

TABLE E-1 Wound-Healing and Infection-Adverse Occurrence Definitions

Abscess, epidural
The patient developed a localized collection of pus outside the dura after surgery at that level. Criteria: (1) fever >38.0°C, back or neck pain, local tenderness, or neurological deficit; (2) computed tomography myelogram/magnetic resonance imaging shows that epidural fluid collection or culture is positive on biopsy; and (3) requiring treatment with antibiotics and surgery.
Abscess, paraspinal
The patient developed a localized collection of pus in the paraspinal muscle compartment after surgery. Criteria: (1) fever >38.0°C, back or neck pain, local tenderness, or neurological deficit; (2) computed tomography myelogram/magnetic resonance imaging shows that paraspinal fluid collection or culture is positive on biopsy; and (3) requiring treatment with antibiotics and surgery.
Bacteremia
The patient had development of bacteria following the procedure, confirmed with positive blood cultures and requiring treatment, but with no symptoms of sepsis.
Drainage, prolonged
The patient had fluid issuing from the incision for longer than seven days after surgery.
Dehiscence
The patient incision split open after surgery, requiring open-wound care and repeat surgery.
Fever, unknown etiology
The patient experienced a fever (>38.0°C) prolonging hospitalization or lasting at least three consecutive days, with no identified source after diagnostic evaluation.
Hematoma, wound/epidural
The patient had pain and swelling (no fever or erythema) at the surgical incision, developed hemorrhagic drainage from the incision, or developed neurological deficit, with imaging studies showing fluid collection in the surgical field, and the patient required repeat surgery for exploration or evacuation of a possible epidural hematoma.
Sepsis
The patient developed hypotension and bacteremia in association with deep wound infection, confirmed with cultures, imaging studies, and surgery.
Wound infection, deep
The patient developed an infection at the surgical site requiring treatment. Criteria: (1) fever >38.0°C; (2) increased incisional pain, erythema, tenderness, drainage, or culture/stain positive on biopsy; and (3) requiring treatment with antibiotics as well as surgery (deep).

TABLE E-2 Surgical Invasiveness Index Score Component Description

Surgical Component Name	Surgical Component Abbreviation	Surgical Component Definition
Anterior decompression	ad	The number of vertebrae requiring partial or complete excision of the vertebral body (regardless of surgical approach or location of skin incision) or the disc caudal to that vertebra if the disc is excised from an anterior approach.
Anterior fusion	af	The number of vertebrae that have graft material attached to or replacing the vertebral body, from an arthrodesis using an anterior approach.
Anterior instrumentation	ai	The number of vertebrae that have screws, plate, cage, or structural graft attached to the vertebral body or replacing the vertebral body from an anterior approach.
Posterior decompression	pd	The number of vertebrae requiring laminectomy or foraminotomy at the foramina caudal to the pedicles, and/or discectomy at the disc caudal to the vertebral body if the disc is excised from a posterior approach.
Posterior fusion	pf	The number of vertebrae that have graft material on the lamina, facets, or transverse processes from an arthrodesis using a posterior approach.
Posterior instrumentation	pi	The number of vertebrae that have screws, hooks, or wires attached to the pedicles, facets, lamina, or transverse processes from a posterior approach.