

Table S1. Benign diagnoses as reasons for abdominal surgery in our cohort.

| Benign diagnosis/Nr of patients | Total: 121 |
|---|-------------------|
| Cholecystolithiasis | 43 (35,5%) |
| Polyp of the gallbladder | 3 (2,5%) |
| Hernias (inguinal, postoperative and umbilical) | 41 (33,9%) |
| Occlusion of stomata | 6 (5,0%) |
| Stenosis of ileum because of IBD | 2 (1,7%) |
| Perianal fistula | 3 (2,5%) |
| Other | 25 (20,7%) |

Table S2. Malignant diagnoses as reasons for abdominal surgery in our cohort.

| Malignant diagnosis/Nr of patients | Total: 96 |
|--|------------------|
| Adenocarcinoma of colon | 27 (28,1%) |
| Adenocarcinoma of rectum | 4 (4,2%) |
| Adenocarcinoma or NET of pancreas | 26 (27,1%) |
| Adenocarcinoma, GIST or NET of stomach | 20 (20,1%) |
| Adenocarcinoma of gallbladder | 3 (3,1%) |
| Liver metastasis of colonic adenocarcinoma | 5 (5,2%) |
| Hepatocellular carcinoma | 3 (3,1%) |
| Cholangiocarcinoma | 4 (4,2%) |
| Other | 4 (4,2%) |

Table S3. Original Caprini score questionnaire (COPD – chronic obstructive pulmonary disease, BMI – body mass index, SVT – superficial venous thrombosis, DVT- deep venous thrombosis, PE – pulmonary embolism) [Caprini JA. Thrombosis risk assessment as a guide to quality patient care. Dis Mon. 2005 Feb-Mar;51(2-3):70-8. doi: 10.1016/j.disamonth.2005.02.003.]

Risk factors adding 1 point each:

Age 41-60 years.
 Minor surgery planned.
 History of prior major surgery.
 Varicose veins.
 History of inflammatory bowel disease.
 Swollen legs (current).
 Obesity (BMI >30).
 Acute myocardial infarction (<1 month).
 Congestive heart failure (<1 month).
 Sepsis (<1 month).
 Serious lung disease incl.
 Pneumonia (<1 month).
 Abnormal pulmonary function (COPD).
 Medical patient currently at bed rest.
 Leg plaster cast or brace.
 Other risk factors.

Risk factors adding 2 points each:

Age 60-74 years.
 Major surgery (>60 minutes).
 Arthroscopic surgery (>60 minutes).
 Laparoscopic surgery (>60 minutes).
 Previous malignancy.
 Central venous access.

Risk factors adding 3 points each:

Age over 75 years.
 Major surgery lasting 2-3 hours.
 BMI >50 (venous stasis syndrome).
 History of SVT, DVT/PE.
 Family history of DVT/PE.
 Present cancer or chemotherapy.
 Positive Factor V Leiden.
 Positive Prothrombin 20210A.
 Elevated serum homocysteine.
 Positive Lupus anticoagulant.
 Elevated anticardiolipin antibodies.
 Heparin-induced thrombocytopenia.

Risk factors adding 5 points each:

Elective major lower extremity arthroplasty.
 Hip, pelvis or leg fracture (<1 month).
 Stroke (<1 month).
 Multiple trauma (<1 month).
 Acute spinal cord injury (paralysis) (<1 month).
 Major surgery lasting over 3 hours.

Risk factors for women, adding 1 point each:

Oral contraceptives or hormone replacement therapy.
 Pregnancy or postpartum (<1 month).
 History of unexplained stillborn infant, recurrent spontaneous abortion (≥ 3), premature birth with toxemia or growth-restricted infant.

Table S4. The Padua score questionnaire (BMI- body mass index) [Barbar S, Noventa F, Rossetto V, Ferrari A, Brandolin B, Perlati M, De Bon E, Tormene D, Pagnan A, Prandoni P. A risk assessment model for the identification of hospitalized medical patients at risk for venous thromboembolism: the Padua Prediction Score. J Thromb Haemost. 2010 Nov; 8(11):2450-7. doi: 10.1111/j.1538-7836.2010.04044.x.

| Risk factors and corresponding points: | |
|--|---|
| Active cancer | 3 |
| Previous VTE (with the exclusion of superficial vein thrombosis) | 3 |
| Reduced mobility | 3 |
| Already known thrombophilic condition | 3 |
| Recent (≤ 1 month) trauma and/or surgery | 2 |
| Elderly age (≥ 70 years) | 1 |
| Heart and/or respiratory failure | 1 |
| Acute myocardial infarction or ischemic stroke | 1 |
| Acute infection and/or rheumatologic disorder | 1 |
| Obesity (BMI ≥ 30) | 1 |
| Ongoing hormonal treatment | 1 |