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 ºC 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.