

Recommendation 1

For all patients: Order a maximum of three consecutive days of daily blood work at a time. Reassess the need for ongoing laboratory investigations daily.



Recommendation 2

For **stable patients** with **acute uncomplicated appendicitis** who are **discharged on post-operative day 1** after undergoing an **uncomplicated laparoscopic appendectomy**, do not order post-operative blood work.

Recommendation 3

For **stable patients** with **acute uncomplicated cholecystitis** and no evidence of choledocholithiasis who are **discharged on post-operative day 1** after undergoing an **uncomplicated laparoscopic cholecystectomy**, do not order post-operative blood work.

Recommendation 4

For **stable patients** with **acute gallstone pancreatitis**:

- Use lipase as the preferred test to evaluate for pancreatitis
- Do not trend lipase or amylase

Recommendation 5

For **stable patients** with **acute choledocholithiasis** or **gallstone pancreatitis** who have demonstrated **biochemical or mechanical common bile duct clearance*** and are awaiting same admission cholecystectomy:

- Stop trending liver enzymes once a clear downward trend has been established, then stop all routine blood work once patient is booked for surgery**
- Do not order post-operative blood work after uncomplicated same-admission laparoscopic cholecystectomy.

Recommendation 6

For **stable patients** with an **uncomplicated adhesive small bowel obstruction**:

- Stop routine blood work once the nasogastric tube has been removed and the patient is tolerating a fluid diet.
- Continue to re-assess patients' intake and fluid status, and order blood work as clinically indicated.



*Common bile duct clearance includes both spontaneous clearance (as demonstrated biochemically with a normalization of bilirubin or radiologically with MRCP or EUS) as well as therapeutic clearance using ERCP.

**Lab work may be repeated every 72 hours if the surgery is significantly delayed or sooner if the patient's clinical status changes

Supplemental Figure 1: Appropriate investigations for each surgical diagnosis for uncomplicated and medically stable patients as determined by modified Delphi consensus (19). Abbreviations: EUS = Endoscopic Ultrasound, ERCP = Endoscopic Retrograde Cholangiopancreatography, MRCP = Magnetic Resonance Cholangiopancreatography