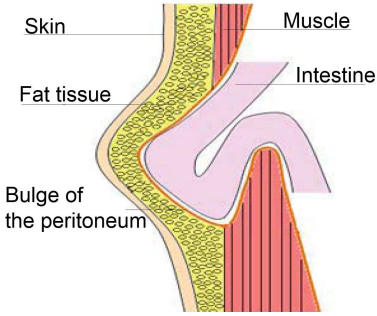


Supplementary Tables

Supplementary Table 1: Characteristics of patients included and excluded from the study.			
Variable	Included patients (n = 72)	Excluded patients (n = 193)	p-value
Age, mean \pm SD	59.2 \pm 11.5	64.1 \pm 12.9	0.005
Gender, n (%)			0.887
Male	46 (64)	121 (63)	
Female	26 (36)	72 (37)	
BMI, mean \pm SD	26.8 \pm 4.0	26.3 \pm 4.5	0.4
Tumor location, n (%)			0.128
C18/C19 Colon or rectosigmoid	33 (46)	110 (57)	
C20 Rectum	39 (54)	83 (43)	
Stage, n (%)			0.126
0/I/II	47 (65)	105 (54)	
III/IV	25 (35)	88 (46)	

Supplementary Table 2: Self-administered patient questionnaire for incisional hernia occurrence.	
What is an incisional hernia?	 <p style="background-color: yellow;">Surgeries that require the incision of the abdominal cavity, may lead to weak points in the abdominal wall. It is possible that a loophole develops in the area of the scar, through which the intestines can stick out. Subsequently this can lead to a visible bulge at the belly.</p>
Question: Did an incisional hernia occur after your surgery?	<p>No</p> <p>Yes</p> <p>Not sure (please specify: _____)</p>

Supplementary Table 3: Phone interview questions to verify the occurrence of an incisional hernia.	
1. Has an incisional hernia occurred?	No Yes
2. When has the hernia occurred?	_____ months (postoperative)
3. Did you detect the hernia yourself?	No Yes
4. Was the hernia confirmed by a physician?	No Yes
if "yes":	
4a. Was the hernia confirmed by a physical examination?	No Yes, date: _____.
4b. Was the hernia confirmed by sonography?	No Yes, _____ date: _____.
5. Was the hernia incarcerated?	No Yes
6. Was the hernia frequently controlled by a physician?	No Yes
6a. Date of last control?	Date: _____.
7. Did you have discomfort at the surgery site other than hernia?	No Yes
7a. Pain?	No Yes
7b. Reduced muscle load capacity?	No Yes
7c. Other? If yes, please specify.	No Yes: _____.
8. Symptoms related to hernia?	No Yes: _____.
9. Was a surgery performed to correct the hernia?	No Yes
9a. Date of surgery?	Date: _____.
9b. Mesh implantation?	No Yes
10. Has the hernia recurred after surgery?	No Yes
10a. Date of recurrence?	Date: _____.
11. Have you performed frequent lifting of over 5kg?	No Yes
12. Additional remarks?	_____.