27.1 **Has this patient had follow-up within 30 days?** *(tick all that apply)*
☐ No follow-up in 30 days, data collected from hospital record review ☐ Yes - In-person clinic follow-up
☐ Yes - Telephone or video call

27.2 **Only if:** *C 27.1 = in-person, telephone or video follow-up*
On what post-operative day did the patient return to normal activity? _____ (days)
(This could include work, care or community roles)
(If the patient has not returned to normal activity, please enter 99)

28.1 **30-day Clavien-Dindo grade** *(tick one)*
☐ Grade I ☐ Grade II ☐ Grade III a ☐ Grade III b ☐ Grade IV a ☐ Grade IV b ☐ Grade V ☐ No complications

28.2 **Only if:** *C 28.1 = any complication*
Which post-operative complication(s) did the patient have? *(tick all that apply)*
☐ Surgical site infection or fracture-related infection ☐ Deep organ space infection ☐ Pneumonia
☐ Unexpected ventilation ☐ Acute respiratory distress syndrome (ARDS) ☐ Pulmonary embolism
☐ Deep vein thrombosis ☐ Pulmonary aspiration or aspiration pneumonitis ☐ Urinary tract infection
☐ Central line infection ☐ Sepsis or septic shock ☐ Myocardial infarction ☐ New acute heart failure or clinically significant cardiac arrhythmia requiring treatment ☐ Stroke ☐ Postoperative haemorrhage requiring transfusion
☐ Anastomotic leak ☐ Acute kidney injury resulting in dialysis ☐ Wound dehiscence ☐ None of the above

29 **30-day reoperation** *(tick one)*
☐ No ☐ Yes, planned re-operation ☐ Yes, unplanned re-operation ☐ Yes, both planned and unplanned re-operations

30 **Post-operative length of stay (days)** _____ (days)
(Day 0 is the day of operation)

31 **Was the patient admitted to critical care postoperatively (high dependency unit or intensive care unit)?** *(tick all that apply)*
☐ No - not required ☐ No - planned to go to critical care but no bed available ☐ Yes - planned from theatre
☐ Yes - unplanned from theatre ☐ Yes - unplanned from ward

31.1 **Only if:** *C 31 = admitted to critical care*
On how many postoperative days, within 30 days of the operation, did the patient spend in a critical care unit?
_____ (days)
(Day 0 is the day of the operation)

32 **Did your patient have an enhanced recovery after surgery (ERAS) protocol or equivalent?** *(tick one)* ☐ No ☐ Yes

33 **Only if:** *A 10.1 = Malignant / pre-malignant*
Was histology performed? *(tick one)*
☐ Not performed ☐ No specimen ☐ Yes – benign ☐ Yes – malignant with R0 resection margin ☐ Yes – malignant with R1 resection margin ☐ Yes – malignant with R2 resection margin ☐ Yes – malignant but no resection margin provided

34 **On how many postoperative days, within 30 days of the operation, did the patient receive at least one dose of antibiotics** _____ (days)

35 **Did the patient have a wound swab sent for microbiology?** *(tick one)*
☐ No ☐ Yes, but no growth on any specimens ☐ Yes, growth on one or more specimens but organisms with no antimicrobial resistances ☐ Yes, growth of organisms in one or more specimens with antimicrobial resistance ☐ Yes, growth but no sensitivity performed or available

35.1 **Only if:** *C 35 = organism resistant to antibiotics*
Which organisms had resistance to antibiotics? *(tick all that apply)*
Enterobacterales
☐ Escherichia (e.g. E. coli) ☐ Klebsiella (e.g. K. pneumoniae) ☐ Enterobacter ☐ Proteus
Specific resistances
☐ ESBL-producing Enterobacterales (e.g. E. coli, Klebsiella) ☐ Carbapenem-resistant Enterobacterales (CRE)
☐ Pseudomonas aeruginosa (multidrug-resistant) ☐ Methicillin-resistant Staph aureus (MRSA) ☐ Vancomycin-resistant Enterococcus (VRE)
Anaerobes
☐ Bacteroides fragilis ☐ Other Bacteroides spp. ☐ Peptostreptococcus ☐ Clostridium spp.
Other
☐ Gram negative ☐ Enterococcus ☐ Other not listed, please specify

36 **30-day hospital re-admission** *(tick one)* ☐ No ☐ Yes

36.1 **Only if:** *C 36 = Yes, re-admitted*
Length of readmission stay _____ (days)
(If discharged on the same day as readmission then enter 0. If multiple readmissions within 30 days, please state the total number of readmitted days)

37 **How was the majority of the cost of surgery supported?** *(tick one)*
☐ Insurance provided by the government (national or regional level) ☐ Insurance provided by employer (or household members' employer) ☐ Insurance that the patient has privately arranged and paid for ☐ Insurance but unknown how this was arranged ☐ External funds or grants awarded by charities/NGOs ☐ Out-of-pocket payments (patient paid the hospital directly) ☐ Free at the point of use (e.g. UK National Health Service)

37.1 **Only if:** *C 37 = cost met by insurance, grants or charity*
Did the patient pay anything out of pocket? *(tick one)* ☐ No ☐ Yes ☐ Unknown

37.1.1 **Only if:** *C 37.1 = Yes, paid out of pocket or C 37 = out-of-pocket payments*
Did an inability to pay result in a delay to the patient having an operation? *(tick one)* ☐ No ☐ Yes ☐ Unknown