

Appendix 1:

Pre-operative conditions	
CNS disorders	Diagnosis of all CNS disorders will be confirmed by correspondence treating physician (eg. Parkinson’s Disease, Multiple Sclerosis, Cerebrovascular Disease [Stroke or TIA])
Medical disorders associated with elevated inflammatory biomarkers	Diagnosis will be confirmed by correspondence with treating physician (eg. Coronary Artery Disease, Obstructive Sleep Apnea , Chronic Obstructive Pulmonary Disease)
Auto-immune disorders	Clinical diagnosis of all auto-immune disorders will be confirmed by correspondence with consulting rheumatologist (eg. Systemic Lupus Erythematosus, Rheumatoid Arthritis, Vasculitis)

Acute postoperative complications (within 30 days of surgery)	
Cardiac event	Includes: <ul style="list-style-type: none"> • Myocardial Infarction – troponin rise (> 99th percentile of upper reference limit) associated with clinical symptoms of ischemia, new ST segment changes or left bundle branch block, new q-waves, angiographic identification • New onset congestive heart failure – clinical signs (elevated jugular venous pressure, rales, S3) and radiographic evidence on chest x-ray • Non-fatal cardiac arrest – successful resuscitation from presumed ventricular fibrillation/tachycardia, asystole, pulseless electrical activity) requiring CPR and/or defibrillation/cardioversion
Pulmonary embolus	<ul style="list-style-type: none"> • Clinical evidence of respiratory compromise and filling deficit on CT scan
Stroke	<ul style="list-style-type: none"> • New focal neurologic deficit with signs or symptoms lasting > 24 hours with confirmation by CT scan
Pneumonia	<ul style="list-style-type: none"> • Rales/dullness to percussion on chest exam with new onset purulent sputum or chest imaging suggestive of pneumonia
Sepsis	<ul style="list-style-type: none"> • Systemic inflammatory response (T >38 or < 36, HR >90, RR > 20, WBC > 12 or < 4) with infection
Acute renal failure requiring dialysis	<ul style="list-style-type: none"> • New requirement for renal replacement therapy
Intensive care admission	<ul style="list-style-type: none"> • Requirement for mechanical ventilation or vasopressor therapy
Major bleeding	Consists of either: <ul style="list-style-type: none"> • Drop in Hb of > 50g/L from preoperative baseline and receiving ≥ 2 units of red cells • Postoperative Hb of ≤ 70g/L and receiving ≥ 2 units of red cells • Receiving ≥ 4 units of red cells within a 24-hour period
Re-operation	<ul style="list-style-type: none"> • Requiring re-operation due to septic loosening