Supplementary Online Content


**eMethods.** Guardian Questionnaire

This supplementary material has been provided by the authors to give readers additional information about their work.
eMethods. Guardian Questionnaire

1) During the first 14 days after surgery did your child have any evidence of bleeding from their mouth? ________
   
   1A) If no, skip to question #2

   1B) If yes, did the bleeding stop by itself, or did you seek medical help?

   1C) Where did you seek medical help (called the doctors office, primary care doctor, emergency room)?

2) Was your child seen by any medical provider during any of the 14 days after surgery?

   2A) If yes, where were they seen, and for what reason?

3) Was your child admitted to the hospital during any of the 14 days after surgery?

   3A) If yes, where were they admitted and for what reason?

4) Did your child have any additional surgeries during the 14 days after surgery?

   4A) If yes, what hospital and for what reason?