Assignments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ALL | Cohort A | Cohort B | Notes |
| Josee | CPT 57110 | CPT 57110 & SEX == MALE  (“Transgender vaginectomy”) | CPT 57110 & SEX == FEMALE  (“Cisgender vaginectomy”) |  |
| Chu-qi | CPT 57291 OR 57292 OR 55970 OR 57335 | CPT 57291 OR 57292 OR 55970 OR 57335  **WITH** 49329  (“Vaginoplasty with peritoneal pull-through” | CPT 57291 OR 57292 OR 55970 OR 57335  **without** CPT 49329  (“Vaginoplasty alone”) | All pts must have diagnosis of gender dysphoria  PODIAG10 F64.0, F64.1, F64.2, F64.3, F64.4, F64.5, F64.6, F64.7, F64.8, 64.9, and/or Z87.890 |
| Wai On | Cohort A+ Cohort B | ANY hysterectomy code (full list-Vaginal hysterectomy CPT 58260, 58262, 58263, 58267, 58270, 58280, 58290, 58291, 58292, 58293, 58294 58285  Laparoscopic assisted vaginal hysterectomy CPT 58550, 58552, 58553, 58554  Total laparoscopic hysterectomy CPT 58570, 58571, 58572, 58573  Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s) CPT 58150  Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy CPT 58152  Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s) CPT 58180  (“Hysterectomy alone”) | ANY hysterectomy code (full list in prior column) + CPT 57110  (“Hysterectomy with vaginectomy”) | All pts must have diagnosis of gender dysphoria  PODIAG10 F64.0, F64.1, F64.2, F64.3, F64.4, F64.5, F64.6, F64.7, F64.8, 64.9, and/or Z87.890 |

\*Many patients will have more than 1 CPT codes so as long as the CPT above is included, then you can include the pt in your analysis

Year of Operation:

OperYR 2019, 2020, 2021, 2022

**Main outcome measures:**

**MAIN OUTCOME:** Composite of Unplanned readmission, Unplanned surgery and Major complication (see definitions below)

Sub-analyses.:

* + **Unplanned readmission**
    - UNPLANNEDREADMISSION1 – unplanned readmission
      * READMPODAYS1 – days from index surgery to readmission
      * READMSUSPREASON1 – readmission **related** suspected reason 1
        + READMRELICD91
        + READMRELICD101
      * Exclude -> READMUNRELSUSP1 – readmission **unrelated** suspected reason 1
        + READMUNRELICD91
        + READMUNRELICD101
  + **Unplanned surgery** that was related to the index surgery
    - If Yes to any of the following
    - REOPERATION1
      * REOPORCPT1 – CPT for reoperation 1
      * RETORPODAYS - days for index to reoperation
      * REOPOR1ICD101 – indication for reoperation
      * REOPORICD91- indication for reoperation
    - REOPERATION2
      * REOPOR2CPT1 – CPT for reoperation 2
      * RETOR2PODAYS - days for index to reoperation 2
      * REOPOR2ICD101 – indication for reoperation 2
      * REOPOR2ICD91- indication for reoperation 2
    - REOPERATION3 – more than 2 unplanned reoperations
  + Any record of perioperative major or minor complications
    - **Major complications** (binary outcome of +complication or – complication)
      * pulmonary embolism PULEMBOL
      * ventilation support > 48 hours FAILWEAN
      * re-intubation REINTUB
      * Acute renal failure OPRENAFL
      * cardiac arrest requiring CPR CDARREST
      * myocardial infarction CDMI
      * stroke/cerebral vascular accident with neurological deficit CNSCVA
      * deep incisional or organ space surgical site infection WINDINFD
      * Septic shock OTHSESHOCK
    - Minor complications (binary outcome of +complication or – complication)
      * superficial surgical site infection SUPINFEC
      * Wound dehiscence DEHIS
      * Pneumonia OUPNEUMO
      * urinary tract infection URNINFEC
      * deep venous thrombosis/thrombophlebitis OTHDVT
      * blood transfusions OTHBLEED
        + BLEED \_ UNITS \_ TOT – post op total transfusion amount
      * progressive renal insufficiency RENAINSF

(iii) Death

**Patient demographics**

Gender SEX

Race RACE\_NEW

Ethnicity (Hispanic) ETHNICITY \_ HISPANIC

Inpatient/outpatient INOUT

Year of Operation OperYR

Principal Anesthesia technique ANESTHES

Surgical subspecialty SURGSPEC

Height in inches (needed to calculate body-mass index) HEIGHT

Weight in lbs (needed to calculate new variable of body-mass index) WEIGHT

BMI (calculated variable with formula = kg/m2)

ASA Classification (ASACLAS)

Estimated probability of mortality (MORTPROB)

Current smoker within one year SMOKE

Postoperative diagnosis PODIAG10

**Major Medical Comorbidity (composite variable) with binary outcome (Y/N)**

HXCHF, ASCITES, HXCOPD, VENTILAT, RENAFAIL, DIALYSIS, STEROID, BLEEDDIS, WTLOSS, HYPERMED, DIABETES, DISCANCR

**Operative variables**

PUFYEAR (Year of operation)

OPTIME (total operation time)

HDISDT (Hospital discharge Year)

Length of total hospital stay (TOTHLOS)

Number of blood transfusions (NOTHBLEED)

Still in Hospital > 30 days STILLINHOSP

Concurrent procedures CONCURR1 (Y/N)

If yes, Concurrent CPT 1 (CPT for procedure 1)

\*there can be up to 9 concurrent procedures, please list all

Sample Table 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient demographics | ALL | COHORT A | COHORT B | p-value  (Categorical chi-squre/Fisher’s; if continuous t-test or Kruskal Wallis |
|  |  |  |  |  |
| RACE\_NEW  Black  White  Asian |  | 25/200398 (12%)  231000/2009 (87%) |  |  |
| ETHNICITY |  |  |  |  |
| Major Medical comorbidity (Y/N)  HXCHF  ASCITES |  |  |  |  |

Sample Table 2 for our outcome

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primary outcome | ALL | COHORT A | COHORT B | p-value |
| Composite main outcome (unplanned readmission and/or unplanned surgery and/or major complication) |  |  |  |  |
| Unplanned readmission |  |  |  |  |
| Unplanned surgery |  |  |  |  |
| Major complication (Y/N)  Reintbuation  Renal failure  Etc. |  |  |  |  |
| Minor complication (Y/N)  Urinary tract infection  Etc |  |  |  |  |
| Death |  |  |  |  |

**SAMPLE TEXT OF METHODS**

Once our cohort was identified, the database was queried for preoperative and demographic data such as age, body mass index (BMI), race, major medical comorbidity and American Society of Anesthesiologists (ASA) class. We defined a major medical comorbidity as a composite of any of the following medical conditions: congestive heart failure, ascites, renal failure, dialysis-dependent, disseminated cancer, steroid use, weight loss, diabetes, bleeding disorder, hypertension requiring medications, and >10% of total body weight loss in the past 6 months. Operative time for cases, length of stay, 30-day postoperative events, readmission, and reoperation data were collected. The primary outcome was the presence or absence of an adverse event as defined by the NSQIP data set. This included blood transfusion intraoperatively or within 72 hours of surgery, venous thromboembolic disease, pneumonia, reintubation, renal insufficiency or failure, sepsis or septic shock, wound dehiscence, myocardial infarction or cardiac arrest, cerebral vascular accident, urinary tract infection, and deep or organ space infection. Blood transfusion was defined as at least 1 unit of packed or whole red blood cells given from the start of surgery up to 72 hour post-operatively. Our secondary outcomes included readmission and reoperation rates.

**Sample data analysis for methods**

This was a descriptive study and standard statistical analyses were performed. Categorical data were presented as % (n/N) and continuous data were presented as mean ± standard deviation or median (range). Comparisons between groups were done using the Student t test and Mann-Whitney test for continuous variables and the χ2 and Fisher exact tests for categorical variables. Univariable and multivariable logistic regression models were fit to evaluate factors associated with postoperative morbidity while adjusting for potential confounders. A P value of <.05 was considered statistically significant. All data was analyzed with R 3.4.1.