operative Group

Case performed Laparoscopic appendectomy

Laparoscopic converted to open appendectomy

Blood loss Amount of blood lost during the surgery

Intraoperative crystalloid Amount of crystalloid given during surgery

Blood products Amount and type of blood products given if any

Number of units of packed red blood cells Number of units of Fresh frozen plasma

Number of unitis of Platelets

laparoscopic incisions to insert a hand into the abdomen.

Bowel resection If surgery requires resection of the ileo-cecal valve.

Operative time Total case time from incision to closure

Operative findings AAST appendicitis grade as defined by the AAST grading scales for EGS

Thin fluid in the abdomen
Purulent fluid in the abdomen
Feces in the abdomen

Any identified or iatrogenic perforation in addition to the appendix

Any intra-operative complication.

Procedure Information - Non-Operative Group

Percutaneous drainage Drainage procedure performed – yes or no

Timing Number of days from admission until drain placement

Drain duration Total days drain is in place

Management Variables

Failed intervention Defined as need for additional operation or procedure

Need for additional intervention Additional interventions required:

Percutaneous drainage for phlegmon progression to abscess

Percutaneous drainage for inadequate initial drainage

Recurrent or residual abscess

Unplanned return to the operating room

Bleeding Bowel resection

Inadequate source control requiring surgery

Bowel perforation Recurrent appendicitis

Recurrent An abscess that requires ongoing antibiotic or interventional

treatment more than ten days after initial surgical treatment or after

Readmission Date of any readmission after discharge from index hospitalization and

within 60 days of index hospitalization.

Duration of antibiotics Total days of antibiotic used to treat the appendicitis or sequelae from

treatment within the first 60 days following index hospital admission.

Persistent abscess intra-abdominal abscess present for 7 or more consecutive days after

date of index admission

Number of interventions in 60 days

Total number of procedures received to treat abscess or phlegmon

Delayed appendectomy Undergoing delayed elective appendectomy

Malignancy The presence of any neoplastic process on a appendectomy

Disability days

Total days away from work or school in 60 days after index hospital

admission

Quality of life PROMIS GI symptoms quality of life scores

Outcomes

Number of hospital days

Total number of hospital days hospitalized within 60 days from admission

.

Readiness for discharge The day when medical treatment and recovery from treatment does not

prohibit discharge as assessed by the attending surgeon. Patients may

be hospitalized longer due to needs for social or physical therapy

reasons.

Discharge disposition Based on NSQIP definitions.