

2022

User Guide for the

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1. Introduction

The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP®) is pleased to introduce the 2022 Participant Use Data File (PUF) – including cases with operation dates between January 1, 2022 and December 31, 2022. The PUF is a Health Insurance Portability and Accountability Act (HIPAA)-compliant data file containing cases submitted to the MBSAQIP Registry. The PUF contains patient-level data and does not identify hospitals, health care providers, or patients. The intended purpose of these files is to provide researchers at participating centers with a data resource they can use to investigate and advance the quality of care delivered to the metabolic and bariatric surgical patient through the analysis of cases captured by MBSAQIP. The PUF is provided at no additional cost to employees (surgeons, researchers, bariatric program staff, etc.) of MBSAQIP participant centers. With over 200,000 metabolic and bariatric cases captured each year, the MBSAQIP PUF is the largest, bariatric-specific, clinical dataset in the country and serves as an invaluable resource to investigators looking to answer important clinical questions in this field. It is part of the mission of the MBSAQIP to make this data available to all participants to improve the power and reliability of clinical research and further propel innovation in the field of metabolic and bariatric surgery.

This guide is designed to accompany the 2022 Participant Use Data File available for download via the MBSAQIP website (<https://www.facs.org/quality-programs/accreditation-and-verification/metabolic-and-bariatric-surgery-accreditation-and-quality-improvement-program/participant-use-data-file-puf/>) The sections contained herein will provide the user with information on how to request the PUF, contents of the data files, data collection background, data limitations, and answers to frequently asked questions.

This user guide applies specifically to the 2022 PUF and will be updated with each subsequent PUF. All historical user guides remain available at the MBSAQIP website (<https://www.facs.org/quality-programs/accreditation-and-verification/metabolic-and-bariatric-surgery-accreditation-and-quality-improvement-program/participant-use-data-file-puf/>)

three-page document that implements the data protections of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the MBSAQIP Participation Agreement. Delivery of the PUF is contingent on agreement to the terms and conditions specified within the Data Use Agreement. The Data Use Agreement can be read from this page or the three-page document can be downloaded. The requestor is then required to type in their first and last name and click on “Request Data File.” By clicking on “Request Data File” the requestor agrees to the terms and conditions of the Data Use Agreement.

2.

rate for metabolic and bariatric surgical procedures. The specific research question is: “What is the 30-day unplanned reoperation rate for all cases included in the main dataset?” To answer this question, the researcher could use the variable REOP_UNPLANNED in the reoperation dataset to identify and create a flat file of cases where at least one 30-day reoperation was recorded as unplanned following the index procedure. This flat file would then be merged (using the unique key matching variable CASEID) with the main dataset to construct a variable, say UNPLANNED_REOP30, taking values of either “Yes” or “No” to indicate whether at least one unplanned 30-day reoperation occurred for each case in the main dataset. The 30-day unplanned reoperation rate for all metabolic and bariatric surgical procedures could then be estimated by calculating the proportion of cases in the main dataset where UNPLANNED_REOP30 = “Yes.”

Using the CASEID variable, other readmission, reoperation, or intervention-specific variables, or combinations thereof, can be merged to the main PUF dataset. A variable-by-variable description for each dataset is provided in the PUF User Guide Tables in Section 9 of this document. A brief description of each dataset is below:

Dataset	File Types Available	Uncompressed File Size	Description
MBSAQIP_PUF_Main	SAS, SPSS, TXT	SAS: 1.4 GB SPSS: 1.5 GB TXT: 176 MB	Contains 183 HIPAA compliant variables on 230,707 cases submitted from 924 centers in 2022. Each row represents one case and there is exactly one row per case.
MBSAQIP_PUF_Read	SAS, SPSS, TXT	SAS: 1.8 MB SPSS: 1.7 MB TXT: 470 KB	Contains 7 HIPAA compliant variables on 8,216 readmissions. Each row represents a 30-day readmission as re

4. Data Collection Background and Data Quality

MBSAQIP collects data on over 200 variables including preoperative risk factors, intraoperative variables, and 30-day postoperative mortality and morbidity outcomes for patients undergoing metabolic and bariatric surgical procedures in both the inpatient and outpatient setting.

Required data elements are entered via a web-based data collection tool. Portions of the data may be automatically populated by a software program that was developed to extract data from the participating hospital's existing information systems. Requestors should contact the Metabolic and Bariatric Surgical Clinical Reviewers (MBSCRs), at their hospital for detailed information on how the hospital collects its MBSAQIP data.

To ensure the data collected are of the highest quality, the MBSAQIP has developed a host of different training mechanisms for the MBSCRs and conducts a data integrity audit of selected participating centers, when warranted. The MBSAQIP requires MBSCRs to complete a series of web-based training modules followed by an annual certification exam. The modules and certification exam focus on the program, processes, and analysis, preoperative, intraoperative, and postoperative definitions and case studies. These modules are complemented by the availability of MBSAQIP Clinical Support Registered Nurse (RN) Specialists who are available to MBSCRs on an ongoing basis for one-on-one data abstraction support and web-based training. The Clinical Support staff makes available a host of written educational resources available through the MBSAQIP Resource Portal through a support system designed to ensure MBSCRs have the knowledge and resources available to collect high-quality data.

The data integrity audit is a fundamental tool of the MBSAQIP to assess the quality of the data collected at participating centers. The process involves the review of multiple charts, some of which are selected randomly, and others selected based on criteria designed to identify potential reporting errors.

MBSAQIP has determined that a data integrity audit disagreement rate of 5% or less is acceptable. Centers that have higher than a 5% disagreement rate are not included in the MBSAQIP Semiannual Report and may be required to undergo an additional audit following training and education recommendations from the MBSAQIP.

5. Participation and Case Exclusion Criteria

Case Collection Process

All metabolic and bariatric surgical procedures and interventions, including those performed by non-metabolic and bariatric surgery credentialed general surgeons or other physician practitioners (i.e., gastroenterologists), must be entered into the MBSAQIP Registry. Documentation of each hospitalization and surgical procedure is required to obtain valid outcomes data. Data collection is ultimately the responsibility of the Metabolic and Bariatric Surgery (MBS) Director working collaboratively with the Metabolic and Bariatric Surgical Clinical Reviewers (MBSCRs), the physician offices, and institutional departments to ensure accurate short and long-term results. Data is collected at 30 days, six months, one year, and annually thereafter.

Case Exclusion Criteria

The following exclusion criteria were applied to cases collected in 2022. For the current inclusion/exclusion criteria, please contact the MBSAQIP Clinical Support Team at clinicalsupport@mbsaqip.org.

Procedures which would not meet metabolic or bariatric inclusion criteria:

- Cancer cases: Any patient who is admitted to the hospital and has an included procedure to address cancer.
- Trauma cases: Any patient who is admitted to the hospital and has an included procedure to address a traumatic injury.
- Patient is under 5 years of age.
- Primary Procedure not performed by the reporting site.
- Multiple MBSAQIP assessed cases within 30 days: Any patient who had an MBSAQIP assessed procedure entered within the previous 30 days at the center, the additional metabolic or bariatric procedure performed within 30 days is only entered as a reoperation or intervention. Only one MBSAQIP procedure can be entered as a new case into the data registry per patient, per 30 days, for a center.
- Cases completed due to complication or occurrences from a prior metabolic and bariatric procedure (with the exception of GERD). For example, cases in which a portion of the metabolic and bariatric procedure was revised, or the metabolic and bariatric procedure was converted due to ulcer, perforation, stricture, nausea, vomiting, or excessive weight gain.

6. Data Limitations

While every effort has been made to make the PUF as complete as possible, the data do have certain limitations. Some of these limitations have been deliberately introduced to safeguard the privacy of patients (such as removal of absolute dates). The following items represent the most salient limitations of the data:

- While the sex and race distributions are reasonably representative of the national surgery patient population, only patients over the age of 5 are available for assessment, so the age distribution is somewhat truncated. Patients under the age of 13 and over the age of 80 also have their ages de-identified in the PUF (age is set to missing with added indicator variables included to identify patients under the age of 13 and over the age of 80, respectively).
- In order to comply with HIPAA requirements, all absolute dates have been removed. The most critical of these is the date of surgery, which has been reduced to year of surgery only. Some dates (hospital entry, dates of laboratory tests, and so on) have been recoded into durations (e.g., Date of Admission and Date of Discharge are recoded into Days to Discharge from Hospital Admit).
- In order to comply with the Participation Agreement (PA) that is agreed to between the ACS and participating centers, facility identifiers as well as geographic information regarding the case have been removed. The PA stipulates that the ACS does not identify participating centers. Facility identification could be possible even with blinded identifiers through advanced statistics. A stipulation of access to the PUF is completion of the Data Use Agreement that strictly prohibits attempts to identify hospitals, health care providers, or patients.
- While many risk factors are tracked, preventative measures are not recorded which can lead to an underestimation of the risk of certain conditions when such measures are routinely taken before surgery.
- The data are submitted from centers that are participating in the MBSAQIP and do not represent a statistically valid nationally representative sample.
- Many patients do not receive all possible preoperative laboratory tests, so some of these variables have a high percentage of missing values. This high percentage of missing data can make it problematic to use these variables in traditional logistic regression models as well as in many other types of analysis.

This list may not include all data limitations and additional limitations may apply in future versions of the data.

7. Contact Information

All questions about the User Guide or PUF, as well as comments and suggestions for improvements are welcome and may be directed to Rasa Krapikas, MS, MBSAQIP Data Registry Manager, at rkrapikas@facs.org.

8. Frequently Asked Questions

Request Process

Q: Who has access to this file?

A: Any individual from an actively participating MBSAQIP center will be given access to the file following completion of the PUF Data Use Agreement and a short set of questions that are available on the website.

Q:

Q: Are revisional procedures included in the PUF?

A: Yes. All cases that meet inclusion criteria for creation as a “New Case” (see *Appendix B: Case Inclusion and Follow-up within the MBSAQIP Data Registry Operations Manual*) are included in the PUF.

Q: Does the PUF contain long-term (1 year, 2 year, 3 year, etc.) outcomes?

A: At this time the 2022 PUF only contains 30-day outcomes.

Q: How is the PUF different from the SAR?

A: The Main PUF is a raw, flat file of HIPAA-compliant variables captured within the data registry. The data have been cleaned (e.g., removal of invalid dates, truncation of variable bounds, etc.), but no analysis (e.g., risk adjustment, quality assessments, etc.) has been performed.

Q: Can we publish data from the PUF?

A: Yes. Please see the terms of the PUF Data Use Agreement within the PUF request portal.

Q: Can we publish data from the PUF individually or collaboratively?

A: Pursuant to the MBSAQIP PUF Data Use Agreement, centers will not grant access to or share the PUF either in its entirety or as a subset to any party who is not an employee of the participating center at which the Data Recipient is employed, and centers will not sublease or permit other parties to use the PUF without advance written approval of the ACS MBSAQIP.

Q: Are center identifiers included in the database?

A: At this time we do not provide any geographic or center-specific identification. We took this approach to ensure the privacy of both the participating MBSAQIP centers and surgeons.

Q: Are there surgeon-specific identifiers included in the database?

A: At this time we do not provide any surgeon-specific information. We took this approach to ensure the privacy of both the participating centers and surgeons.

Q: Why does the PUF exclude specific dates?

A: In order to release the PUF, certain adjustments to the data are required to ensure proper protection of patient information. To meet these requirements, we remove all elements of dates (except year of operation) for dates directly related to an individual.

Q: I am the MBS Director from a center that has records in the PUF and would like to know which specific records are ours.

A: At this time we do not provide center identification of any cases in the PUF, even self-identification.

Q: Are other PUF data sets available?

A: Yes, the first MBSAQIP PUF was released for 2015 data. Subsequent PUFs have been

Q: Do you provide training on how to use these file formats?

A: MBSAQIP does not provide training, instruction, or guidance in the use of statistical

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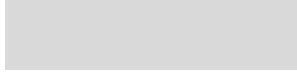
Variable Name	Variable Type	Description	Variable Name	Length	Values	Notes
CASEID	Num	Case Identification Number				Each case or record in the database has a unique CaseID number.
SEX	Char	Sex	Variable Name: Sex	2	Male; Female; Non-binary	
AGE	Num	Age (years)	Variable Name: Date of Birth	1		Values capped between 13 and 80
ageLT13	Char	Age Less Than 13 Years	Indicator for patients with recorded age less than 13	1	Yes; No	
ageGT80	Char	Age Greater Than 80 Years	Indicator for patients with recorded age greater than 80	1	Yes; No	
			Variable Name: Other Procedures		White Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Asian Some Other Race Unknown/Not Reportec	Any additional CPT@ code. If none entered field will be 'NULL'.
HISPANIC	Char	Hispanic Ethnicity	Variable Name: Hispanic Ethnicity	4	Yes; No; Unknown	
PROCEDURE_TYPE	Char	Procedure Type	Variable Name: Procedure Type	5	Conversion; Initial; Revision	Please refer to the Case Exclusion Criteria section in the accompanying User Guide for procedure types and cases eligible for inclusion in these data files.
CPT	Char	Primary Procedure CPT	Variable Name: Primary Procedure	8	CPT@ codes	
CPT_DESCR	Char	Primary Procedure CPT Description	Variable Name: Primary Procedure	6		
INIT_PROC_DESC	Char	Initial Procedure Description	Variable Name: Initial Procedure Description	7	See "Variable Name: Initial Procedure Description" "Options" List on page 7 of Variables and Definitions	Required if 43659 or 43999 is entered for the Primary Procedure CPT@. If PROCEDURE_TYPE not = 'Initial', then this field will be missing.
CONV_PREV_PROC	Char	Conversion Previous Procedure	Variable Name: Conversions Previous Procedure Variable Name: Concurrent Procedures	8	See "Variable Name: Conversions Previous Procedure" "Options" List on page 8 of Variables and Definitions	Field is multi-select. Selections are separated by " - ". If PROCEDURE_TYPE not = 'Conversion', then this field will be missing.
CONV_CURR_PROC	Char	Conversion Current Primary Procedure	Variable Name: Conversions Current Primary Procedure	9	See "Variable Name: Conversions Current Primary Procedure" "Options" List on page 9 of Variables and Definitions	If PROCEDURE_TYPE not = 'Conversion', then this field will be missing.
REV_PROC	Char	Revision Procedure Type	Variable Name: Revisions Procedure Type	10	See "Variable Name: Revisions Procedure Type" "Options" List on page 10 of Variables and Definitions	If PROCEDURE_TYPE not = 'Revision', then this field will be missing.
REV_CONV_EMERGCASE	Char	Revision/Conversion Emergency Case	Variable Name: Emergency Case	11	Yes; No	If PROCEDURE_TYPE = 'Initial', this field will be missing.
REV_CONV_FININDIC	Char	Revision/Conversion Final Indication	Variable Name: Final Indication	12	See "Variable Name: Final Indication" "Options" List on page 12 of Variables and Definitions	If PROCEDURE_TYPE = 'Initial', this field will be missing.
OTHcpt1	Char	Other CPT 1	Variable Name: Hospital Discharge Destination	18		
OTHcpt2	Char	Other CPT 2				
OTHcpt3	Char	Other CPT 3				
OTHcpt4	Char	Other CPT 4				
OTHcpt5	Char	Other CPT 5				
OTHcpt6	Char	Other CPT 6				
OTHcpt7	Char	Other CPT 7				
OTHcpt8	Char	Other CPT 8				
OTHcpt9	Char	Other CPT 9				
OTHcpt10	Char	Other CPT 10				
CONCPT1	Char	Concurrent CPT 1	Variable Name: Medical Specialist	19		
CONCPT2	Char	Concurrent CPT 2				
CONCPT3	Char	Concurrent CPT 3				
CONCPT4	Char	Concurrent CPT 4				
CONCPT5	Char	Concurrent CPT 5				
CONCPT6	Char	Concurrent CPT 6				
CONCPT7	Char	Concurrent CPT 7				
CONCPT8	Char	Concurrent CPT 8				
CONCPT9	Char	Concurrent CPT 9				
CONCPT10	Char	Concurrent CPT 10				
WGT_HIGH_BAR	Num	Highest Pre-Op Weight recorded	Variable Name: Highest Recorded Weight	21		
WGT_HIGH_UNIT_BAR	Char	Highest Pre-Op Weight recorded Unit	Variable Name: Highest Recorded Weight	21	kg; lbs	
BMI_HIGH_BAR	Num	Highest Recorded Pre-Op BMI	Calculated from highest recorded pre-op weight and height	20, 21		Values capped between 15 and 150.
WGT_CLOSEST	Num	Pre-Op Weight closest to bariatric surgery	Variable Name: Weight Closest to Procedure	22		
WGTUNIT_CLOSEST	Char	Pre-Op Weight closest to bariatric surgery Unit	Variable Name: Weight Closest to Procedure	22	kg; lbs	
BMI	Num	Pre-Op BMI closest to bariatric surgery	Calculated from pre-op weight closest to procedure and height	20, 22		Values capped between 15 and 150.
MBSAQIP_RISK_CALC	Char	MBSAQIP Risk Calculator Used	Variable Name: Risk Calculator Used	23		

MBSAQIP_SUBST_SCRN	Char	Substance Abuse Screening Completed	Variable Name: Substance Abuse Screening Completed	24	Independent	
					Partially dependent	
					Totally dependent	
					Unknown	
SMOKER	Char	Current smoker within one year	Variable Name: Current Smoker	26	Yes; No	
					Yes, insulin	
					Yes, non-insulin	
					No	
IMMUNOSUPR_THER	Char	Pre-Op Steroid/Immunosuppressant Use for Chronic Condition	Variable Name: Immunosuppressive Therapy	28	Yes; No	
PREOP_COVID	Char	Preop COVID-19 Diagnosis	Variable Name: Preop COVID-19 Diagnosis	33	Yes, lab-confirmed diagnosis (or ICD-10 code U07.1); Yes, suspected diagnosis (or ICD-10 code U07.2); No	
COPD	Char	Pre-Op history of COPD	Variable Name: History of Severe COPD	35	Yes; No	
HISTORY_PE	Char	History of PE	Variable Name: History of Pulmonary Embolism	36	Yes; No	
SLEEP_APNEA	Char	Pre-Op Sleep Apnea	Variable Name: Sleep Apnea	37	Yes; No	
GERD	Char	Pre-Op GERD	Variable Name: GERD	38	Yes; No	
PREVIOUS_SURGERY	Char	Previous Foregut Surgery	Variable Name: Previous Foregut Surgery	39	Yes; No	
MI_ALL_HISTORY	Char	History of MI	Variable Name: History of Myocardial Infarction	40	Yes; No	
PTC	Char	Previous PCI/PTCA	Variable Name: Previous PCI/PTCA	41	Yes; No	
PCARD	Char	Previous Cardiac Surgery	Variable Name: Previous Cardiac Surgery	42	Yes; No	
VENT_DEVICE	Char	Ventricular Assist Device	Variable Name: Ventricular Assist Device	43	Yes; No	
HYPERTENSION	Char	Pre-Op Hypertension	Variable Name: Hypertension	44	Yes; No	
					0	
					1	
					2	
					3 or more	
HYPERLIPIDEMIA	Char	Pre-Op Hyperlipidemia	Variable Name: Hyperlipidemia	46	Yes; No	
HISTORY_DVT	Char	Pre-Op Venous Thrombosis Requiring Therapy	Variable Name: Preop Venous Thrombosis Requiring Therapy	47	Yes; No	
THERAPEUTIC_ANTICOAGULATION	Char	Pre-Op Therapeutic Anticoagulation	Variable Name: Therapeutic Anticoagulation	48	Yes; No	
VENOUS_STASIS	Char	Pre-Op Venous Stasis	Variable Name: Venous Stasis	50	Yes; No	
IVC_FILTER	Char	Pre-Op IVC Filter	Variable Name: IVC Filter	51	Yes; No	
					IVC filter placed in anticipation of the metabolic or bariatric procedure	
					IVC filter was preexisting	
					Unknown	
DIALYSIS	Char	Pre-Op Requiring or on dialysis	Variable Name: Currently Requiring/On Dialysis	52	Yes; No	
RENAL_INSUFFICIENCY	Char	Pre-Op Renal Insufficiency	Variable Name: Renal Insufficiency	53	Yes; No	
ALBUMIN	Num	Pre-Op Albumin Lab Value (g/dL)	Variable Name: Preoperative Lab Value Information	54		Values capped between 1 and 10.
DPRALBUM	Num	Days from Albumin Pre-Op Labs to Operation	Days from pre-operative Albumin to initial bariatric surgery operation date	54		Values capped between 0 and 180.
CREATININE	Num	Pre-Op Creatinine Lab Value (mg/dL)	Variable Name: Preoperative Lab Value Information	54		Values capped between 0.1 and 15.
DPRCREAT	Num	Days from Creatinine Pre-Op Labs to Operation	Days from pre-operative Creatinine to initial bariatric surgery operation date	54		Values capped between 0 and 180.
HCT	Num	Pre-Op Hematocrit Lab Value (%)	Variable Name: Preoperative Lab Value Information	54		Values capped between 8 and 60.
DPRHCT	Num	Days from Hematocrit Pre-Op Labs to Operation	Days from pre-operative Hematocrit to initial bariatric surgery operation date	54		Values capped between 0 and 180.
HEMO	Num	Pre-Op Hemoglobin A1c Value	Variable Name: Preoperative Lab Value Information	54		Values capped between 4 and 20.
DPRHEMO	Num	Days from Hemoglobin A1c Pre-Op Labs to Operation	Days from pre-operative Hemoglobin A1c to initial bariatric surgery operation date	54		Values capped between 0 and 180.
					ASA I - Normal/Healthy	
					ASA II - Mild systemic disease	
					ASA III - Severe systemic disease	
					ASA IV - Severe systemic disease threat to life	
					ASA V - Moribund	
					None assigned	
					General	
					Monitored anesthesia care/IV Sedation	
					None	
					Other	
					Local	
					Absorbable	
					Adjustable	
					Air-filled	
					Fluid-filled	

POSTOPANASTLSLEAK	Char	Post-Op Anastomotic/Staple Line Leak	Variable Name: Anastomotic/Staple Line Leak	75	Yes; No	Post-op Organ/Space SSI occurrence must be assigned in order to assign Anastomotic/Staple Line Leak.
WOUNDDISRUPTION	Char	Post-Op Wound Disruption	Variable Name: Wound Disruption	76	Yes; No	
POSTOPPNEUMONIA	Char	Post-Op Pneumonia	Variable Name: Pneumonia	77	Yes; No	
PNAPATOS	Char	Pneumonia PATOS	Variable Name: Pneumonia – PATOS	80	Yes; No	
UNPLINTUBATION	Char	Post-Op Unplanned Intubation	Variable Name: Unplanned Intubation	81	Yes; No	
PULMONARYEMBOLSM	Char	Post-Op Pulmonary Embolism	Variable Name: Pulmonary Embolism	83	Yes; No	
POSTOPVENTILATOR	Char	Post-Op On Ventilator > 48 hours	Variable Name: On Ventilator > 48 Hours	84	Yes; No	
VENTPATOS	Char	On Ventilator > 48 hours PATOS	Variable Name: On Ventilator > 48 Hours – PATOS	85	Yes; No	
PROGRSRENALINSUF	Char	Progressive Renal Insufficiency	Variable Name: Progressive Renal Insufficiency/Acute Renal Failure Requiring Dialysis	86	Yes; No	
ACTERENALFAILURE	Char	Acute Renal Failure	Variable Name: Progressive Renal Insufficiency/Acute Renal Failure Requiring Dialysis	86	Yes; No	
POSTOPUTI	Char	Post-Op Urinary Tract Infection	Variable Name: Urinary Tract Infection	87	Yes; No	
UTIPATOS	Char	Urinary Tract Infection PATOS	Variable Name: UTI – PATOS	89	Yes; No	
CVA	Char	Post-Op Stroke/CVA	Variable Name: Stroke/CVA	90	Yes; No	
CARDIACARRESTCPR	Char	Intra-Op or Post-Op Cardiac Arrest Requiring CPR	Variable Name: Cardiac Arrest Requiring CPR	91	Yes; No	
MYOCARDIALINFR	Char	Intra-Op or Post-Op Myocardial Infarction	Variable Name: Myocardial Infarction	92	Yes; No	
TRANSFINTOPPSTOP	Char	Transfusion Intra-Op/Post-Op (72h of surgery start time)	Variable Name: Blood Transfusion	95	Yes; No	
BLEEDING_UNITS	Num	Number of Blood Units Transfused	Variable Name: Blood Transfusion	95		
VEINTHROMBREQTER	Char	Post-Op Venous Thrombosis Requiring Therapy	Variable Name: Postop Venous Thrombosis Requiring Therapy	97	Yes; No	
CDIFF	Char	Clostridium difficile (C.diff) Colitis				

DTPOSTOPUTI	Num	Days from operation date to first recorded date of Urinary Tract Infection	Days to first recorded Urinary Tract Infection occurrence from initial bariatric surgery operation date	87	Values capped between 0 and 30. If POSTOPUTI = "No" then this variable will be missing.
DTWOUNDDISRUPTION	Num	Days from operation date to first recorded date of Wound Disruption	Days to first recorded Wound Disruption occurrence from initial bariatric surgery operation date	76	Values capped between 0 and 30. If WOUNDDISRUPTION = "No" then this variable will be missing.
DTUNPLINTUBATION	Num	Days from operation date to first recorded date of Unplanned Intubation	Days to first recorded Unplanned Intubation occurrence from initial bariatric surgery operation date	81	Values capped between 0 and 30. If UNPLINTUBATION = "No" then this variable will be missing.
DTPULMONARYEMBOLSM	Num	Days from operation date to first recorded date of Pulmonary Embolism	Days to first recorded Pulmonary Embolism occurrence from initial bariatric surgery operation date	83	Values capped between 0 and 30. If PULMONARYEMBOLSM = "No" then this variable will be missing.
DTPROGRSRENALINSUF	Num	Days from operation date to Progressive Renal Insufficiency	Days to Progressive Renal Insufficiency occurrence from initial bariatric surgery operation date	85	Values capped between 0 and 30. If PROGRSRENALINSUF = "No" then this variable will be missing.
DTACTERENALFAILURE	Num	Days from operation date to Acute Renal Failure	Days to Acute Renal Failure occurrence from initial bariatric surgery operation date	85	Values capped between 0 and 30. If ACTERENALFAILURE = "No" then this variable will be missing.
DTCVA	Num	Days from operation date to first recorded date of Stroke/CVA	Days to first recorded Stroke/CVA occurrence from initial bariatric surgery operation date	90	

CASEID



CASEID

Num

Case Identification Number



READ_HOSPITAL

Char

Readmission Occurred at Reporting Center

Variable Name: Readmission

117

Yes; No

READ_UNPLANNED

Char

Unplanned Readmission

Variable Name: Unplanned
Readmission

Each case or record
in the database has
a unique CaseID
number.

CASEID	Num	Case Identification Number			
INTV_CENTER	Char	Intervention Performed at Reporting Site	Variable Name: Performed at Your Site	120	Yes; No
INTV_WEIGHTLOSS_MNFUT	Char	Intervention To Maintain or for Future Weight Loss	Variable Name: To Maintain or for Future Weight Loss	121	Yes; No
INTV_UNPLANNED_BAR					

Each case or record in the database has a unique CaseID number.

