**Table S2. Occurrence of other postoperative complications.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complications | Total (n=729) | Without postoperative AKI (n=541) | With postoperative AKI (n=188) | P value |
| Pulmonary complications  |  |
|  Pulmonary infection *a* | 57 (7.8%) | 20 (3.7%) | 37 (19.7%) | <0.001 |
|  Pleural effusion *b* | 18 (2.5%) | 6 (1.1%) | 12 (6.4%) | <0.001 |
|  Atelectasis*c* | 11 (1.5%) | 2 (0.4%) | 9 (4.8%) | <0.001 |
|  Respiratory failure *d* | 38 (5.2%) | 15 (2.8%) | 23 (12.2%) | <0.001 |
| Surgical bleeding *e* | 9 (1.2%) | 5 (0.9%) | 4 (2.1%) | 0.247 |
| New onset arrhythmia *f* | 32 (4.4%) | 16 (3.0%) | 16 (8.5%) | 0.001 |
| Acute myocardial infarction *g* | 12 (1.6%) | 7 (1.3%) | 5 (2.7%) | 0.200 |
| Congestive heart failure *h* | 16 (2.2%) | 4 (0.7%) | 12 (6.4%) | <0.001 |
| Hemodynamic insufficiency *i* | 71 (9.7%) | 36 (6.7%) | 35 (18.6%) | <0.001 |
| Stroke *j* | 9 (1.2%) | 3 (0.6%) | 6 (3.2%) | 0.011 |
| Ileus *k* | 7 (1.0%) | 3 (0.6%) | 4 (2.1%) | 0.077 |
| Anastomotic leakage *l* | 19 (2.6%) | 11 (2.0%) | 8 (4.3%) | 0.113 |
| Intra-abdominal abscess *m* | 13 (1.8%) | 3 (0.6%) | 10 (5.3%) | <0.001 |
| Acute liver injury *n* | 32 (4.4%) | 16 (3.0%) | 16 (8.5%) | 0.001 |
| Wound infection *o* | 11 (1.5%) | 4 (0.7%) | 7 (3.7%) | 0.007 |
| Wound dehiscence *p* | 4 (0.5%) | 2 (0.4%) | 2 (1.1%) | 0.275 |
| Urinary tract infection *q* | 11 (1.5%) | 7 (1.3%) | 4 (2.1%) | 0.487 |
| Sepsis *r* | 40 (5.5%) | 15 (2.8%) | 25 (13.3%) | <0.001 |
| Disseminated intravascular coagulation *s* | 15 (2.1%) | 7 (1.3%) | 8 (4.3%) | 0.031 |
| Digestive tract bleeding *t* | 9 (1.2%) | 4 (0.7%) | 5 (2.7%) | 0.054 |
| Venous thromboembolism  |  |
|  Pulmonary embolism*u* | 1 (0.1%) | 1 (0.2%) | 0 (0.0%) | >0.999 |
|  Deep venous thrombosis *v* | 30 (4.1%) | 17 (3.1%) | 13 (6.9%) | 0.025 |

Data are presented as number of patients (percentage).

*a*Presence of at least one of the following manifestations (increased or color-changed sputum, new or changed pulmonary infiltrates, fever, leukocyte count > 12,000/mm3) and required antibiotic therapy;

*b* Confirmed by chest X-ray or ultrasound examination and required therapeutic intervention (drainage, aspiration, and/or diuresis after albumin administration);

*c* Confirmed by chest X-ray examination, with or without oxygen desaturation, and required therapeutic intervention (oxygenation inhalation, physical therapy, and/or mechanical ventilation);

*d* Presence of the following manifestations (PaO2 <60 mmHg on room air, ratio of PaO2 to inspired oxygen fraction <300, or oxygen saturation <90%) and required therapeutic intervention (oxygen therapy or mechanical ventilation) for more than 24 hours;

*e* Bleeding after surgery that required secondary surgical hemostasis;

*f* New onset atrial fibrillation or paroxysmal supraventricular tachycardia that necessitated medical treatment;

*g* Concentration of cardiac troponin I exceed the diagnostic criteria for myocardial infarction as well as new Q waves (lasts for 0.03 s) or continuous (4 days) abnormal ST-T segment;

*h* Dyspnea and elevated brain natriuretic peptide level necessitating diuresis and noninvasive mechanical ventilation;

*i* Requirement of continuous infusion of inotropic agents or vasoconstrictors to maintain MAP≥65mmHg after surgery;

*j* Persisted new focal neurologic deficit and confirmed by neurologic imaging;

*k* Lack of bowel movement, flatulence, and requirement of parenteral nutrition for more than 1 week after surgery;

*l* Extravasation of contrast agent in the body cavity or retroperitoneal space that required percutaneous drainage;

*m* Clinical manifestations combined with evidence from B ultrasound or CT scan;

*n* Elevation of serum transaminase level above 3 times the upper limit, excluded myocardial and skeletal muscle injury;

*o* Pus expressed from the incision, and bacteria cultured from the pus;

*p* Wound rupture that required secondary suturing;

*q* Confirmed by urinalysis and urine culture and necessitated antibiotic therapy;

*r* Defined as infection with acute change of SOFA score≥2, according to sepsis 3.0 diagnostic criteria;

*s* Symptoms of bleeding combined with prolonged prothrombin time and activated partial thromboplastin time, decreased fibrinogen and increased level of D-Dimer and fibrinogen degradation product;

*t* Decrease of hemoglobin level combined with positive gastrointestinal occult blood test results that required treatment;

*u* Pulmonary embolism: confirmed by CTPA;

*v* Deep venous thrombosis: confirmed by deep venous ultrasonography.