Appendix 4: Secondary Outcomes

Cardiac Surgery. One study examined rates of infection post cardiac surgery. This study found that rates of post operative infection of any type as well as pneumonia were significantly increased in Indigenous patients and remained significant after adjustment for age, sex, body mass index, distance from centre, comorbidities (smoking, family history, diabetes, lipids, chronic kidney disease, dialysis, hypertension, pulmonary hypertension, cerebrovascular accident, chronic obstructive pulmonary disease, peripheral vascular disease, CHF, arrhythmia) ACS, previous cardiac procedure, functional status [CCS class, NYHA class] procedure type and urgency, and medications [angiotensin-converting enzyme inhibitors, b-blockers, acetylsalicylic acid, steroids, inotropic agents]. Any infection: adjusted OR 1.63, pneumonia: adjusted OR 2.24. Rates of major adverse events, defined as mortality, ACS, stroke, or need for dialysis, were similar between Indigenous and non-Indigenous (adjusted OR 1.00).

Renal Transplantation. One study assessed outcomes post kidney donation. Indigenous donors were significantly more likely to develop hypertension post kidney donation. After adjustment for donor age, sex, and follow-up time, adjusted OR 6.3, CI 1.8-22.1. Indigenous donors were also significantly more likely to develop diabetes. 19% of indigenous donors had diabetes compared to 2% of non-Indigenous donors (p=0.005). There was no significant difference in the age-adjusted estimated Glomerular Filtration Rate (determined by MDRD equation) between Indigenous and non-Indigenous donors (77 ml/min and 67 ml/min respectively, p=0.002). Among kidney transplant receptiends, one study found Indigenous recipients were more likely to experience graft failure, even
after adjustment for deceased donor (vs. living donor), Aboriginal (vs. Caucasian), donor age >45 years (vs. <45), DGF, recipient age, recipient gender, DM pretransplant, immunosuppressive era, maximum peak PRA, PTDM, HLA disparity and nonadherence post-transplant (HR 1.53, CI 1.20-1.95). Indigenous identity was not associated with an increased risk of death-censored graft survival.(3)

**Cholecystectomy.** One study of outcomes post cholecystectomy revealed that Indigenous patients were significantly more likely to be readmitted to hospital post cholecystectomy even after adjustment for age, sex, residence (rural vs urban), hospital type (rural vs urban, teaching vs non teaching), discharge diagnoses (multiple vs cholelithiasis alone), type of surgery (cholecystectomy plus other procedure vs cholecystectomy alone) (adjusted OR 1.46, CI 1.17-1.81). (4) Indigenous patients were also significantly more likely to have multiple readmissions. The indication, urgency, surgical approach and comorbidities was not mentioned or adjusted for. Rates of cholecystectomy are higher for Indigenous patients in the study, which is likely due to known increased rates of gall bladder disease in the Indigenous population.

**Diabetic Limb Amputation.** A questionnaire of patients following post lower extremity amputation associated with diabetes did not reveal an obvious difference in quality of life between Indigenous and non-Indigenous patients.(5) Both populations had an overall increase in disability and an overall decrease in their quality of life post amputation.

**References**


