Supplementary Table 7. Prolonged hospital stay: 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	1.3 (1.0–1.8)	0.03	1.3 (1.0–1.8)	0.09
35–44	1.6 (1.2–2.1)	0.002	1.4 (1.0–2.0)	0.03
Sex				
Male	1.1 (0.8–1.3)	0.63	1.0 (0.7–1.2)	0.71
Female	Reference		Reference	
Body mass index (kg/m ²)				
Underweight (<18.5)	1.0 (0.7–1.5)	0.90	1.4 (0.9–2.3)	0.12
Normal (18.5–24.9)	Reference		Reference	
Overweight or obesity (≥25.0)	1.2 (0.9–1.5)	0.25	1.2 (0.9–1.7)	0.23
Missing ^{a)}	NA		NA	
Time of presentation in Emergency Department				
Working hours ^{b)}	1.4 (1.1–1.7)	0.009	1.3 (1.0–1.7)	0.11
After hours	Reference		Reference	
Time to appendectomy (hr) ^{e)}				
<6	Reference		Reference	
6–12	1.0 (0.8–1.3)	0.93	1.1 (0.8–1.5)	0.59
≥12	0.9 (0.7–1.2)	0.53	1.1 (0.7–1.5)	0.78
Mode of surgical approach				
Laparoscopy	Reference		Reference	
Open ^{d)}	2.2 (1.8–2.8)	< 0.001	2.1 (1.6–2.8)	< 0.001
Perforation ^{e)}				
Group 1	Reference		Reference	
Group 2	1.7 (1.0–3.1)	0.06	1.7 (1.0–3.1)	0.07
Group 3	11.4 (8.0–16.4)	< 0.001	11.4 (7.8–16.5)	< 0.001
Group 4	25.9 (13.6-49.3)	< 0.001	27.7 (14.5–53.3)	< 0.001

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

Prolonged stay was defined as 3.7 days (75th percentile in group 1) or longer.

^{a)}Nine cases with missing data were not included in the multivariate 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)}Including nine cases with open conversion from initial laparoscopic approach. ^{e)}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.