Supplementary Table 5. Use of laparoscopic appendectomy: results of univariable and multivariable analyses unadjusted for clustering effects by site

Variable	Univariate analysis		Multivariate analysis	
	OR (95% CI)	P-value	AOR (95% CI)	P-value
Age (yr)				
15–24	Reference		Reference	
25–34	1.2 (1.0–1.6)	0.11	1.4 (1.0–1.8)	0.04
35–44	1.0 (0.7–1.3)	0.91	1.0 (0.8–1.4)	0.79
Sex				
Male	1.0 (0.8–1.3)	0.89	1.2 (0.9–1.5)	0.21
Female	Reference		Reference	
Body mass index (kg/m^2)				
Underweight (<18.5)	1.2 (0.8–1.9)	0.35	1.2 (0.8–1.9)	0.36
Normal (18.5–24.9)	Reference		Reference	
Overweight or obesity (≥25.0)	1.0 (0.7–1.3)	0.81	0.9 (0.7–1.2)	0.38
Missing[a]	NA		NA	
Time of presentation in emergency department				
Working hours[b]	0.7 (0.5–0.9)	0.002	0.8 (0.6–1.0)	0.07
After hours	Reference		Reference	
Time to appendectomy (hr)[c]				
<6	Reference		Reference	
6–12	1.2 (1.0–1.6)	0.10	1.2 (0.9–1.6)	0.14
≥12	2.2 (1.6–3.0)	<0.001	2.2 (1.6–3.0)	<0.001
Perforation[d]				
Group 1	Reference		Reference	
Group 2	1.1 (0.6–2.0)	0.75	1.1 (0.6–2.1)	0.66
Group 3	0.5 (0.3–0.6)	<0.001	0.5 (0.3–0.6)	<0.001
Group 4	0.8 (0.5–1.2)	0.26	0.7 (0.5–1.2)	0.19

AOR, adjusted odds ratio; CI, confidence interval; OR, odds ratio.

Nine cases with open conversion from the initial laparoscopic approach were counted as open appendectomies.

[a]Nine cases with missing data were not included in the multivariable analysis. [b]8:00 AM to 5:00 PM on work days. [c]Defined as the interval from the Emergency Department visit to the induction of anesthesia for appendectomy. [d]Group 1, nonperforation; group 2, perforation identified pathologically but not surgically; group 3, perforation identified surgically but not pathologically; group 4, perforation identified both pathologically and surgically.