

## SUPPLEMENTARY INFORMATION

### A Meta-Analysis of 80% Fraction of Inspired Oxygen on Surgical Site Infection in Patients Undergoing Surgery

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#### ABSTRACT

**Introduction:** WHO recommended the use of 80% FiO<sub>2</sub> in patients undergoing general anesthesia with endotracheal intubation (ETI) to prevent surgical site infection (SSI). However, the ongoing debate regarding efficacy and safety raises because further trials have been published. We conducted a review based on recommendations in terms of SSI as the primary outcome and adverse events as the secondary outcome in both patients with or without ETI.

**Methods:** A literature search was carried out by PubMed, ScienceDirect, and Google Scholar for RCTs in all-type surgical patients who administered 80% FiO<sub>2</sub> compared with 30–35% FiO<sub>2</sub>. Pooled relative risks with a 95% confidence interval were conducted for meta-analysis

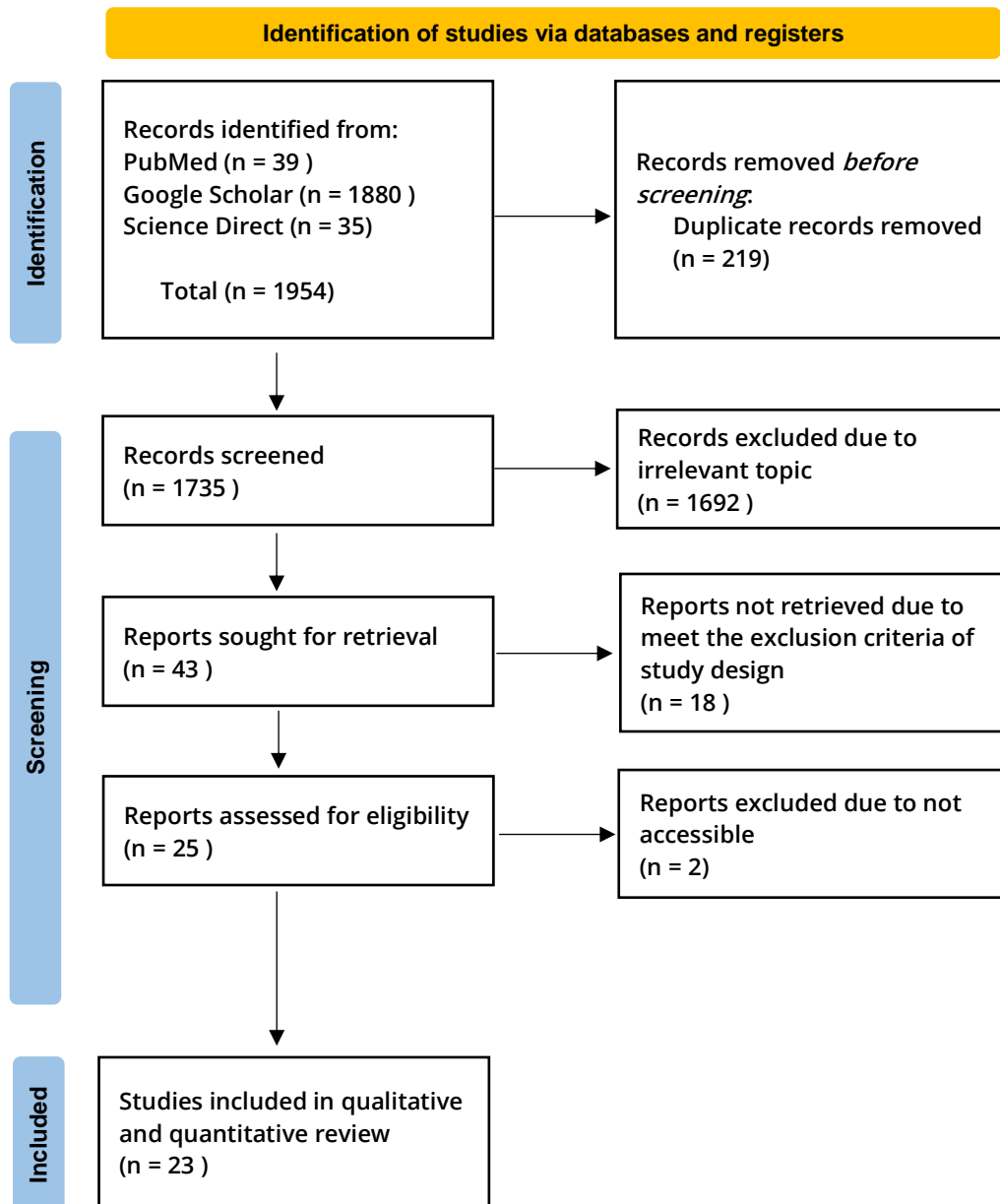
**Results:** Based on 23 RCTs included in the analysis, there were no significant differences in terms of SSI (RR,0.85; 95%CI, 0.72 to 1.01; p=0.07), sepsis (RR,1.47; 95%CI, 0.78 to 2.76; p=0.23), postoperative hospitalization days (PHD) (RR,0.16; 95%CI, -0.67 to 0.98; p=0.71), ICU admission (RR,0.94; 95%CI, 0.78 to 1.13; p=0.50), reoperation required (RR,0.78; 95%CI, 0.30 to 2.06; p=0.62), and 30-days mortality (RR,1.18; 95%CI, 0.76 to 1.84; p=0.45). In contrast, even though the subgroup analysis showed association that PHD longer in high FiO<sub>2</sub> group for colorectal surgery (RR,0.80; 95%CI, 0.24 to 1.35; p=0.005), the high FiO<sub>2</sub> significantly reduced SSI and anastomotic leakage in abdominal surgery (RR,0.78; 95%CI, 0.62 to 0.99; p=0.04 and RR,0.55; 95%CI, 0.36 to 0.85; p=0.008).

**Conclusion:** This meta-analysis provides evidence that administration of 80% FiO<sub>2</sub> even though association with longer of PHD in colorectal surgery, it is associated with a reduction in SSI and anastomotic leakage in patients who underwent abdominal surgery. It contrasts for sepsis, ICU admission, reoperation required, 30-day mortality, SSI, and PHD in all-type surgery.

**Keywords:** adverse events; meta-analysis; oxygen; SSI; surgery

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## PRISMA Flow Diagram



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### Characteristic of Included Studies Part I

Study	Sample Size	Type of surgery	Age		Duration of surgery		Intervention		Patients outcomes
			High FiO <sub>2</sub>	Low FiO <sub>2</sub>	High FiO <sub>2</sub>	Low FiO <sub>2</sub>	High FiO <sub>2</sub>	Low FiO <sub>2</sub>	
Greif et al, (2000) Austria	500	Elective open colorectal resection	57±15	57±15	3.1±1.4 (h)	3.1±1.4 (h)	80% O <sub>2</sub> with 20% N <sub>2</sub> O	30% O <sub>2</sub> with 70% N <sub>2</sub> O	SSI, POHD, ICU admission
Pryor et al, (2004) USA	160	Major abdominal surgery	54±16	57±15	233±83 (min)	208±91 (min)	80% O <sub>2</sub>	35% O <sub>2</sub>	SSI, POHD, ICU admission
Belda et al, (2005) Spain	291	Elective colorectal resection	64.2±1.8	62.3±1.2	161±62 (min)	159±61 (min)	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI, POHD, ICU admission
Mayzler et al, (2005) Israel	38	Elective colorectal surgery	67±10	69±9	140±40 (min)	135±40 (min)	80% O <sub>2</sub> with 20% N <sub>2</sub> O	30% O <sub>2</sub> with 70% N <sub>2</sub> O	SSI, anastomotic leakage
Myles et al, (2007) Multicenter	2012	Mixed surgeries	55.8±1.7	54.6±1.6	3.3±2.0 (h)	3.3±2.0 (h)	80% O <sub>2</sub> with 20% N <sub>2</sub> O	30% O <sub>2</sub> with 70% N <sub>2</sub> O	SS, ICU admission, 30-days mortality
Gardella et al, (2008) USA	143	Caesarean section	31 (19–46)	28 (16–47)	48 (26–87) (min)	52 (20–141) (min)	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI
Meyhoff et al, (2009) Denmark	1386	Acute or elective laparotomy	64 (27–85)	64 (34–84)	128 (38–310) (min)	132 (35–295) (min)	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI, ICU admission, anastomotic leakage, POHD, re 30-days mortality
	633	Colorectal surgery	NR	NR	NR	NR	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI
Bickel et al, (2011) Israel	210	Open appendectomy	28.5±12.3	27.6±1.8	33.04±10.6 (min)	32.75±10.3 (min)	80% O <sub>2</sub> with 20% air	30% O <sub>2</sub> with 70% N <sub>2</sub> O	SSI, POHD
Scifres et al, (2011) USA	585	Caesarean section	27.5±6.4	27.8±5.9	57.4±2.0 (min)	60.6±2.6 (min)	80% O <sub>2</sub>	25-35% O <sub>2</sub>	SSI
Thibon et al, (2012) France	434	Abdominal, gynecologic, breast (Mixed surgeries)	52.1±1.3	51.8±1.3	89±61 (min)	84±58 (min)	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI
Chen et al, (2013) Hong Kong	60	Open colorectal surgery	62±12	60±15	A/199±76 (min)	A/184±85 (min)	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI, POHD
Duggal et al, (2013) USA	831	Caesarean section	29.2±5.6	29.5±5.8	NR	NR	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI and/or endometritis
Schietroma et al, (2013) Italy	171	gastrectomy and subsequent esophagejejunal anastomosis	68.4 (51–84)	67.8 (48–82)	175 (100–250) (min)	180 (118–270) (min)	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI, anastomotic leakage, reoperation required
Stall et al (2013) USA	235	Open reduction and internal fixation	42.3±1.2	42.5±1.2	233±88 (min)	228±88 (min)	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI
William et al, (2013) USA	160	Caesarean section	24.6024	24.8961	51.2048 (min)	52.2467 (min)	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI
Kurz et al, (2015) Multicenter	586	Colorectal resection	54±16	51±17	3.5±1.5 (h)	3.5±1.8 (h)	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI, POHD, 30-days mortality

Wasnik et al, (2015) India	64	Open Appendectomy	27.15±10.46	28.56±12.22	61.87±10.6 (min)	61.4±12.5 (min)	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI, POHD
Fariba et al, (2016) Iran	122	Caesarean section	29.70±5.4	29.26±4.6	57.5±14.2 (min)	60±10.4 (min)	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI
Schietroma et al, (2016a) Italy	239	Open perforated peptic ulcer surgery	58.3 (35–80)	57.8 (30–82)	63.2 (38–104) min	58.7 (33–102) min	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI
Schietroma et al, (2016b) Italy	85	Open colorectal resection	71.4 (55–92)	68.6 (49–86)	200 (95–410) min	195 (100–385) min	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI, anastomotic leakage, reoperation required
Mayank et al, (2019) India	94	Elective colorectal surgery	57.02±12.94	53.36±14.45	233.51±87.65 (min)	207.66±103.53 (min)	80% O <sub>2</sub> with 20% N <sub>2</sub> O	33% O <sub>2</sub> with 66% N <sub>2</sub> O	SSI, POHD, anastomotic leakage
Ferrando et al, (2020) Multicenter	740	Abdominal surgery	64.2±12.8	63.9±13.9	214.2±93.3 (min)	209.2±89.7 (min)	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI, POHD, 30-days mortality
Xue-Fei Li et al, (2020) China	251	Abdominal surgery	54±14	53±13	190 (154–245) min	200 (146–258) min	80% O <sub>2</sub>	30% O <sub>2</sub>	SSI, sepsis, ICU admission

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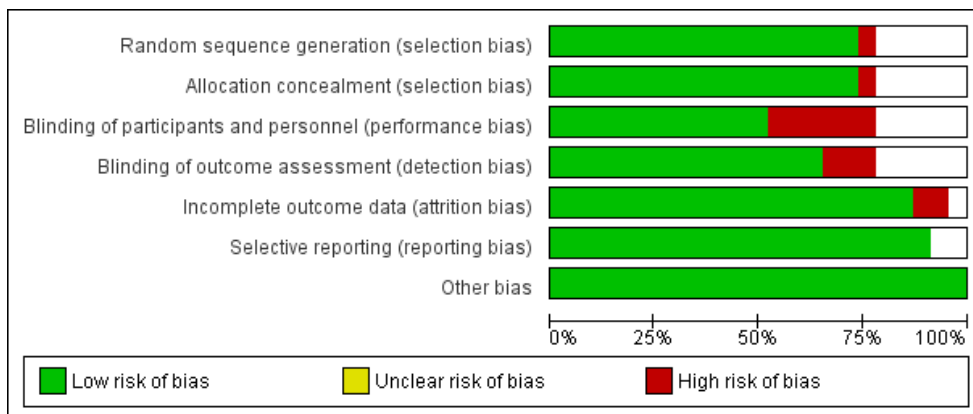
### Characteristic of Included Studies Part II

Study	Type of SSI Assessment	Type of anaesthesia	Post-operative oxygenation	Follow up for SSI Assessment	Bacterial culture
Greif et al, (2000) Austria	ASEPSIS scores	General	2 h by NRBM	15 days	<i>Escherichia coli</i> Enterococcus <i>Pseudomonas aeruginosa</i> <i>Staphylococcus aureus</i> <i>S. epidermidis</i> Enterobacter
Pryor et al, (2004) USA	NR	General	2 h by CN for low group and NRBM for high group	14 days	<i>Escherichia coli</i> <i>Bacteroides fragilis</i> Enterococcus faecalis Coagulase-negative staphylococcus No species identified
Belda et al, (2005) Spain	ASEPSIS scores and CDC criteria	General	6 h by NRBM	14 days	NR
Mayzler et al, (2005) Israel	NR	General	2 h by face mask	30 days	NR
Myles et al, (2007) Multicenter	NR	General	NR	30 days	NR
Gardella et al, (2008) USA	NR	Regional	2 h by NRBM	14 days	Group B streptococcus
Meyhoff et al, (2009) Denmark	ASEPSIS scores and CDC criteria	General	2 h by NRBM	14 days	NR
Bickel et al, (2011) Israel	ASEPSIS scores	General	2 h by CN for low group and NRBM for high group	14 days	NR
Scifres et al, (2011) USA	NR	Regional	2 h by CN for low group and NRBM for high group	28 days	Group B streptococcus
Thibon et al, (2012) France	CDC criteria	General	NR	30 days	<i>Staphylococcus aureus</i> coagulase-negative staphylococcal species <i>Pseudomonas aeruginosa</i> Gram-negative bacteria
Chen et al, (2013) Hong Kong	ASEPSIS scores and CDC criteria	General	24 h by facemask	30 days	NR
Duggal et al, (2013) USA	NR	Regional	1 h by facemask	14 days	NR
Schietroma et al, (2013) Italy	NR	General	6 h by facemask with reservoir	NR	NR
Stall et al (2013) USA	ASEPSIS scores and CDC criteria	General	2 h by CN for low group and NRBM for high group	12 weeks	NR
William et al, (2013) USA	CDC criteria	Regional	2 h by aerosol mask	6 weeks	NR
Kurz et al, (2015) Multicenter	CDC criteria	General	1 h by NRBM	30 days	NR
Wasnik et al, (2015) India	ASEPSIS scores	NR	2 h	10 days	NR
Fariba et al, (2016) Iran	ASEPSIS scores	Regional	6 h by normal mask for low group and venturi mask for high group	14 days	NR
Schietroma et al, (2016a) Italy	ASEPSIS scores and CDC criteria	General	6 h by NRBM with a reservoir	14 days	NR
Schietroma et al, (2016b) Italy	NNIS, SENIC scales, and ASEPSIS scores	General	6 h by NRBM	14 days	NR
Mayank et al, (2019) India	ASEPSIS score and CDC criteria	General	6 h by standard venturi mask for low group and NRBM venturi face mask for high group	48 h ssi	NR
Ferrando et al, (2020) Multicenter	CDC criteria	General and Regional	3 h by venturi mask for low group and NRBM with a reservoir for high group	30 days	NR
Xue-Fei Li et al, (2020) China	CDC criteria	General	NR	7 days	NR

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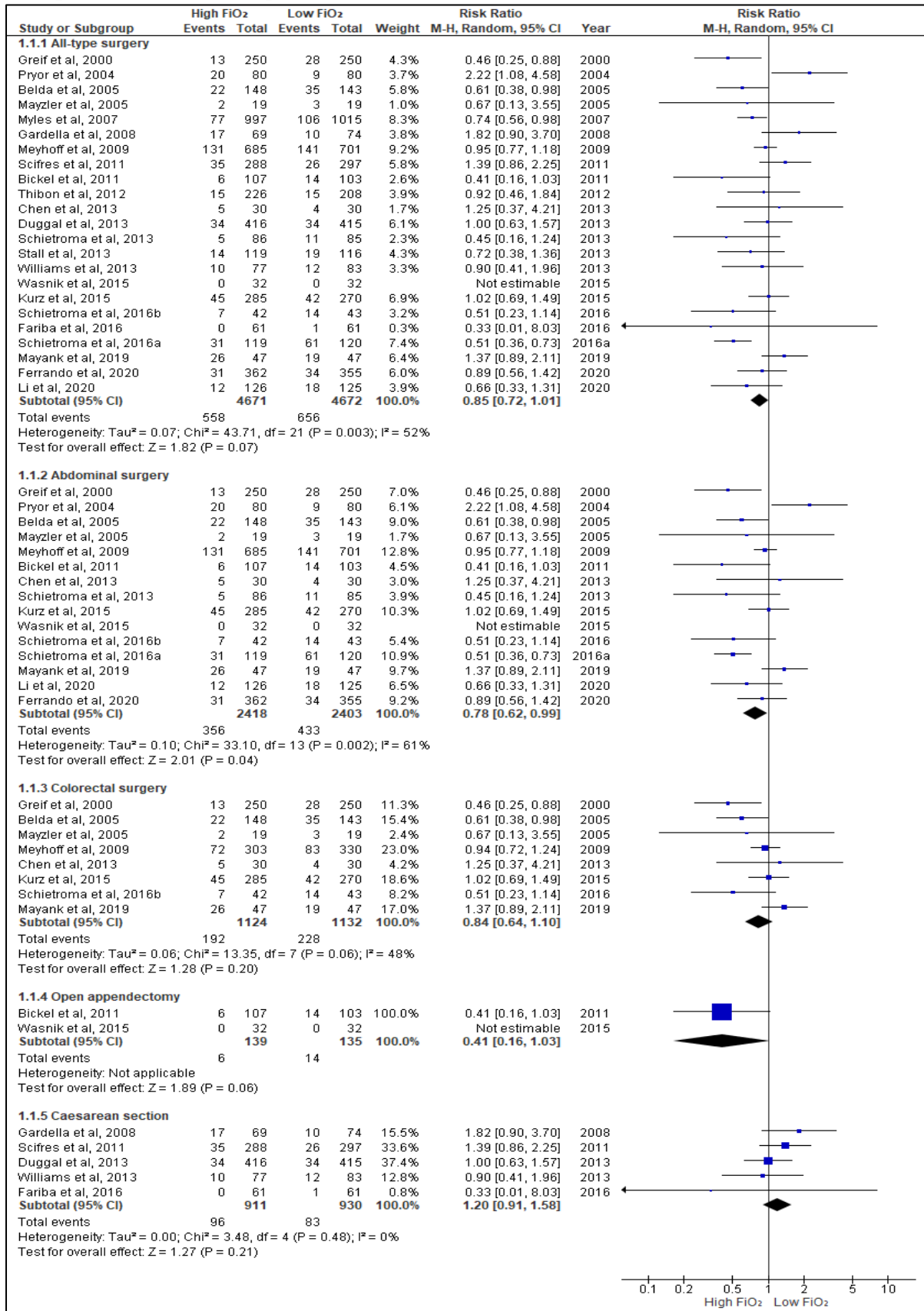
### Risk of Bias Assessment based on Risk of Bias 2 (RoB 2) Tools (Recommended by Cochrane Handbook for Systematic Review of Intervention)

	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Belda et al, 2005	●	●	●	●	●	●	●
Bickel et al, 2011	●	●	●	●	●	●	●
Chen et al, 2013	●	●	●	●	●	●	●
Duggal et al, 2013	●	●	●	●	●	●	●
Fariba et al, 2016	●	●	●	●	●	●	●
Ferrando et al, 2020	●	●	●	●	●	●	●
Gardella et al, 2008	●	●	●	●	●	●	●
Greif et al, 2000	●	●	●	●	●	●	●
Kurz et al, 2015	●	●	●	●	●	●	●
Li et al, 2020	●	●	●	●	●	●	●
Mayank et al, 2019	●	●	●	●	●	●	●
Mayzler et al, 2005	●	●	●	●	●	●	●
Meyhoff et al, 2009	●	●	●	●	●	●	●
Myles et al, 2007	●	●	●	●	●	●	●
Pryor et al, 2004	●	●	●	●	●	●	●
Schietroma et al, 2013	●	●	●	●	●	●	●
Schietroma et al, 2016a	●	●	●	●	●	●	●
Schietroma et al, 2016b	●	●	●	●	●	●	●
Scifres et al, 2011	●	●	●	●	●	●	●
Stall et al, 2013	●	●	●	●	●	●	●
Thibon et al, 2012	●	●	●	●	●	●	●
Wasnik et al, 2015	●	●	●	●	●	●	●
Williams et al, 2013	●	●	●	●	●	●	●

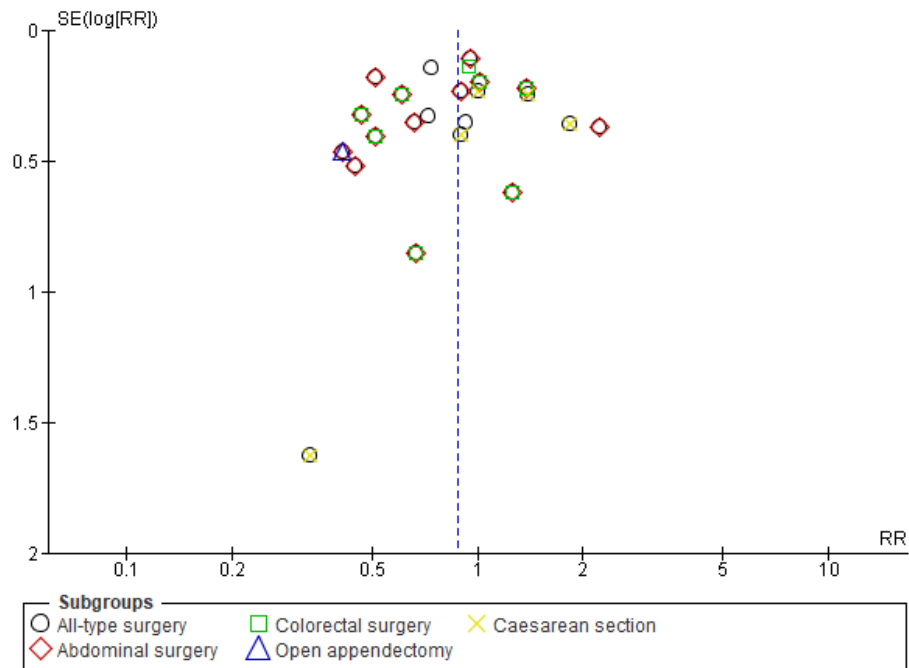


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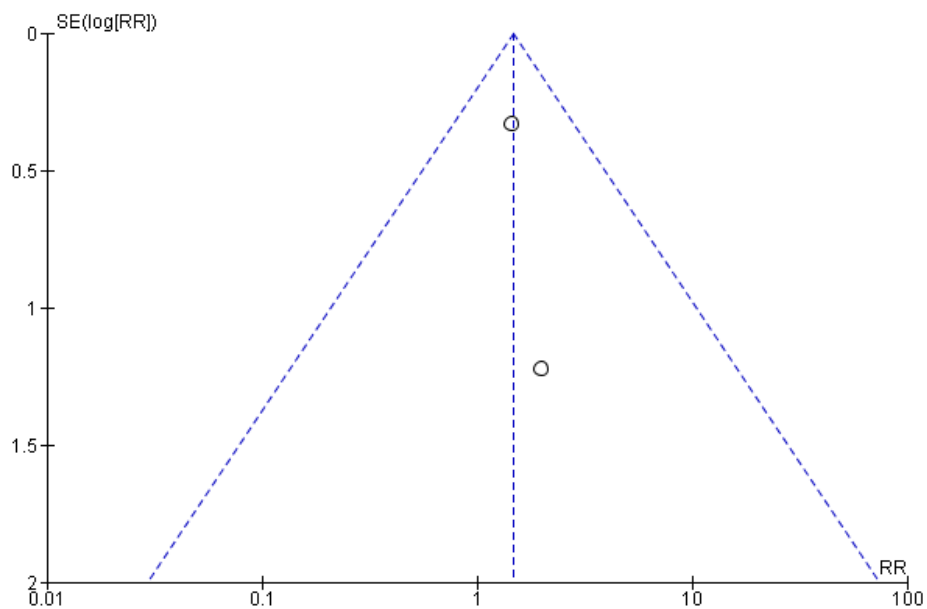
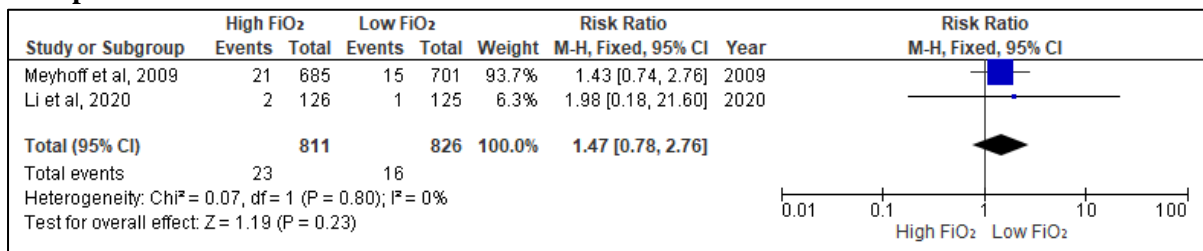
### Forest Plot and Funnel Plot for Incidence of Surgical Site Infection (SSI) between High FiO<sub>2</sub> Group and Low FiO<sub>2</sub> Group



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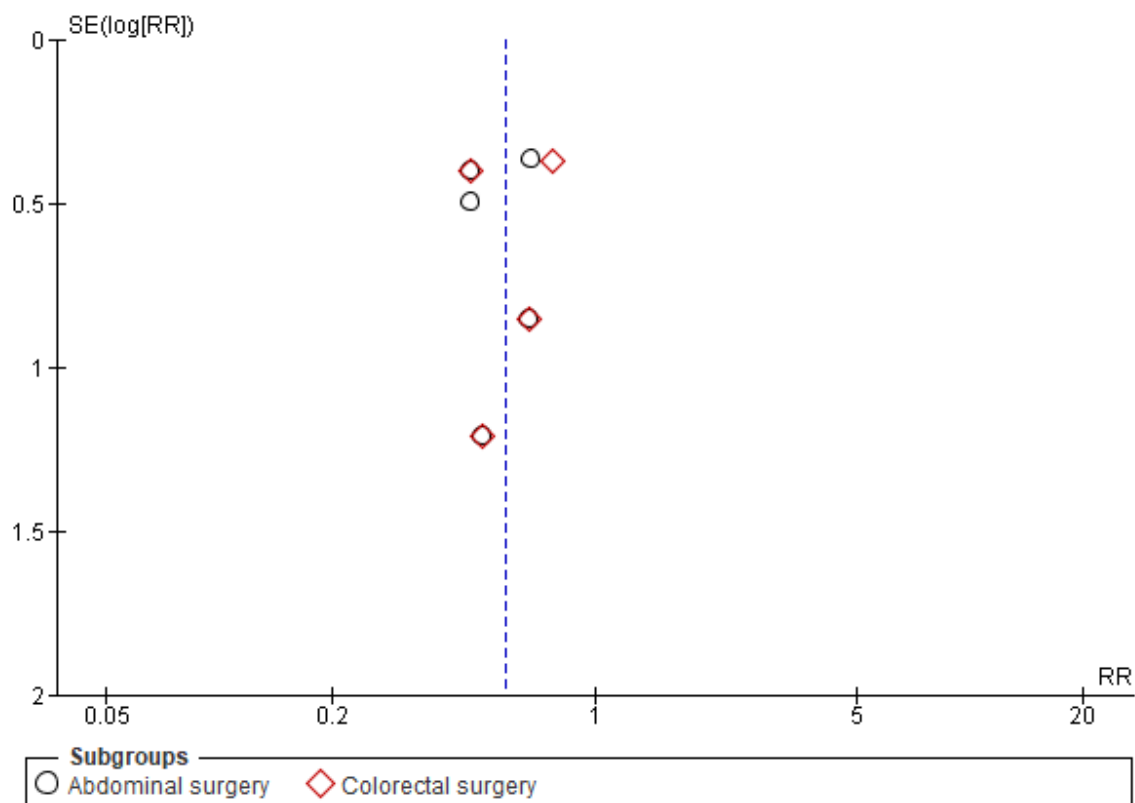
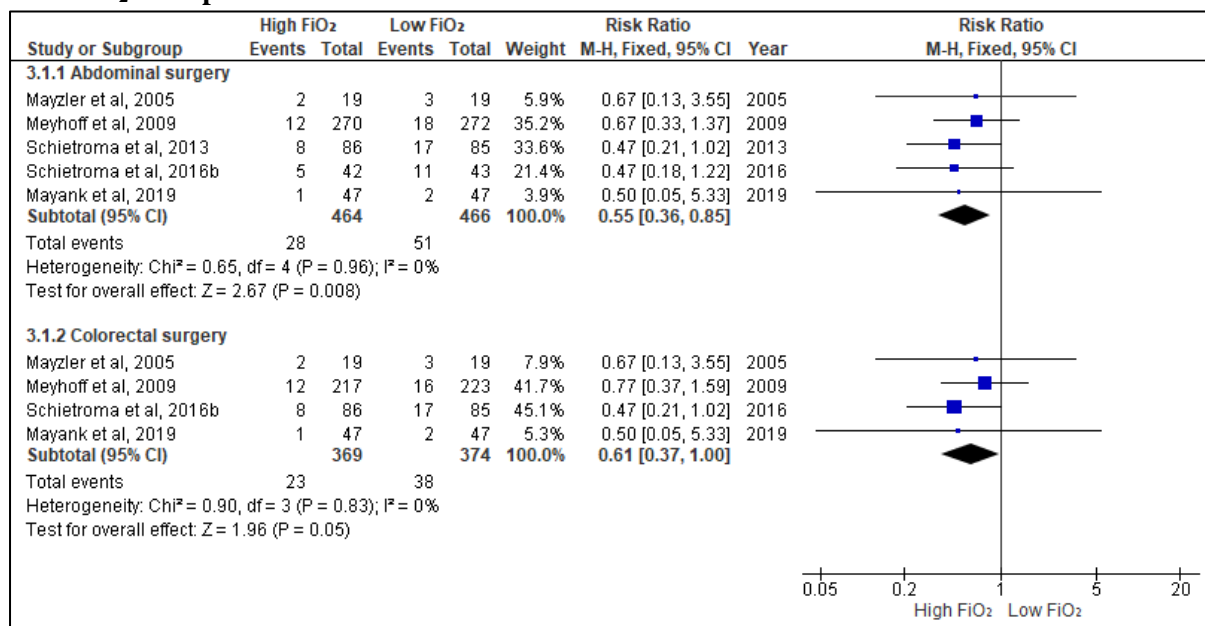


### Forest Plot and Funnel Plot for Incidence of Sepsis between High FiO<sub>2</sub> Group and Low FiO<sub>2</sub> Group



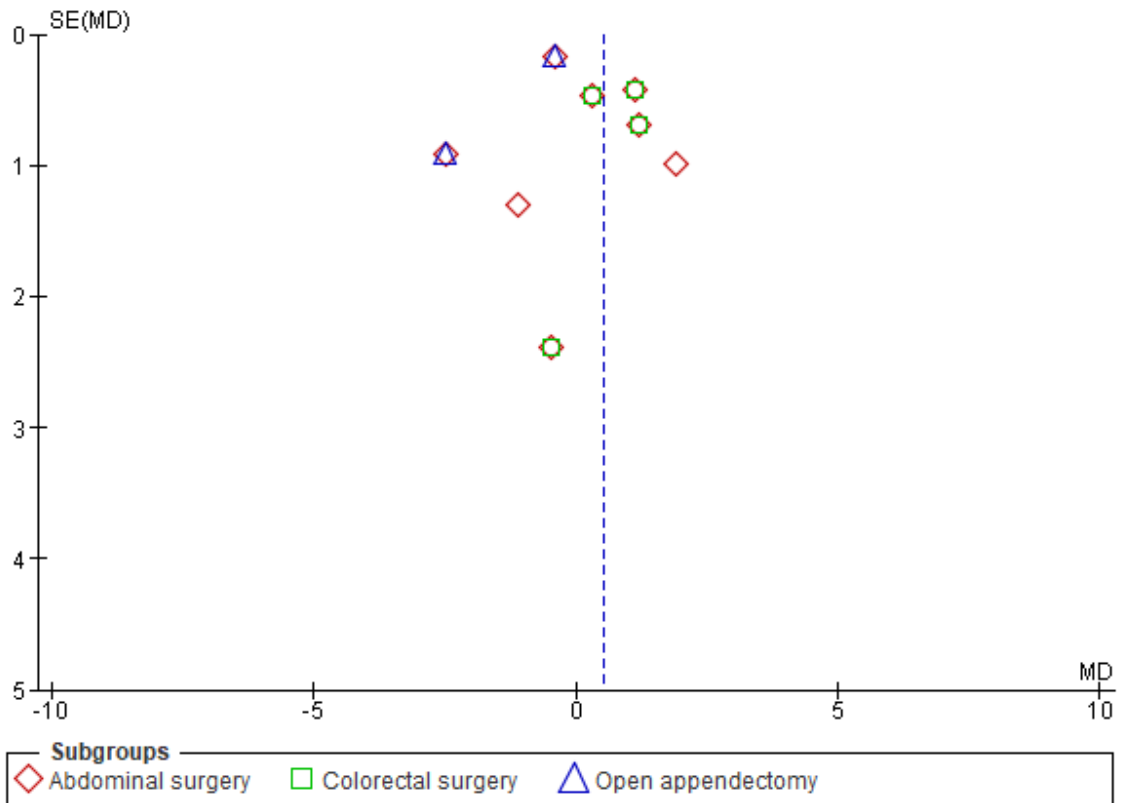
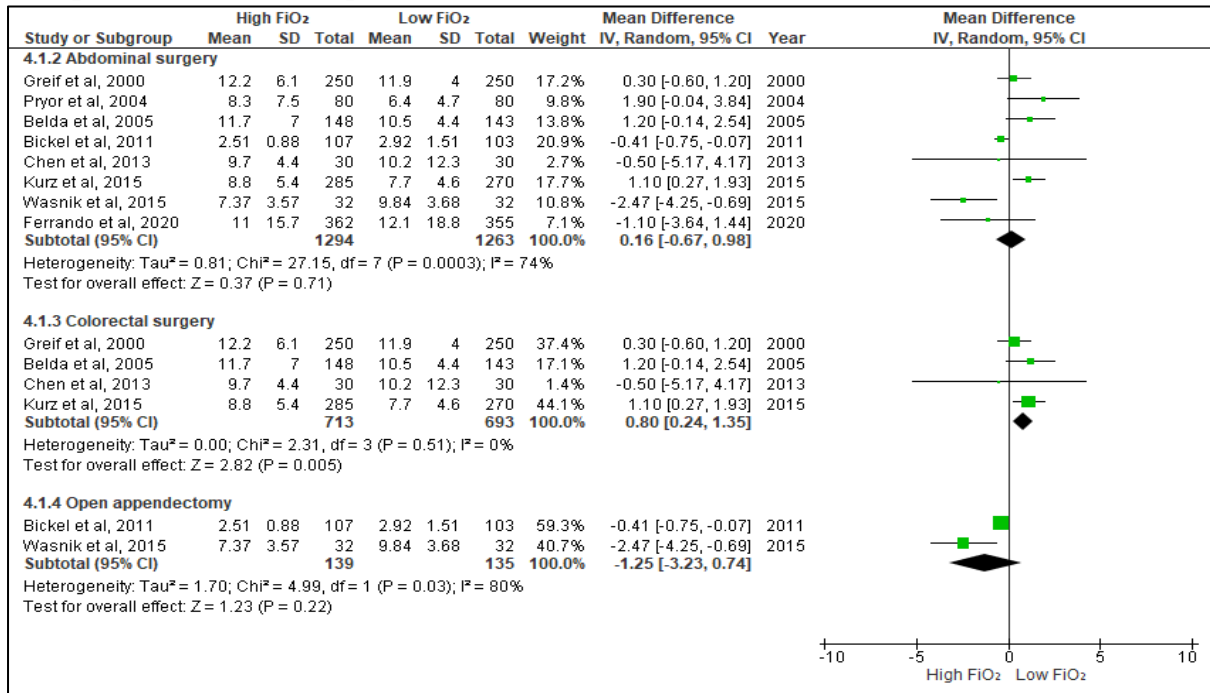
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### Forest Plot and Funnel Plot for Incidence of Anastomotic Leakage between High FiO<sub>2</sub> Group and Low FiO<sub>2</sub> Group



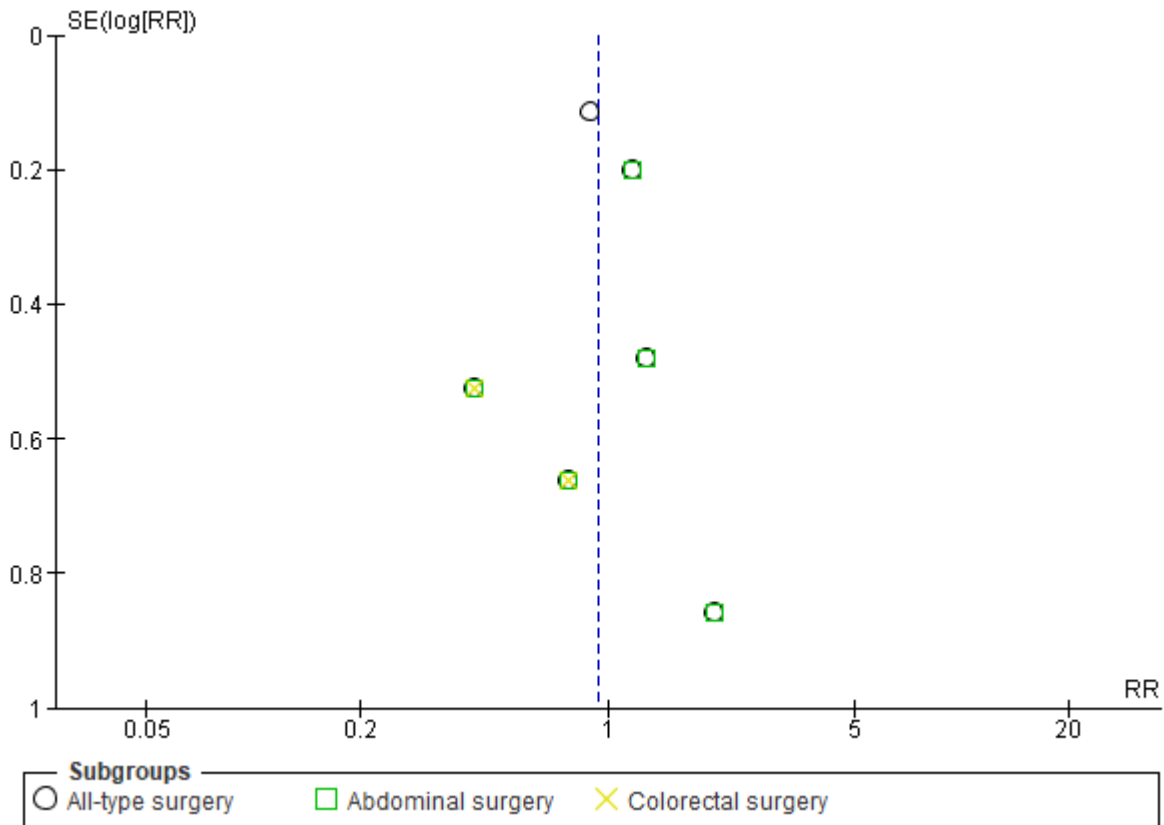
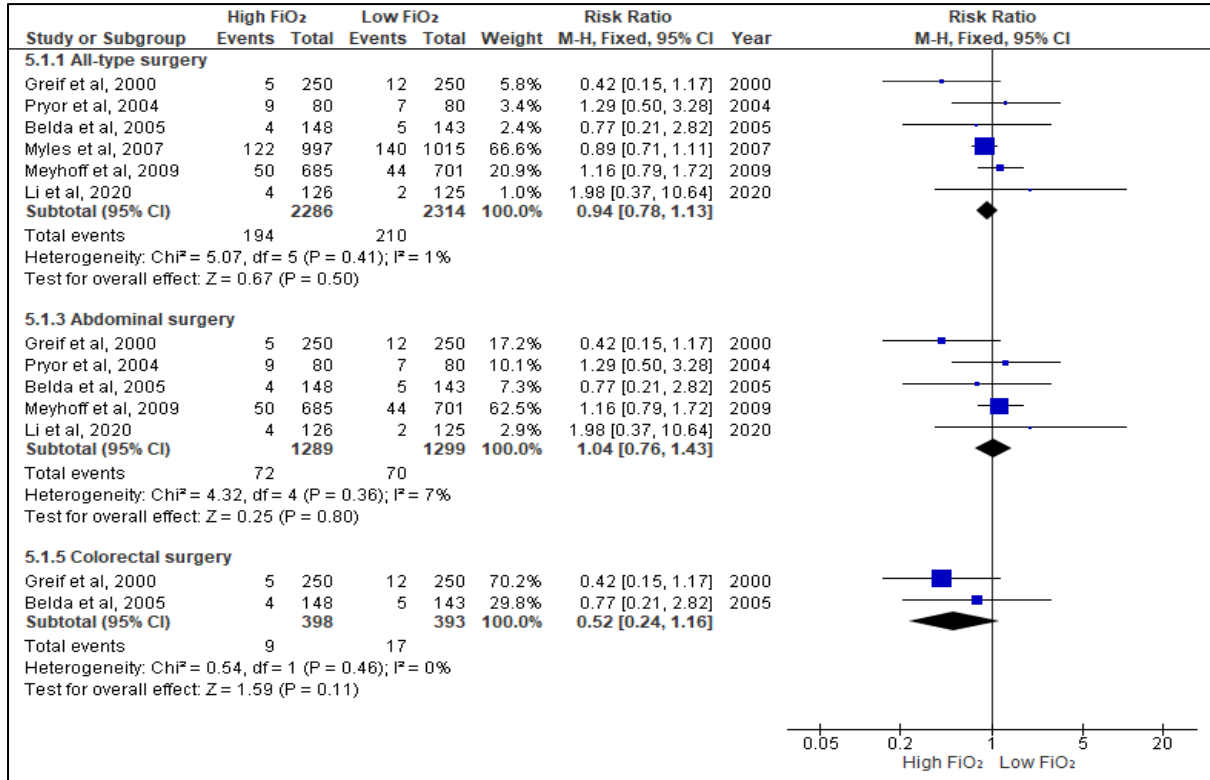
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### Forest Plot and Funnel Plot for Postoperative Hospitalization Days (PHD) between High FiO<sub>2</sub> Group and Low FiO<sub>2</sub> Group



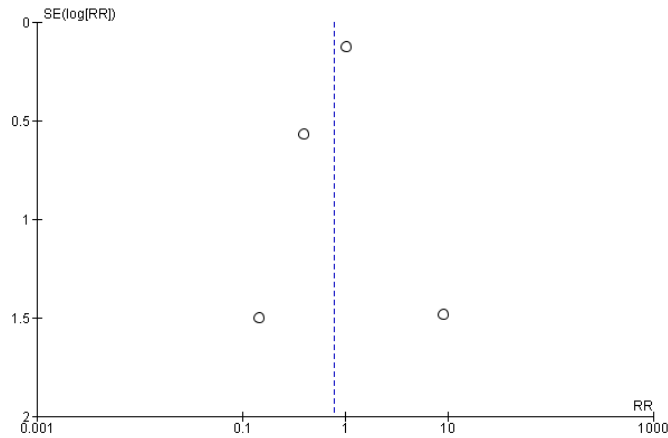
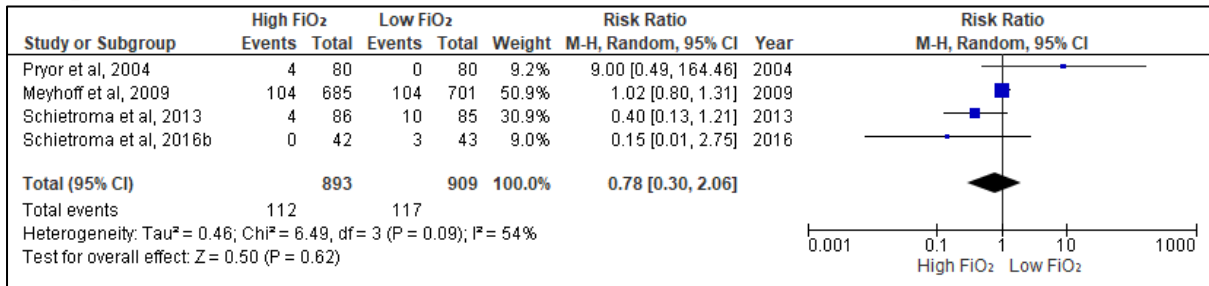
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### Forest Plot and Funnel Plot for ICU Admission between High FiO<sub>2</sub> Group and Low FiO<sub>2</sub> Group



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### Forest Plot and Funnel Plot for Reoperation Required between High FiO<sub>2</sub> Group and Low FiO<sub>2</sub> Group



### Forest Plot and Funnel Plot for Reoperation Required between High FiO<sub>2</sub> Group and Low FiO<sub>2</sub> Group

