Supplementary material – A0722435

Daytime and scheduled surgery for major dysvascular lower extremity amputation

Supplementary Table 1

Early failure within 30 days on time of surgery and scheduled days versus any other day

Year	Variables	Early failure within 30 days, n (%)		P-value
		Yes	No	
Surgery day:				
2016-2017	Surgery day: (Tuesday/Friday)	10 (17)	49 (83)	0.9
	Any other day	17 (16)	89 (84)	
2018-2019	Scheduled surgery days: (Tuesday/Friday)	8 (8)	88 (92)	0.2
	Any other day	10 (15)	57 (85)	
Time of day for surgery				
2016-2017	Dayshift surgery 8:00 a.m. - 2:00 p.m.	13 (14)	82 (86)	0.3
	Nightshift surgery from 2 p.m.-8 a.m.	14 (20)	56 (80)	
2018-2019	Dayshift surgery 8:00 a.m. - 2:00 p.m.	8 (7)	110 (93)	0.005
	Nightshift surgery from 2 p.m.-8 a.m.	10 (22)	35 (78)	

Supplementary Table 2

Multivariable logistic regression analyses of factors influencing early failure rates of index amputations, n=328

Variables	ß	SE	Hazard ratio Exp(B)	95 % CI for Exp (B)		P-value
				Lower	Upper	
Constant	-0.377	2.015				0.9
Age	-0.019	0.025	0.981	0.935	1.029	0.4
Women	0.392	0.587	1.480	0.469	4.674	0.5
Dayshift surgery 8:00 a.m. - 2:00 p.m.	-1.223	0.569	0.294	0.097	0.897	0.03
Senior surgeon	-0.409	0.562	0.664	0.221	1.330	0.5
Below Knee Amputation[a]	1.456	0.597	4.291	1.330	13.838	0.02
Scheduled surgery day	-0.414	0.556	0.661	0.222	1.965	0.5

Multivariable logistic regression. [a]compared with Trans Femoral Amputation and Bilateral Femoral Amputation