http://dx.doi.org/10.2106/JBJS.K.01682


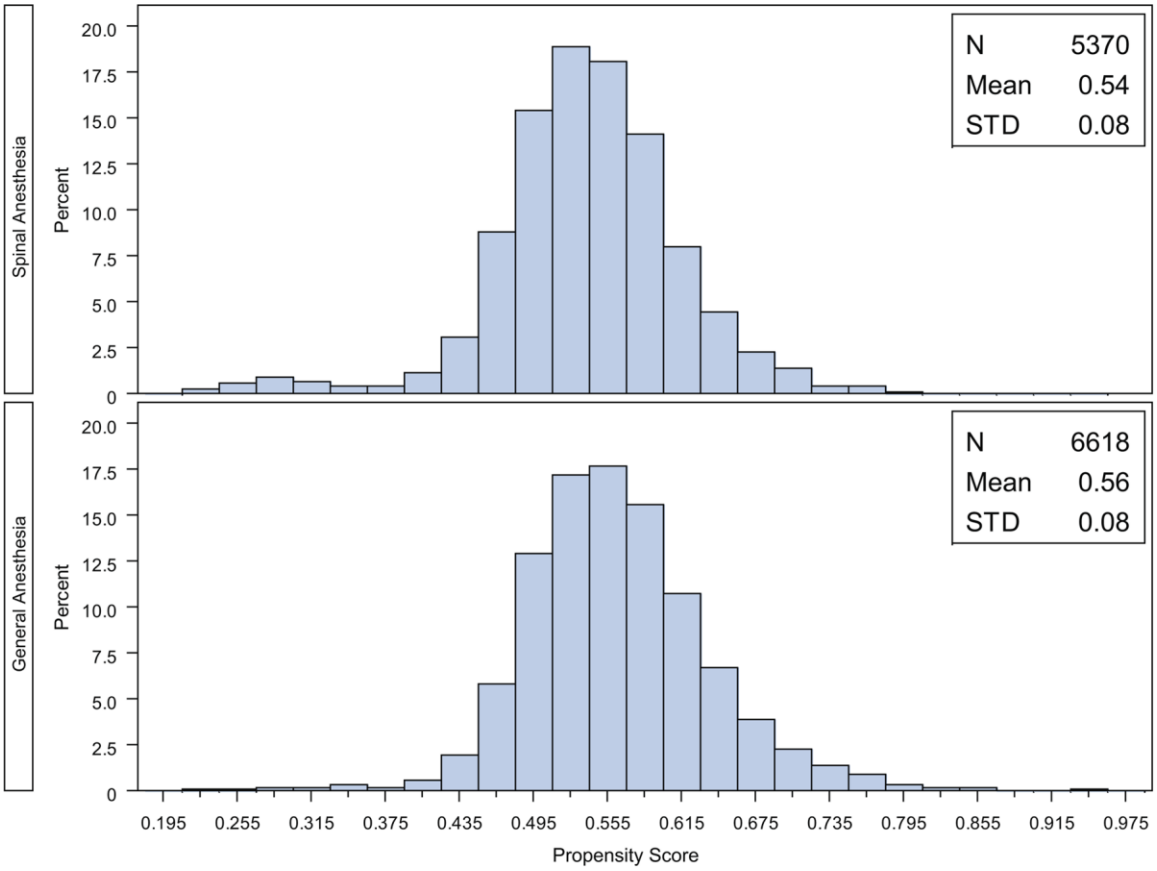


Fig. E-1

Bar graphs showing the distribution of propensity scores in the spinal and general anesthesia cohorts. Propensity scores are reported as 0 to 1, with 1 representing the highest conditional probability of treatment with general anesthesia given the observed covariants. STD = standard deviation.

http://dx.doi.org/10.2106/JBJS.K.01682


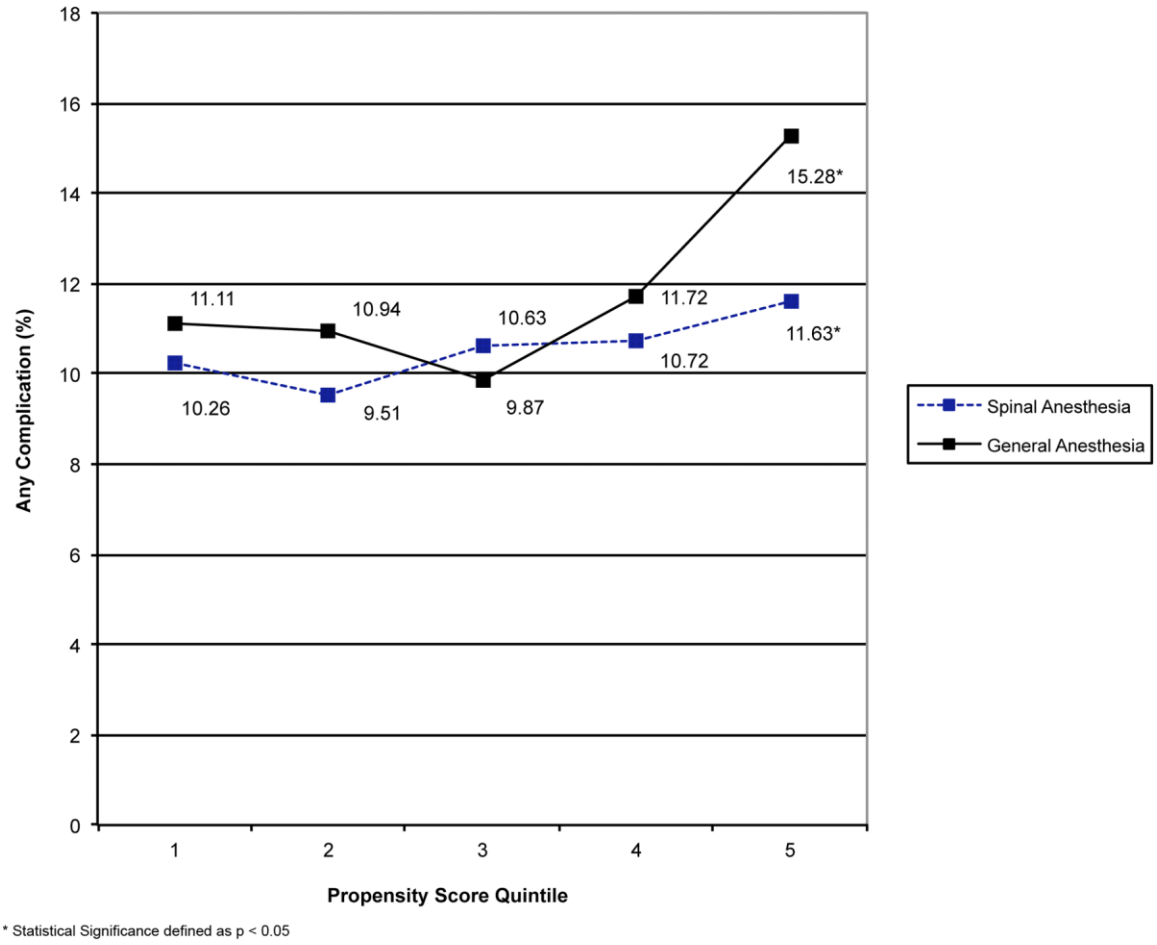


Fig. E-2
Line graph showing propensity-matched quintiles for thirty-day complication rates between the spinal anesthesia and general anesthesia groups.

## Appendix

### *Propensity Score Modeling*

Propensity scores were introduced as a method to control for selection bias between the spinal and general anesthesia groups. Variables for the propensity score creation were identified from the univariate analysis. A p value of <0.1 was set to identify these variables. All variables were then made categorical.

The variables included:
Age: <50, 50 to 59, 60 to 69, 70 to 79, and 80+ years old
Race: Black, white, other
Gender: Male, female
BMI: <20, 20 to 24, 25 to 29, 30 to 34, 35 to 39, 40+
Diabetes mellitus: Yes or No
Alcohol use: Yes or No
Peripheral vascular disease: Yes or No
History of a bleeding disorder: Yes or No
Active chemotherapy: Yes or No
A recent operation within thirty days: Yes or No
Hematocrit: <38, ≥38
Creatinine: <1.3, ≥1.3
ASA class: Class 1/2, Class 3, Class 4
Additional risk factors based on historic recognition in the literature were included:
Smoking: Yes or No
Coronary artery disease (recent myocardial infarction or chronic heart failure): Yes or No
Open wound: Yes or No
White blood-cell count: <1.5, 1.5 to 11, >11
Wound class: Class 1/2, Class 3, Class 4