



S1 Fig: Conduction of CLP

- 1) Laparotomy: A 1 cm midline cut is made into the skin only, approximately 0.5-1 cm away from xiphoid process. Then another 1 cm midline cut through the abdominal musculature into peritoneum is performed.
- 2) Isolation of cecum. Cecum is identified, isolated and gently exteriorized with a non-crushing forceps.
- 3) Ligation of the cecum. Cecum is ligated on its external third (30% \approx 0.8 to 1cm depending on the caecum size) with a non absorbable silk surgical suture (USP3/0, EP 2).
- 4) Puncture of the cecum. Cecum is punctured twice with a 21-gauge needle to create two single holes (this is not a through and through puncture). After removing the needle, a small amount (droplet) of feces from penetration holes was extruded to ensure patency. The wound is sutured in layers. First, muscles are sutured using an absorbable polyglycolic acid suture (USP3/0, EP 2). Then, skin is closed with Michel wound clips (7.5 mm).