

Supplementary File: Data collection fields

The best place to find the necessary information for each data field is indicated in italics below.
Day of surgery is defined as post-operative day 0.

	Data field	Data options/ required data	Data dictionary
1	Patient age	Years	<i>(Clinical notes)</i> Age in whole years.
2	Patient gender	Male or Female	<i>(Clinical notes)</i>
3	Patient ethnicity	Black, Other	<i>(Clinical notes)</i> Required for calculation of estimated glomerular filtration rate (eGFR).
4	American Society of Anaesthesiologists score	Enter grade 1 – 5	<i>(Anaesthetic chart)</i> See the American Society of Anaesthesiologists' website for definitions: http://www.asahq.org/Home/For-Members/Clinical-Information/ASA-Physical-Status-Classification-System .
5	History of ischaemic heart disease	<ul style="list-style-type: none"> ▪ No ▪ Yes 	Required to calculate Revised Cardiac Risk Index (RCRI). Any documented diagnosis is acceptable, e.g. admission clerking or clinic letters.
6	History of congestive heart failure	<ul style="list-style-type: none"> ▪ No ▪ Yes 	Required to calculate RCRI. Any documented diagnosis is acceptable, e.g. admission clerking or clinic letters.
7	History of cerebrovascular diseases	<ul style="list-style-type: none"> ▪ No ▪ Yes 	Required to calculate RCRI. Any documented diagnosis is acceptable, e.g. admission clerking or clinic letters. Cerebrovascular disease includes either stroke or transient ischemic attack (TIA).
8	History of hypertension	<ul style="list-style-type: none"> ▪ No ▪ Yes 	Required to calculate RCRI. Any documented diagnosis is acceptable, e.g. admission clerking or clinic letters.
9	History of diabetes	<ul style="list-style-type: none"> ▪ No ▪ Type 1 ▪ Type 2 	<i>(Admission clerking, clinical notes)</i> . Required to calculate RCRI.
10	Smoking status	<ul style="list-style-type: none"> ▪ Current ▪ Previous ▪ Never ▪ Unknown 	<i>(Admission clerking, clinical notes)</i> . Current smokers <u>include</u> those who stopped smoking within the last 6 weeks.
11	For elective patients <u>either</u> 12(a) or 12(b) should be completed. For emergency patients <u>both</u> 11(a) or 11(b) should be completed. In addition, for emergency patients, 11(c) should be completed if more than one blood test was taken on this admission <u>prior</u> to surgery. Do not perform extra blood tests not required by the clinical team looking after the patient.		
11a	Pre-admission blood tests	Enter values	<i>(Pathology system, clinical notes)</i> Include blood tests taken within the 90 days prior to operation. If multiple blood tests have
	<ul style="list-style-type: none"> ▪ Creatinine 		

	<ul style="list-style-type: none"> Haemoglobin Albumin 		been taken during this period, record the lowest value. If no pre-admission blood tests are available, please record this as 0.																		
11b	Admission blood tests <ul style="list-style-type: none"> Creatinine Haemoglobin Albumin 	Enter values	<p>(Pathology system, clinical notes).</p> <p>Include the first blood test results from this admission. Only include blood tests taken before surgery</p>																		
11c	Last pre-op blood tests <ul style="list-style-type: none"> Creatinine Haemoglobin 	Enter values	<p>(Pathology system, clinical notes).</p> <p>Include the last blood test result from this admission taken before surgery.</p>																		
12a	On post-operative days 0-3, were non-steroidal anti-inflammatory drugs administered	<ul style="list-style-type: none"> No Yes – ibuprofen, low dose Yes – ibuprofen, high dose Yes – other NSAID, low dose Yes – other NSAID, high dose 	<table border="1"> <thead> <tr> <th>NSAID type</th> <th>Low dose</th> <th>High dose</th> </tr> </thead> <tbody> <tr> <td>Diclofenac</td> <td>< 100mg daily</td> <td>≥ 100mg daily</td> </tr> <tr> <td>Ibuprofen</td> <td>< 1200mg daily</td> <td>≥ 1200mg daily</td> </tr> <tr> <td>Naproxen</td> <td>< 750mg daily</td> <td>≥ 750mg daily</td> </tr> <tr> <td>Celecoxib</td> <td>< 200mg daily</td> <td>≥ 400mg daily</td> </tr> <tr> <td>Others see: www.ncbi.nlm.nih.gov/books/NBK42997/</td> <td>See low dose section</td> <td>See medium and high dose section</td> </tr> </tbody> </table>	NSAID type	Low dose	High dose	Diclofenac	< 100mg daily	≥ 100mg daily	Ibuprofen	< 1200mg daily	≥ 1200mg daily	Naproxen	< 750mg daily	≥ 750mg daily	Celecoxib	< 200mg daily	≥ 400mg daily	Others see: www.ncbi.nlm.nih.gov/books/NBK42997/	See low dose section	See medium and high dose section
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12b	On post-operative days 4-7, were non-steroidal anti-inflammatory drugs administered	Options as in Q12(a)	<p><u>Low dose</u>: 'stat' or intermittent administration of any NSAID.</p> <p><u>High dose</u>: administration of recommended daily allowance for ≥24hr.</p> <p>For Q12(a) and Q12(b), if more than one NSAID was administered during each respective period, please report the NSAID for which the most doses were administered.</p>																		
13a	Was the patient taking ACEi or ARBs pre-operatively	<ul style="list-style-type: none"> No Yes 	<p>(Drug chart)</p> <p><u>Pre-operative use</u>: administration of at least 1 dose in the 7 days preceding surgery, excluding the 24 hours prior to operation.</p>																		
13b	Did the patient take ACEi or ARBs in the 24 hour prior to operation	<ul style="list-style-type: none"> No Yes 	<p><u>Post-operative use</u>: administration of at least 1 dose in the first 7 post-op days.</p>																		
13c	Was the patient taking ACE inhibitors or ARBs post-operatively	<ul style="list-style-type: none"> No Yes 	<p><u>ACEi</u>: Angiotensin Converting Enzyme inhibitors; include Ramipril, Captopril, Enalapril, Fosinopril, Lisinopril, Quinapril. <u>ARBs</u>: Angiotensin Receptor Blockers; include Losartan, Candesartan, Eprosartan, Irbesartan, Valsartan.</p>																		
14	Was an aminoglycoside administered peri-operatively	<ul style="list-style-type: none"> No Yes 	<p>(Drug chart)</p> <p><u>Peri-operative use</u>: administration of at least 1 dose intra-operatively or in the first 7 post-op days. Aminoglycosides include Gentamycin, Streptomycin, Neomycin.</p>																		
15a	Was the patient taking diuretics pre-operatively	<ul style="list-style-type: none"> No Yes 	<p>(Drug chart)</p> <p><u>Pre-operative use</u>: administration of at least 1 dose in the 7 days preceding surgery.</p>																		
15b	Was the patient taking diuretics post-operatively	<ul style="list-style-type: none"> No Yes 	<p><u>Post-operative use</u>: administration of at least 1 dose in the first 7 post-op days.</p> <p>Diuretics include Amiloride, Bendroflumethiazide, Bumetanide, Furosemide, Spironolactone.</p>																		

16a	Was intravenous contrast administered pre-operatively	<ul style="list-style-type: none"> ▪ No ▪ Yes, RPM ▪ Yes, no RPM 	<p><i>(Clinical notes, imaging system)</i></p> <p><u>Pre-operative use</u>: administration of contrast in the 7 days preceding surgery.</p> <p><u>Post-operative use</u>: administration of contrast in the first 7 post-operative days.</p>
16b	Was intravenous contrast administered post-operatively	<ul style="list-style-type: none"> ▪ No ▪ Yes, RPM ▪ Yes, no RPM 	<p>In case of multiple scans, report the closest pre-op and post-op scans to time of surgery.</p> <p><u>RPM</u> = Renoprotective measures. RPM are defined as administration of intravenous N-Acetylcysteine (NAC) or intravenous bicarbonate prior to or after receiving contrast; administration of NAC or bicarbonate must be on the same day as contrast was given.</p>
17	Urgency of operation	<ul style="list-style-type: none"> ▪ Elective ▪ Emergency 	<p><i>(operation note, clinical notes)</i></p> <p><u>Elective surgery</u>: any planned admission for surgery.</p> <p><u>Emergency surgery</u>: any surgery on the same admission as diagnosis.</p>
18	Operative approach	<ul style="list-style-type: none"> ▪ Open ▪ Laparoscopic ▪ Laparoscopic, assisted ▪ Laparoscopic converted to open ▪ Robotic 	<p><i>(operation note)</i></p> <p><u>Laparoscopic</u>: Surgery performed exclusively using instruments inserted in to the abdomen through small ports.</p> <p><u>Laparoscopic, assisted</u>: Laparoscopic surgery in which an incision is enlarged to deliver a specimen or to insert a gloved hand into the abdomen.</p> <p><u>Laparoscopic converted to open</u>: Surgery planned to be performed laparoscopically but for unforeseen reasons decision made to change to an open approach.</p>
19	Primary operation performed	Select main procedure type	<i>(operation note, clinical notes)</i>
20	Underlying pathology/ indication	Select main pathology type	<i>(operation note, clinical notes)</i>
21	Intra-operative contamination	<ul style="list-style-type: none"> ▪ Clean ▪ Clean-Contaminated ▪ Contaminated ▪ Dirty 	<p><i>(operation note)</i></p> <p><u>Clean</u>: Gastrointestinal and genitourinary tracts not entered.</p> <p><u>Clean-Contaminated</u>: GI or genitourinary tracts entered but no gross contamination.</p> <p><u>Contaminated</u>: Gastrointestinal or genitourinary tracts entered with gross spillage or major break in sterile technique.</p> <p><u>Dirty</u>: There is already contamination prior to operation (e.g. with faeces or bile).</p>
22a	Were red cells transfused pre-operatively	<ul style="list-style-type: none"> ▪ No ▪ Yes 	<p><i>(Drug chart, clinical notes, discharge letter)</i></p> <p><u>Pre-operative transfusion</u>: transfusion of at least 1 unit in the 7 days preceding surgery.</p>
22b	Were red cells transfused peri-operatively	<ul style="list-style-type: none"> ▪ No ▪ Yes 	<p><u>Peri-operative transfusion</u>: transfusion of at least 1 unit on day of surgery, following induction of anaesthesia, or during the first 2 days following surgery (days 0-2).</p>
23	Post-operative renal replacement therapy	<ul style="list-style-type: none"> ▪ No ▪ Yes – early ▪ Yes – late ▪ Yes – early and late 	<p><i>(Clinical notes, discharge letter)</i></p> <p>Include renal replacement therapy of any duration performed during early and/or late periods. <u>Early</u> is defined as post-op days 0-7, <u>late</u> is defined as post-op days 8-30.</p> <p>Renal replacement therapy includes dialysis and haemofiltration.</p>

24	Surgical site infection (SSI)	<ul style="list-style-type: none"> ▪ No ▪ Yes 	<p><i>(Clinical notes, discharge letter, clinic letters)</i></p> <p>Use the Centre for Disease Control's SSI definition, which is any one of:</p> <ul style="list-style-type: none"> ▪ Purulent drainage from the incision ▪ At least two of: pain or tenderness; localised swelling; redness; heat; fever; AND The incision is opened deliberately to manage infection or the clinician diagnoses a surgical site infection ▪ Wound organisms AND pus cells from aspirate/ swab
25	Anastomotic leak	<ul style="list-style-type: none"> ▪ No ▪ Yes ▪ No anastomosis 	<p><i>(Clinical notes, discharge letter, clinic letters)</i></p> <p>Include all anastomotic leaks. Include leaks detected by CT scan and/or intra-operatively; and leaks managed conservatively or surgically.</p>
26	Referral to medical specialty (enter day referral first made)	<ul style="list-style-type: none"> ▪ No ▪ Yes - nephrology ▪ Yes - general medicine 	<p><i>(Clinical notes, discharge letter, clinic letters)</i></p> <p>For all patients, include all <u>post-operative</u> referrals made to medical or nephrology services for a renal indication. Include telephone discussions with renal/medical doctors. Do not include referrals regarding non-renal problems, e.g. cardiology or respiratory conditions. Record on which post-operative day the referral was first made.</p>
27	30-day Clavien-Dindo grade	<ul style="list-style-type: none"> ▪ None ▪ Enter grade I-V 	<p><i>(Clinical notes, discharge letter, clinic letters)</i></p> <p>Please use the full 7-point (grade I, II, IIIa, IIIb, IVa, IVb, V) Clavien-Dindo scale.</p>
28	Post-operative length of stay	Enter days	<p><i>(Clinical notes, discharge letter, clinic letters, electronic records)</i></p> <p>This should be calculated from the first post-operative day to day of discharge. If the patient remains admitted in hospital at the end of 30-day follow-up, enter '30'</p>
29	Creatinine values: Days 1, 2, 3, 4, 5, 6, 7 post-op; discharge day.	<p>Enter values for:</p> <ul style="list-style-type: none"> Day 1 post-op Day 2 post-op Day 3 post-op Day 4 post-op Day 5 post-op Day 6 post-op Day 7 post-op Discharge day 	<p><i>(Pathology system, clinical notes)</i></p> <p>Leave blank if a blood test was not performed on that day (this will <u>not</u> affect your data completion rate). Do not perform extra blood tests not required by the clinical team looking after the patient.</p> <p>If multiple blood tests were performed on the same day, please supply the value from the test taken closest to 12pm.</p> <p>For 'discharge day' please supply the <u>last</u> blood test result taken on this admission. If patient remained admitted at end of 30-day follow up, please supply the result of the last blood test prior to end of 30-day follow up.</p>
30	Haemoglobin values: Day ≥3 post-op Discharge	Enter value	<p><i>(Pathology system, clinical notes)</i></p> <p>Enter the earliest haemoglobin available from day 3 post-op onwards, and the <u>last</u> blood test result taken on this admission.</p>