Baseline Form

[1-1] During which study period was the patient operated: [a] Period 1; [b] Period 2; [c] Period 3; [d] Period 4

[1-2] Age at surgery: [a] 0-4 weeks; [b] 5-52 weeks; [c] 1-4y; [d] 5-9y; [e] 10-17y; [f] 18-29y; [g] 30-39y; [h] 40-49y; [i] 50-59y; [j] 60-69y; [k] 70-79y; [l] 80-89y; [m] ≥90y

[1-3] Sex:
- [a] Female
- [b] Male

[1-4] Revised Cardiac Risk Index:
Please tick all that apply
- [a] History of ischemic heart disease
- [b] History of congestive heart failure
- [c] History of cerebrovascular disease
- [d] Pre-operative treatment with insulin
- [e] Pre-operative creatinine >2 mg/dL / 176.8μmol/L
- [f] None of the above

[1-5-1] Respiratory Comorbidities:
Please tick all that apply
- [a] Asthma
- [b] COPD
- [c] Other respiratory comorbidity
- [1-5-2] if yes, detail: ___________________
- [d] None of the above

[1-6] ASA:
- [a] Grade 1
- [b] Grade 2
- [c] Grade 3
- [d] Grade 4
- [e] Grade 5

[1-7] Smoking status:
- [a] No - never smoked
- [b] No - exsmoker, stopped ≥ 6 weeks ago
- [c] No - stopped in the last 6 weeks
- [d] Yes - current smoker

Intraoperative Form

[3-1] Urgency of surgery:
- [a] Elective (planned admission for surgery)
- [b] Emergency (unplanned admission)

[3-2] Day-case surgery:
- [a] Performed as day-case (no overnight admission)
- [b] Performed with overnight admission (overnight admission can include nights spent in hospital either before and/or after surgery)

[3-3] Procedure: ___________________

[3-4] Anaesthesia:
Please tick all that apply
- [a] General anaesthesia
- [b] Epidural anaesthesia
- [c] Spinal anaesthesia
- [d] Nerve block
- [e] Local anaesthesia

[3-5-1] Indication for surgery:
- [a] Benign disease
- [b] Malignancy
- [3-5-2] was this surgery planned to be:
  - [a] Curative surgery
  - [b] Palliative surgery
- [c] Trauma
- [d] Obstetric
- [e] complication of COVID-19
- [3-5-3] if yes, detail complication: ___________________

[3-6] Operative approach:
- [a] Planned open surgery
- [b] Planned and performed as minimally invasive surgery
- [c] Minimally invasive surgery converted to open
- [d] Hybrid surgery (e.g. laparoscopic abdomen, open chest)

[3-7-1] How was the MAJORITY of the cost of surgery supported?
- [a] Insurance provided by the government (national or regional level)
- [b] Insurance provided by employer (or household members’ employer)
- [c] Insurance that the patient has privately arranged and paid for
- [d] Insurance but unknown how this was arranged
- [e] External funds or grants awarded by charities/ NGOs
- [f] Out of pocket payments (patient paid the hospital directly)
- [g] Other
- [3-7-2] if yes, detail: ___________________

[3-8] Was dexamethasone given at anaesthetic induction before surgery?
- [a] No
- [b] Yes

[3-9] Was dexamethasone given anytime after surgery up to 30 days postoperative?
Please tick all that apply
- [a] No
- [b] Yes – as treatment for COVID-19
- [c] Yes – for reasons unrelated to COVID-19

[3-10] How was follow-up completed
Please tick all that apply
- [a] Inpatient hospital records
- [b] Post-discharge in-person clinic follow-up
- [c] Post-discharge telephone follow-up

[4-1] Mortality
- [a] Alive at 30 days
- [b] Died in-hospital, within 30 days of surgery
- [c] Died after discharge, within 30 days of surgery

[4-2] If patient died, what was the cause of death:

[4-3] Complications:
Please refer to definitions in protocol appendix
Please tick all that apply
- [a] Pneumonia
- [b] Acute respiratory distress syndrome
- [c] Unexpected ventilation
- [d] Pulmonary embolism
- [e] Deep vein thrombosis
- [f] None of the above

[4-4] Clavien-Dindo:
- [a] No complications
- [b] Grade I
- [c] Grade II
- [d] Grade IIIa/b
- [e] Grade Iva/b
- [f] Grade V (Please note: this option will not appear on REDCap, as patient should be recorded as having died in question 4-2-1)

Patient REDCAP No: ___________________
SARS-CoV-2 Form

COVID-19 free surgical pathway

[2-1] Was the patient operated in a hospital which admits patients for treatment of COVID-19?
• [a] No
• [b] Yes

• [a] Yes
• [b] No

[2-2-2] If no, for each of the following areas where the patient received the following care, were they:
• [a] Dedicated COVID-19 free area, with no mixing with patients treated for suspected or confirmed COVID-19
• [b] Partial or no segregation from area with patients treated for suspected or confirmed COVID-19
• [c] Not applicable (patient did not enter this area)

[i] Preoperative ward or admissions area: [a] or [b] or [c]
[ii] Operating theatre: [a] or [b] or [c]
[iii] Postoperative recovery area: [a] or [b] or [c]
[iv] Critical area: [a] or [b] or [c]
[v] Postoperative ward: [a] or [b] or [c]

Self-isolation

[2-3-1] Was patient asked to self-isolate?
• [a] No
• [b] Yes – asked to self-isolate BEFORE hospital admission for surgery only
• [c] Yes – asked to self-isolate AFTER discharge from hospital only
• [d] Yes – asked to self-isolate BOTH BEFORE hospital admission for surgery and AFTER discharge from hospital

If patient was asked to self-isolate:

[2-3-2] Duration of self-isolation BEFORE hospital admission: ________ days (max 30 days)

[2-3-3] Duration of self-isolation AFTER discharge from hospital: ________ days (max 30 days)

SARS-CoV-2 status*

[2-4-1] SARS-CoV-2 infection
• [a] No SARS-CoV-2 infection
• [b] Yes – preop diagnosis (at ANY time before surgery)
• [c] Yes – postop diagnosis (within 30 days after surgery)

If SARS-CoV-2 was diagnosed:

[2-4-2] How was the SARS-CoV-2 confirmed? (tick all that apply)
• [a] SARS-CoV-2 swab (PCR) test
• [b] Rapid antigen test
• [c] IgG antibody test
• [d] IgM antibody test
• [e] CT thorax scan
• [f] Clinical diagnosis based on history and examination

If SARS-CoV-2 diagnosis pre-operatively:

[2-4-3] How long before surgery was SARS-CoV-2 diagnosed?
• [a] Day of surgery (before induction of anaesthesia)
• [b] 1-7 days before surgery
• [c] 8-14 day before surgery
• [d] 15-28 days before surgery
• [e] 5-6 weeks before surgery
• [f] 7-8 weeks before surgery
• [g] 3-4 months before surgery
• [h] 5-6 months before surgery
• [i] More than 6 months before surgery

[2-4-4] At the time when the SARS-CoV-2 infection was diagnosed did the patient have any COVID-19 symptoms?
• [a] Yes – but all symptoms had resolved before surgery
• [b] Yes – some symptoms were ongoing on the day of surgery
• [c] No – the patient did not have symptoms

[2-4-5] Did they required hospital treatment for SARS-CoV-2
• [a] No
• [b] Yes - did NOT require non-invasive / mechanical ventilation
• [c] Yes - required non-invasive or mechanical ventilation

If preoperative SARS-CoV-2 was symptomatic:

[2-4-6] What symptoms did the patient have? (tick all that apply)
• [a] Respiratory symptoms (e.g. cough, shortness of breath)
• [b] Non-respiratory symptoms (e.g. fever, diarrhoea, fatigue)

*Please complete the form based on the FIRST time the patient had a positive SARS-CoV-2 test result (swab / rapid antigen / antibody test).
If the patient has not had a positive SARS-CoV-2 test result, please complete based on the FIRST time they were diagnosed with SARS-CoV-2 clinically or based on CT scan.