Disclaimer

The FDA chose a specific outcome algorithm that met its need for a given medical product-outcome assessment. The use of a specific outcome algorithm in a Sentinel assessment should not be interpreted as an endorsement from FDA to use the algorithm for all safety assessments. Investigators should always consider the objective, study design, analytic approach, and data source of a given medical product safety assessment when choosing the outcome algorithm. The suitability of an outcome algorithm may change when applied to different scenarios. For additional information, please refer to the

Best Practices for Conducting and Reporting Pharmacoepidemiologic Safety Studies Using Electronic Healthcare Data guidance document provided by the FDA.

Overview

Title	Salpingectomy Algorithm Defined in "Gynecologic Surgery following Permanent Sterilization: A Propensity Score Matched Analysis"
Request ID	cdrh_mpl2r_wp001
Description	This report lists International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and Current Procedural Terminology, Fourth Edition (CPT-4) procedure codes and algorithms used to define salpingectomy in this request. For additional information about the algorithm and how it was defined relative to the cohort and exposures of interest in the inferential analysis, see the analysis page here: https://www.sentinelinitiative.org/assessments/devices-radiological-health/gynecologic-surgery-following-permanent-sterilization.
Outcome	Salpingectomy
Algorithm to Define Outcome	Evidence of an ICD-9-CM or CPT-4 procedure code used to define salpingectomy in any care setting in any diagnosis position.
Query Period	January 1, 2008 - September 30, 2015
Request Send Date	March 6, 2018

Glossary

Care Setting - type of medical encounter or facility where the exposure, event, or condition code was recorded. Possible care settings include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA). For laboratory results, possible care settings include: Emergency department (E), Home (H), Inpatient (I), Outpatient (O), or Unknown or missing (U)

Outcome - outcome of interest (either primary or secondary)

Principal Diagnosis (PDX) - diagnosis or condition established to be chiefly responsible for admission of the patient to the hospital. 'P' = principal diagnosis, 'S' = secondary diagnosis, 'X' = unspecified diagnosis, '.' = blank. Along with the Care Setting values, forms the Caresetting/PDX parameter.

Query Period - period in which the modular program looks for exposures and outcomes of interest

Request Send Date - date the request was sent to Sentinel Data Partners

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and Current Procedural Terminology, Fourth Edition (CPT-4) Procedure Codes Used to Define Salpingectomy in This Request

Code	Description	Code Type	Code Category
66.4	Total unilateral salpingectomy	ICD-9-CM	Procedure
66.51	Removal of both fallopian tubes at same operative episode	ICD-9-CM	Procedure
66.52	Removal of remaining fallopian tube	ICD-9-CM	Procedure
66.6	Other salpingectomy	ICD-9-CM	Procedure
66.63	Bilateral partial salpingectomy, not otherwise specified	ICD-9-CM	Procedure
66.69	Other partial salpingectomy	ICD-9-CM	Procedure
66.01	Salpingotomy	ICD-9-CM	Procedure
66.02	Salpingostomy	ICD-9-CM	Procedure
66.73	Salpingo-salpingostomy	ICD-9-CM	Procedure
66.74	Salpingo-uterostomy	ICD-9-CM	Procedure
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	CPT-4	Procedure
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	CPT-4	Procedure
58988	Laparoscopy, Surgical; With Removal Of Adnexal Structures (partial Or Total Oophorectomy And/or Salpingectomy)	CPT-4	Procedure