**Supplemental Table 2**

Comparison of 30% and 80% intraoperative FiO2 on pain scores and opioid consumption during the first 2 hours and 2 to 26 hours after PACU admission

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcomes** |  | **Non-inferiorityof 30% to 80%** | **Superiority of 30% to 80%** |
|  | Effect estimate (95% CI) | delta | *P* | Effect estimate (97.5% CI) | *P* |
| **Primary analysis:** **0 to 2 hour** |  |  |  |  |  |
| Opioid consumption1 | 0 (0.00, 0.00) | 5 mg | <0.001 | 0 (0.00, 0.00) | 0.182 |
|  Pain scores2 | 0.01 (-0.14, 0.16) | 1 | <0.001 | 0.01 (-0.16, 0.18) | 0.548 |
| **Secondary analysis:** **2 to 26 hour** |  |  |  |  |  |
| Opioid consumption1 | 0 (-1.33, 2.33) | 10 mg | <0.001 | 0 (-1.33, 2.66) | 0.682 |
|  Pain scores2 | -0.01 (-0.12, 0.10) | 1 | <0.001 | -0.01 (-0.14, 0.12) | 0.428 |

1 The difference was assessed by Wilcoxon sum-rank test and the effect as median difference was estimated from Hodges-Lehmann estimation.

2 The pain scores differences between the two groups were assessed using a mixed-effects model across the time points.

All tests are one-tailed. Noninferiority test was assessed at the significance level of 0.025, while superiority was at 0.0125 significance level (i.e., 0.025/2, Bonferroni) for both primary and secondary analyses. Non-inferiority test is significant if the upper 95% confidence limit is less than the delta. Superiority test is significant if upper 97.5% confidence limit is less than 0.