

Data Sharing Statement

Article Info	https://dx.doi.org/10.21037/tau-22-691	
Item	Question	Authors' Response (place "-" if not applicable)
1	Would you like to share data collected for your study to others?	Yes.
2	If not, would you like to share the reason for your decision?	-
3	What data in particular will be shared?	The data involved in this study are willing to share.
4	Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	Statistical analysis plan and clinical study report will also be shared if requested.
5	When will data availability begin?	From the publication date.
6	When will data availability end?	Two years within the publication date.
7	To whom will you share the data?	Pediatric urologist, rehabilitation physician.
8	For what type of analysis or purpose?	To evaluate the risk factors for postoperative complications.
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: hezreva@163.com.
10	Any other restrictions?	-