

Supplementary Information

Supplementary Table 1. Typical applications and outcomes of big data in perioperative management

Data type	Application scenario	Analytical method	Key findings and clinical significance	References
Preoperative EHR	Postoperative delirium risk prediction	ML and logistic regression	The predictive performance of the ML model is significantly superior to that of traditional methods	[1]
Provincial-level medical administrative data	Prognostic prediction for emergency surgery in older adults	Comparative analysis of multiple frailty assessment models	Frailty indices significantly improve the accuracy of mortality risk prediction	[2]
Multicenter standardized EHR	Cardiac risk prediction for non-cardiac surgery	Multiple ML algorithms	ML models demonstrate significantly superior predictive performance compared to traditional scoring systems	[3]
Multi-surgery EHR	Patient risk stratification and phenotype identification	Clustering and random forest algorithms	Digital phenotyping significantly enhances postoperative risk prediction	[4]
EHR of cancer patients	Prediction of severe postoperative complications	Interpretable ML model	Accurate prediction of complications and interpretation of risk factors	[5]
Joint replacement registry and EHR data	Prediction of PJI risk	Multiple ML and traditional models	Limited improvement in model performance; clinical utility remains questionable	[6]
Preoperative electronic health record data	Postoperative in-hospital mortality risk prediction	Random forest ML	Automated risk scoring significantly outperforms traditional methods	[7]
EHR and ICD coding	Automated mortality risk scoring for pediatric surgery	Algorithmic automation and statistical comparison	Enables automated risk stratification and reduces clinical workload	[8]
Perioperative EHR	Prediction of acute kidney injury after vascular surgery	Random forest ML	Incorporating intraoperative data significantly improves predictive performance	[9]
Electronic health record data	Preoperative frailty assessment in elderly surgical patients	Comparative performance analysis of multiple frailty assessment tools	Electronic frailty tools significantly enhance risk stratification	[10]
Continuous invasive blood pressure data	Prediction of intraoperative hypotension	ML algorithm	Significantly reduces the duration and depth of hypotension	[11]
Continuous invasive arterial pressure data	Quantification of intraoperative hypotension severity	Multivariable proportional odds model	Invasive monitoring significantly improves the detection rate of hypotension	[12]
Clinical, body composition, and CT imaging data	Preoperative prediction of postoperative pancreatic fistula risk	Integration of ML and deep learning	Development of a high-precision preoperative prediction model	[13]
CT imaging and clinical data	Preoperative prediction of postoperative pancreatic fistula risk	Multivariate logistic regression	Construction of a high-accuracy predictive nomogram model	[14]
Panoramic radiograph	Prediction of third molar extraction difficulty and risk	Semantic segmentation and classification model	Construction of a high-precision preoperative decision-support system	[15]

Note: EHR, electronic health records; ML, machine learning; PJI, periprosthetic joint infection; ICD, International Classification of Diseases; CT, computed tomography.

REFERENCES

- [1] Bishara A, Chiu C, Whitlock EL, Douglas VC, Lee S, Butte AJ, et al. Postoperative delirium prediction using machine learning models and preoperative electronic health record data. *BMC Anesthesiol.* 2022 Jan 3;22(1):8. <https://doi.org/10.1186/s12871-021-01543-y>
- [2] Grudzinski AL, Aucoin S, Talarico R, Moloo H, Lalu MM, McIsaac DI. Measuring the predictive accuracy of preoperative clinical frailty instruments applied to electronic health data in older patients having emergency general surgery: A retrospective cohort study. *Ann Surg.* 2023 Aug 1;278(2):e341-e348. <https://doi.org/10.1097/sla.0000000000005718>
- [3] Kwun JS, Ahn HB, Kang SH, Yoo S, Kim S, Song W, et al. Developing a machine learning model for predicting 30-day major adverse cardiac and cerebrovascular events in patients undergoing noncardiac surgery: retrospective study. *J Med Internet Res.* 2025 Apr 9;27:e66366. <https://doi.org/10.2196/66366>
- [4] Laferrière-Langlois P, Imrie F, Geraldo MA, Wingert T, Lahrichi N, van der Schaar M, et al. Novel preoperative risk stratification using digital phenotyping applying a scalable machine-learning approach. *Anesth Analg.* 2024 Jul 1;139(1):174-185. <https://doi.org/10.1213/ane.0000000000006753>
- [5] Hernandez MC, Chen C, Nguyen A, Choong K, Carlin C, Nelson RA, et al. Explainable machine learning model to preoperatively predict postoperative complications in inpatients with cancer undergoing major operations. *JCO Clin Cancer Inform.* 2024 Apr;8:e2300247. <https://doi.org/10.1200/cci.23.00247>
- [6] Maradit Kremers H, Wyles CC, Slusser JP, O'Byrne TJ, Sagheb E, Lewallen DG, et al. Data-driven approach to development of a risk score for periprosthetic joint infections in total joint arthroplasty using electronic health records. *J Arthroplasty.* 2025 May;40(5):1308-1316.e1313. <https://doi.org/10.1016/j.arth.2024.10.129>
- [7] Hill BL, Brown R, Gabel E, Rakocz N, Lee C, Cannesson M, et al. An automated machine learning-based model predicts postoperative mortality using readily-extractable preoperative electronic health record data. *Br J Anaesth.* 2019 Dec;123(6):877-886. <https://doi.org/10.1016/j.bja.2019.07.030>
- [8] Valencia E, Staffa SJ, Aslam Y, Faraoni D, DiNardo JA, Rangel SJ, et al. Validation of automated data extraction from the electronic medical record to provide a pediatric risk assessment score. *Anesth Analg.* 2023 Apr 1;136(4):738-744. <https://doi.org/10.1213/ane.0000000000006300>
- [9] Filiberto AC, Ozrazgat-Baslanti T, Loftus TJ, Peng YC, Datta S, Efron P, et al. Optimizing predictive strategies for acute kidney injury after major vascular surgery. *Surgery.* 2021 Jul;170(1):298-303. <https://doi.org/10.1016/j.surg.2021.01.030>
- [10] Grudzinski AL, Aucoin S, Talarico R, Moloo H, Lalu MM, McIsaac DI. Comparing the predictive accuracy of frailty instruments applied to preoperative electronic health data for adults undergoing noncardiac surgery. *Br J Anaesth.* 2022 Oct;129(4):506-514. <https://doi.org/10.1016/j.bja.2022.07.019>
- [11] Wijnberge M, Geerts BF, Hol L, Lemmers N, Mulder MP, Berge P, et al. Effect of a machine-learning-derived early warning system for intraoperative hypotension vs standard care on depth and duration of intraoperative hypotension during elective noncardiac surgery: The HYPE randomized clinical trial. *JAMA.* 2020 Mar 17;323(11):1052-1060. <https://doi.org/10.1001/jama.2020.0592>
- [12] Naylor AJ, Sessler DI, Maheshwari K, Khanna AK, Yang D, Mascha EJ, et al. Arterial catheters for early detection and treatment of hypotension during major noncardiac surgery: A randomized trial. *Anesth Analg.* 2020 Nov;131(5):1540-1550. <https://doi.org/10.1213/ane.0000000000004370>
- [13] Lee W, Park HJ, Lee HJ, Song KB, Hwang DW, Lee JH, et al. Deep learning-based prediction of post-pancreaticoduodenectomy pancreatic fistula. *Sci Rep.* 2024 Mar 1;14(1):5089. <https://doi.org/10.1038/s41598-024-51777-2>
- [14] Cai W, Zhu Y, Li D, Hu M, Teng Z, Cong R, et al. Baseline body composition and 3D-extracellular volume fraction for predicting pancreatic fistula after distal pancreatectomy in pancreatic body and/or tail adenocarcinoma. *Acad Radiol.* 2025 Apr;32(4):2027-2040. <https://doi.org/10.1016/j.acra.2024.10.010>
- [15] Lee J, Park J, Lee S, Moon SY, Lee K. Automated diagnosis for extraction difficulty of maxillary and mandibular third molars and post-extraction complications using deep learning. *Sci Rep.* 2025 May 30;15(1):19036. <https://doi.org/10.1038/s41598-025-00236-7>