Supplementary

Table S1 Components of the ERAS protocols adopted

Categories	Components
Preoperative optimization	
Assessment of patients	Screen for chronic conditions. Assessment of weight loss and malnutrition. Cessation of tobacco and alcohol 4–6 weeks prior to surgery. Prescribe nutritional shakes if needed
Patient education about the ERAS bundles	Educate the patients about the purpose of the ERAS bundles. Provide a booklet with explanations on each component of the protocols. Reinforce the patients' role in their own recovery
Shortened fasting time	Reduced fasting time for solid food for 6 hours prior to surgery, and for clear liquids for 3 hours prior to surgery
Carbohydrate loading	Start providing commercialized carbohydrate drinks from the evening before surgery up to until 3 hours prior to the beginning of the surgery
Avoidance of mechanical bowel preparation	Avoid enema for bowel preparation
Intraoperative optimization	
Minimal use of intraperitoneal drains	Avoid using intraperitoneal drains unless necessary
Minimal use of urinary drains	Avoid using urinary drains unless necessary (or unless it is expected for the patient not being able to ambulate for a long period of time)
Postoperative optimization	
Perioperative fluid balance	Avoid fluid overloading by intravenous hydration after surgery. Tolerate without providing additional intravenous fluid up to urine output of 20 mL/h. Provide 300 mL of crystalloid fluid if urine output records less than 20 mL/h
Multimodal analgesia	Administer intravenous NSAID and acetaminophen alternatively every 4 hours after surgery. Administer oral analgesic medication once the patient begins dieting. Avoid administering opioid analgesia unless pain is intolerable by the above regimens
Postoperative antiemetics	Administer intravenous antiemetic medication as the patient is taken to the post-anesthesia care unit from the operation room. Administer another bolus of intravenous antiemetic medication on return to the ward
Early removal of drains	Remove all intraperitoneal drains as soon as conditions allow
Early removal of intravenous lines	Remove all intravenous lines as soon as the patient can tolerate drinking fluid by mouth
Early diet	Resume normal diet as soon as the patient can tolerate
Ileus prevention	Provide the patients with chewing gum and non-sugar coffee. Help the patients on ward ambulation with personal assistant

ERAS, enhanced recovery after surgery.

Table S2 Reasons for discontinuation of the ERAS protocols

Reasons for discontinuation of the ERAS protocols
Exclusion of patients due to pre-existing morbidity (e.g., high-risk of complication with early diet due to previous esophageal surgical history)
Unexpectedly high complexity of surgery
Errors in inter-department communications
Patient refusal

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