**S2 Appendix**

**A. Fig A.**



**B. Linear regression analysis**

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| **Model 1)** Included all the potential predictors beside the primary determinant (GDT) for Intraoperative fluid balance. Predictors with a *p*-value >.10 were excluded from model 2.  |
|  |  | **95% CI** |  |
|  | **Bèta** | **Lower** | **Upper** | ***p* value** |
| **GDT\_yes\_no** | **-701,544** | **-962,358** | **-440,729** | **0.00** |
| Open\_minimally invasive | 31,755 | -321,461 | 384,972 | 0.859 |
| Thocr\_Ttocr | -313,853 | -642,514 | 14,807 | 0.061 |
| Epidural yes\_no | -161,852 | -567,215 | 243,512 | 0.432 |

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| **Model 2)** The same as model 1 but without open\_minimally invasive and epidural variables  |
|  |  | **95% CI** |  |
|  | **Bèta** | **Lower** | **Upper** | ***p* value** |
| **GDT\_yes\_no** | **-719,516** | **-972,425** | **-466,607** | **.000** |
| thocr\_ttocr | -319,992 | -635,532 | -4,453 | .047 |

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| **Model 1)** Included all the potential predictors beside the primary determinant (GDT) for cumulative postoperative fluid balance. Predictors with a p-value >.1 were excluded.  |
|  |  | **95% CI** |  |
|   | **Bèta** | **Lower** | **Upper** | ***p* value** |
| **GDT\_yes\_no** | **-894,201** | **-1739,169** | **-49,232** | **.038** |
| Open\_scopic surgery | -1644,818 | -2789,144 | -500,492 | .005 |
| thocr\_ttocr | -620,149 | -1684,921 | 444,623 | .252 |
| Epidural yes\_no | -333,166 | -1646,433 | 980,102 | .617 |

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| **Model 2)** The same as model 1 but without thocr\_ttocr and epidural variable  |
|  | **95% CI** |  |
|  | **Bèta** | **Lower** | **Upper** | ***p* value** |
| **GDT\_yes\_no** | **-927,811** | **-1755,656** | **-99,966** | **.028** |
| Open\_scopic | -1481,926 | -2581,654 | -382,199 | .009 |

A multivariate linear regression model was constructed for intraoperative and cumulative fluid balance by group allocation (standard vs. goal directed therapy (GDT ))–corrected for potential confounders. Potential confounders for which an adjustment was made were: presence of epidural analgesia and type of surgery (open vs. minimally invasive surgery, transhiatal vs. transthoracic surgery). GDT was an independent predictor for fluid balance at the end of the operation. Patients treated with GDT had received a mean of 720 ml less fluids than the standard group (p< .001). GDT was also a predictor for the cumulative amount of fluids received at the time of discharge to the ward

**References**

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