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Supplementary Table 1. Classification of postoperative pancreatic fistula (POPF)

Criterion	Biochemical leak (formerly grade A POPF)	Grade B POPF	Grade C POPF
Drain amylase three times the upper limit of the normal serum value	Yes	Yes	Yes
Persisting pancreatic drainage for more than three weeks	No	Yes	Yes
Clinically relevant[a] change to patient management	No	Yes	Yes
Percutaneous or endoscopic treatment for a POPF-related collection	No	Yes	Yes
Angiographic procedure for POPF-related bleeding	No	Yes	Yes
Reoperation for POPF	No	No	Yes
Signs of infection related to POPF	No	Yes (without organ failure)	Yes (with organ failure)
POPF-related organ failure[b]	No	Yes	Yes
POPF-related death	No	No	Yes

In the text Grade B and Grade C POPF have collectively been referred to as clinically relevant POPF.
[a]Suggests prolongation of hospital/critical care stay, includes the use of therapeutic agents specifically employed for fistula management or its consequences (includes somatostatin analogues, parenteral nutrition, blood products and other medications).
[b]Postoperative organ failure is defined as the need for reintubation, haemodyalysis and/or inotropic agents for more then 24 hours for respiratory, renal or cardiac insufficiency, respectively. Definitions according to the revised 2016 International Study Group of Pancreatic Surgery.

Supplementary Table 2. Classification of postoperative bile leak

Criterion	Grade A bile leak	Grade B bile leak	Grade C bile leak
Clinical condition	Mildly impaired	Moderately impaired	Severely impaired
Symptoms/signs	Commonly none	Abdominal pain ± signs of infection	Life-threatening condition ± organ failure ± biliary peritonitis
Persistent biliary leakage for more than one week	No[a)]	Commonly yes	Yes
Need for diagnostic assessment	No	Commonly yes	Yes
Positive radiological findings (e.g., biloma, abscess, or leak)	Possibly yes	Commonly yes	Commonly yes
Relaparotomy required	No	No	Yes
Prolonged hospital stay	Commonly no	Commonly yes	Yes

[a)]Patients with a Grade A bile leak persisting for more than one week are diagnosed with Grade B leakage regardless of the need for therapeutic intervention. Definitions according to the 2011 International Study Group of Liver Surgery.

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Supplementary Table 3. Classification of post-pancreatectomy haemorrhage (PPH)

Criterion	Grade A PPH	Grade B PPH	Grade C PPH
Time of onset, location, severity and clinical impact of bleeding	Early, intra- or extraluminal, mild	Early, intra- or extraluminal, severe Late, intra- or extraluminal, mild	Late, intra- or extraluminal, severe
Clinical condition	Well	Often well/intermediate, very rarely life-threatening	Severely impaired, life-threatening
Diagnostic consequence	Observation, blood count, USS ± CT	Observation, blood count, USS, CT angiogram, endoscopy if bleeding is intra-luminal	CT angiogram, endoscopy if bleeding is intraluminal
Therapeutic consequence	None	Transfusion of fluid/blood, high level or critical care bed, therapeutic endoscopy if intraluminal, embolisation, relaparotomy for early PPH	CT angiography and embolisation, endoscopy if intraluminal or relaparotomy and intensive care stay

Timing: early, within 24 hours of the index operation; late, more than 24 hours after the index operation. Severity: mild, small/medium volume blood loss, decrease in haemoglobin concentration < 30 g/L, maximum treatment required is volume resuscitation or blood transfusions, no need for reoperation or angiographic treatment; severe, large volume blood loss, haemoglobin decrease > 30 g/L, clinically significant signs of blood loss, need for three or more units of blood, need for angiographic treatment or relaparotomy. Definitions according to the 2007 International Study Group of Pancreatic Surgery.
USS, ultrasound scan; CT, computed tomography.

Supplementary Table 4. Classification of delayed gastric emptying (DGE)

Criterion	Grade A DGE	Grade B DGE	Grade C DGE
NG tube required	4–7 days or reinsertion > 3 days post-op	8–14 days or reinsertion > 7 days post-op	> 14 days or reinsertion > 14 days post-op
Unable to tolerate solid oral intake by post-op day	7	14	21
Vomiting/gastric distension	Possibly	Yes	Yes
Use of prokinetics	Possibly	Yes	Yes

Definitions according to the 2007 International Study Group of Pancreatic Surgery. NG, nasogastric; post-op, postoperative.

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Supplementary Table 5. Clavien-Dindo classification of surgical complications

Grade	Definition
1	Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic or radiological interventions. Allowed therapeutic regimens are antiemetics, antipyretics, analgesics, diuretics, electrolytes and physiotherapy.
2	Requiring pharmacological treatment with drugs other than such allowed for grade 1 complications. Blood transfusions and parenteral nutrition are also included.
3a	Requiring surgical, endoscopic or radiological intervention under local or regional anaesthesia
3b	Requiring surgical, endoscopic or radiological intervention under general anaesthesia
4a	Life-threatening complication requiring critical care management (single organ failure)
4b	Life-threatening complication requiring critical care management (multiorgan failure)
5	Death of patient

Data from Clavien et al. (Ann Surg 2009;250:187-196) [10].