

TABLE E-1 Definitions of Adverse Events

Event	Definition
Ventilator use for more than forty-eight hours	Total duration of ventilator-assisted respirations during postoperative hospitalization was greater than forty-eight hours.
Unplanned intubation	Patient requires placement of an endotracheal tube or other similar breathing tube and ventilator support, which is not intended or planned.
Stroke or cerebrovascular accident	Patient develops an embolic, thrombotic, or hemorrhagic vascular accident or stroke with motor, sensory, or cognitive dysfunction that persists for twenty-four hours or more.
Thromboembolic event (deep vein thrombosis or pulmonary embolism)	Deep vein thrombosis is the identification of a new blood clot or thrombus within a vein (confirmed by a duplex, venogram, or computed tomographic [CT] scan) that required therapy (anticoagulation, placement of a vena cava filter, and/or clipping of the vena cava). Pulmonary embolism is recorded if the patient has a positive ventilation-perfusion (V-Q) scan, CT examination, transesophageal echocardiogram, pulmonary arteriogram, CT angiogram, or any other definitive modality.
Surgical site infection	Surgical site infection includes superficial, deep, and organ or space surgical site infections. A superficial surgical site infection is an infection that involves only the skin or subcutaneous tissue. A deep surgical site infection is an infection that extends into the fascial and muscle layers. An organ or space surgical site infection is an infection of any part of the anatomy other than the incision that was manipulated during surgery and includes finding purulent fluid in a drain or identification of an abscess.
Sepsis or septic shock	Recorded if patient meets two or more of the systemic inflammatory response syndrome criteria and has documentation of an infection.
Cardiac arrest	Cardiac arrest requiring the initiation of cardiopulmonary resuscitation (CPR), including chest compressions.
Myocardial infarction	Documentation of electrocardiogram changes indicative of acute myocardial infarction.
Acute renal failure	In a patient who did not require dialysis preoperatively, the worsening of renal dysfunction postoperatively requiring dialysis.
Return to the operating room	Return to the operating room for any surgical procedure.
Wound dehiscence	A total breakdown of the surgical closure compromising the integrity of the procedure.
Graft, prosthesis, or flap failure	Mechanical failure of a prosthesis requiring return to the operating room.
Peripheral nerve injury	Motor deficits due to peripheral nerve injury, including the sciatic and femoral nerves.
Blood transfusion	At least one unit of packed or whole red blood cells given from the surgical start time up to and including seventy-two hours postoperatively. Includes cell saver blood.
Urinary tract infection	Clinical symptoms and positive urinalysis or urine culture.
Pneumonia	Clinical symptoms and radiographic evidence of pneumonia.
Progressive renal insufficiency	A rise in creatinine of >2 mg/dL from preoperative value, with no requirement for dialysis.