Supplementary Table A: Modified surgical complexity scoring system based upon complexity and number of surgical procedures performed
Adapted from [6]

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Hysterectomy- Bilateral Salpingo-Oophorectomy (TH-BSO)</td>
<td>1</td>
</tr>
<tr>
<td>Omentectomy</td>
<td>1</td>
</tr>
<tr>
<td>Pelvic lymphadenectomy</td>
<td>1</td>
</tr>
<tr>
<td>Paraaortic lymphadenectomy</td>
<td>1</td>
</tr>
<tr>
<td>Pelvic peritoneum stripping</td>
<td>1</td>
</tr>
<tr>
<td>Abdominal peritoneum stripping</td>
<td>1</td>
</tr>
<tr>
<td>Rectosigmoidectomy EEA</td>
<td>3</td>
</tr>
<tr>
<td>Large bowel resection</td>
<td>2</td>
</tr>
<tr>
<td>Diaphragm stripping/resection</td>
<td>2</td>
</tr>
<tr>
<td>Splenectomy</td>
<td>2</td>
</tr>
<tr>
<td>Liver resection</td>
<td>2</td>
</tr>
<tr>
<td>Small bowel resection</td>
<td>1</td>
</tr>
<tr>
<td>Resection of tail of pancreas</td>
<td>5</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>5</td>
</tr>
<tr>
<td>Partial gastrectomy</td>
<td>5</td>
</tr>
</tbody>
</table>

**Complexity score groups**

1. Standard/ (low) \( \leq 3 \)
2. Intermediate \( 4-8 \)
3. Ultra-radical (high) \( \geq 8 \)
**Supplementary Table B:**
(adapted from [7])

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Criteria (Any 1 of criteria below)</th>
</tr>
</thead>
</table>
| **Superficial incisional infection** | SSI within 30 days of surgery involving the skin or subcutaneous tissue of the incision | 1. Purulent drainage from incision  
2. Positive microbiological culture/pus cells present on swab from incision  
3. Two of: a. pain or tenderness b. swelling c. redness  
4. the superficial incision is deliberately opened by a surgeon to manage the infection  
5. clinician diagnoses a superficial incisional infection. |
| **Deep incisional infection:**    | SSI involving the deep tissues (i.e. fascial and muscle layers) that occurs within 30 days of surgery | 1. Purulent drainage from the deep incision  
2. Positive microbiological culture/pus cells present on swab from fluid from deep incision  
3. Spontaneous dehiscence/opening of wound by surgeon AND patient has at least 1 of: a. fever (>38°C) b. localized pain or tenderness  
4. Radiologically, histologically or surgically diagnosed abscess involving the deep incision.  
5. Clinician diagnoses a deep incisional SSI |
| **Deep organ space infection**    | SSI involving any part of the body deeper than the fascial and muscle layers that was opened or manipulated during the operative procedure occurring within 30 days of the procedure | Patient has at least two of the following: fever (>38.0°C), hypotension, nausea, vomiting, abdominal pain or tenderness AND has either organisms identified from tissue or fluid or positive blood cultures and radiological evidence of abscess or infection |
| **Patient reported SSI**          | SSI reported by patient to have occurred within 30 days of surgery          | 1. Discharge pus AND antibiotics prescribed  
2. Clinical signs* AND dehiscence  
3. Clinical signs* AND antibiotics prescribed  
*clinical signs – at least 2 of the following must be present: pain, heat, redness or swelling |