Table S1. Occurrence of Other Postoperative Complications.

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| --- | --- | --- | --- |
| Complications | Total (n=128) | Albumin group (n=64) | Control group (n=64) |
| Pulmonary complications |  | | |
| Pulmonary infection a | 18 (14.1%) | 10 (15.6%) | 8 (12.5%) |
| Pleural effusion b | 2 (1.6%) | 1 (1.6%) | 1 (1.6%) |
| Atelectasis c | 6 (4.7%) | 3 (4.7%) | 3 (4.7%) |
| Respiratory failure d | 8 (6.3%) | 5 (7.8%) | 3 (4.7%) |
| Surgical bleeding e | 5 (3.9%) | 1 (1.6%) | 4 (6.3%) |
| New onset arrhythmia f | 8 (6.3%) | 2 (3.1%) | 6 (9.4%) |
| Acute myocardial infarction g | 6 (4.7%) | 6 (9.4%) | 0 (0.0%) |
| Hemodynamic insufficiency h | 16 (12.5%) | 9 (14.1%) | 7 (10.9%) |
| Stroke i | 4 (3.1%) | 1 (1.6%) | 3 (4.7%) |
| Ileus j | 3 (2.3%) | 3 (4.7%) | 0 (0.0%) |
| Anastomotic leakage k | 4 (3.1%) | 1 (1.6%) | 3 (4.7%) |
| Intra-abdominal abscess l | 4 (3.1%) | 2 (3.1%) | 2 (3.1%) |
| Acute liver injury m | 6 (4.7%) | 2 (3.1%) | 4 (6.3%) |
| Wound infection n | 3 (2.3%) | 2 (3.1%) | 1 (1.6%) |
| Wound dehiscence o | 2 (1.6%) | 2 (3.1%) | 0 (0.0%) |
| Urinary tract infection p | 3 (2.3%) | 1 (1.6%) | 2 (3.1%) |
| Sepsis q | 16 (12.5%) | 12 (18.8%) | 4 (6.3%) |
| Disseminated intravascular coagulation r | 5 (3.9%) | 2 (3.1%) | 3 (4.7%) |
| Digestive tract bleeding s | 8 (6.3%) | 5 (7.8%) | 3 (4.7%) |
| Venous thromboembolism |  | | |
| Pulmonary embolism t | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |
| Deep venous thrombosis u | 8 (6.3%) | 5 (7.8%) | 3 (4.7%) |

Data are presented as number (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 Requirement of continuous infusion of inotropic agents or vasoconstrictors to maintain mean atrial pressure ≥65mmHg after surgery;

i Persisted new focal neurologic deficit and confirmed by neurologic imaging;

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

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

l Clinical manifestations combined with evidence from B ultrasound or computed tomography scan;

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

n Pus expressed from the incision, and bacteria cultured from the pus;

o Wound rupture that required secondary suturing;

p Confirmed by urinalysis and urine culture and necessitated antibiotic therapy;

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

r 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;

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

t Pulmonary embolism: confirmed by computed tomography pulmonary angiogram;

u Deep venous thrombosis: confirmed by deep venous ultrasonography.