**CONCLUSION:** More than half of VTE readmission are not captured by current 30-day benchmarking. One-in-three patients who develop VTE experience RtDH. Reducing VTE readmissions by just 1% would result in USD $10.7 million of yearly savings.

**Assessment of Diagnostic Value of Fluorescent Imaging-Guided Lymphadenectomy for Gastric Cancer: Pooled Analysis from Two Randomized, Controlled Trias Using Individual Patient Data**

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**INTRODUCTION:** Indocyanine green (ICG) fluorescent lymphography helps visualize the lymphatic drainage pattern in gastric cancer; however, it is unknown whether fluorescent lymphography visualizes all metastatic lymph nodes (LN). This study aimed to evaluate the sensitivity of fluorescent lymphography to detect metastatic LN station.

**METHODS:** Patients with clinical tumor stage T1-T4a, N0/+, M0 gastric cancer from 2 prospective trials (ClinicalTrials.gov Identifier: NCT03050879 and NCT04219332), between November 2018 and October 2020, were analyzed. Patients were injected with ICG by either intraoperative subserosal approach or submucosal approach 1 day before surgery and underwent ICG fluorescence imaging-guided lymphadenectomy. Stations and LNs were retrieved at the back-table using near-infrared imaging and classified as “fluorescent” or “non-fluorescent” and were later matched with histopathologic findings.

**RESULTS:** Among 385 patients who underwent ICG fluorescence imaging-guided lymphadenectomy, LN metastases were present in 221. The sensitivity of fluorescent lymphography in detecting all metastatic LN stations was 86.8% (591/681 stations). The negative predictive value was 92.2% for nonfluorescent stations. For detecting all metastatic stations, subgroup analysis revealed 97.7% sensitivity for pT1, 91.7% for pT2, 86.2% for pT3, and 84.3% for pT4a tumors. Regardless of whether distal gastrectomy or total gastrectomy was performed, for patients with cT1-cT2 disease, the diagnostic accuracy of detecting all metastatic stations in D1+ and D2 stations reached 100%.

**CONCLUSION:** Fluorescent lymphography-guided lymphadenectomy can be a useful method for radical lymphadenectomy by facilitating the complete dissection of all potentially positive LN stations. Fluorescent lymphography-guided lymphadenectomy appears to be a reasonable alternative to conventional systematic lymphadenectomy for gastric cancer.

**Clostridium Difficile Infection after Appendectomy: An Analysis of the NSQIP Database**

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**INTRODUCTION:** *Clostridium difficile* infection (CDI) can be a significant complication in surgical patients. The purpose of this study was to describe the incidence and impact on outcomes of CDI in adult patients after appendectomy.

**METHODS:** The American College of Surgeons National Surgical Quality Improvement Program dataset (ACS-NSQIP) was used to identify all patients with the primary procedure code of appendectomy between 2016-2018. Patient demographics and clinical characteristics were extracted from the database and descriptive statistics were performed. A multivariate logistic regression was created to identify predictors of CDI after appendectomy.

**RESULTS:** A total of 135,272 patients who underwent appendectomy were identified, and of those, 469 (0.35%) developed CDI. Patients with CDI were more likely to be older (51.23 vs 40.47 years; p<0.0001), female (p=0.0044), American Society of Anesthesiology (ASA) score >2 (p<0.0001), present with septic shock (p<0.0001), lack functional independence (p<0.0001). Patients with CDI were more likely to have increased operative time (62.9 vs 50.4 minutes; p<0.0001), have perforated appendicitis (p<0.0001), and open surgery (7.0% vs 4.0%; p=0.0006). Postoperatively, patients with CDI required a longer length of stay (4.8 vs 1.8 days; p<0.0001), had increased mortality (p<0.0001), and had higher incidences of postoperative abscess (p<0.0001), postoperative sepsis (p<0.0001) and readmission (p<0.0001). Older age (p<0.0001), female sex (p=0.0043), septic shock (p=0.0002), open surgery (p=0.037), and dirty wound class (p=0.0147) were all significant predictive factors of CDI after appendectomy.

**CONCLUSION:** CDI is an uncommon postoperative complication of appendectomy and is associated with worse outcomes and higher mortality. Older patients, female sex, those with sepsis, and those undergoing open surgery are at higher risk for developing CDI.

**Comparison of Submucosal and Subserosal Approaches Toward Optimized Indocyanine Green Tracer-Guided Laparoscopic Lymphadenectomy for Patients with Gastric Cancer: The Fuges-019 Randomized Clinical Trial**

**Qing Zhong, MD, Chang M Huang, MD, FACS, Qiyue Chen, MD**
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**INTRODUCTION:** Gastric cancer from 2 prospective trials (ClinicalTrials.gov Identifiers: NCT03050879 and NCT04219332), between November 2018 and October 2020, were analyzed. Patients were injected with ICG by either intraoperative subserosal approach or submucosal approach 1 day before surgery and underwent ICG fluorescence imaging-guided lymphadenectomy. Stations and LNs were retrieved at the back-table using near-infrared imaging and classified as “fluorescent” or “non-fluorescent” and were later matched with histopathologic findings.

**METHODS:** Among 385 patients who underwent ICG fluorescence imaging-guided lymphadenectomy, LN metastases were present in 221. The sensitivity of fluorescent lymphography in detecting all metastatic LN stations was 86.8% (591/681 stations). The negative predictive value was 92.2% for nonfluorescent stations. For detecting all metastatic stations, subgroup analysis revealed 97.7% sensitivity for pT1, 91.7% for pT2, 86.2% for pT3, and 84.3% for pT4a tumors. Regardless of whether distal gastrectomy or total gastrectomy was performed, for patients with cT1-cT2 disease, the diagnostic accuracy of detecting all metastatic stations in D1+ and D2 stations reached 100%.

**CONCLUSION:** Fluorescent lymphography-guided lymphadenectomy can be a useful method for radical lymphadenectomy by facilitating the complete dissection of all potentially positive LN stations. Fluorescent lymphography-guided lymphadenectomy appears to be a reasonable alternative to conventional systematic lymphadenectomy for gastric cancer.