Supplementary Online Content


eAppendix. Definition of complications

This supplementary material has been provided by the authors to give readers additional information about their work.
eAppendix. Definition of complications

**Wound hemorrhage**: Local hematoma requiring evacuation.

**Deep hemorrhage**: Postoperative bleeding requiring reexploration.

**Gastrointestinal tract hemorrhage**: Postoperative gastrointestinal tract bleeding requiring endoscopic exploration.

**Chest infection**: Production of purulent sputum with cultures positive for bacteria, with or without changes on the chest radiograph, or pyrexia or consolidation on the chest radiograph.

**Urinary tract infection**: The presence of more than $10^5$ bacteria/mL with the presence of white blood cells in the urine in previously clear urine.

**Wound infection**: Wound cellulitis or the discharge of purulent exudate.

**Deep infection**: The presence of an intra-abdominal collection confirmed clinically or radiologically.

**Sepsis**: Blood culture positive for infection.

**Pyrexia of unknown origin**: Any temperature of greater than 37 °C for more than 24 hours occurring after the original postoperative pyrexia without clear origin.

**Wound dehiscence**: Superficial or deep wound breakdown.

**Cardiac failure**: Symptoms or signs of left ventricular or congestive cardiac failure that required an alteration from preoperative therapeutic measures.

**Renal failure**: An increase in blood urea nitrogen of more than 14 mg/dL (>5 mmol/L) from preoperative levels.

**Respiratory failure**: Respiratory difficulty requiring emergency ventilation.

**Rhabdomyolysis**: Acute renal failure plus an increase in blood creatine kinase levels to more than 5 times its normal level.

**Anastomotic stenosis**: Symptoms or signs of luminal narrowing after surgery confirmed endoscopically or radiologically.

**Anastomotic leak**: Discharge of bowel content via the drain, wound, or abnormal orifice.

**Deep venous thrombosis and pulmonary embolus**: Symptoms confirmed radiologically by venography or ventilation perfusion scanning or diagnosed post mortem.