

Supplementary Table 1 Perioperative Pathway Management for Gastric Cancer.

Programme components		ERAS group	Conventional group	
Preoperative	Health education, exercise advice, dietary guidance	Yes	Yes	
	Organ function evaluation	Yes	Yes	
	Pre-rehabilitation treatment	Yes	No	
	MDT, Clinical Decision Making	Yes	Yes	
	Preoperative nutritional assessment and intervention	Yes	Yes	
	Intestinal preparation	Enteral nutrition No mechanical bowel preparation	No Traditional mechanical intestinal preparation	
Intraoperative	Preoperative fasting and abstinence from drinking	Fasting 6 hours before the operation 2-hour oral glucose infusion 200 ml	Fasting and drinking for 8-10 hours before the operation	
	Intraoperative safety check (WHO Checklist)	Yes	Yes	
	Local anaesthesia in the deep layers of the incision at the end of surgery	Local anaesthesia (0.5% ropivacaine)	No	
	Prevention of antibiotic use	30 minutes before operation, operation time >3 hours, or more than one bleeding event ≥ 1000 ml	Application for 1-2 days	
	Surgical incision	Small midline (<8 cm) incision at the upper abdomen	Small midline (<8 cm) incision at the upper abdomen	
	Precision Surgery	Laparoscopic	Laparoscopic	
	Anaesthesia mode	General anaesthesia combined with epidural anaesthesia ^a (T7-T8)	General anaesthesia	
	Intraoperative heat preservation ^b	Yes	No	
	Postoperative	Urinary catheter	Removal within 24 hours	Routine indwelling catheter for 1-3 days after operation (until the patient is ambulatory and can urinate on his own)
		Abdominal drainage tube	Avoid placement or removal early after the operation as much as possible	Removal before discharge ^c
Gastric tube		No use or removal ≤ 24 h	Retention for 1-3 days ^d	

Early bedside activity	Start cautiously and plan your activities	2-3 days after operation
Postoperative analgesia	Multimodal analgesia ^e	Opioids ^f
Goal-directed therapy	Yes	No
Prevention of deep venous thrombosis	Basic prevention + Physical prevention + Drug prevention	Basic prevention + Physical prevention + Drug prevention
Early EN after operation	Sequential EN treatment after awakening from anaesthesia	Gradually start EN after anal exhaust

Notes: Abbreviations: NSAIDs, Non-steroidal anti-inflammatory drugs; EN, Enteral nutrition.

a Dose/drug: 500 mg of ropivacaine + 400 mg of lidocaine and liquid intake rate of 2 ml/h

b Heat preservation measures: Pre-heated fluid replenishment, thermal blanket, heater

c Extubation indication: The drainage fluid is light red or clear, with a volume of less than 20 ml, and pancreatic amylase is negative for 24 hours

d Criteria for the removal of nasogastric tube: Recovery of intestinal peristalsis, anal exhaust and oral intake of clear fluids

e Multimodal analgesia: POD1~2 patient controlled epidural analgesia (Lidocaine + Ropivacaine); POD3~5, 0.65 g of regular oral paracetamol q8h; when the visual analogue scale \geq 4, 50 mg of flurbiprofen is injected intravenously.

f Opioids: POD1~2, 50 mg of tramadol q8h; when the visual analogue scale \geq 4, 50 mg of tramadol is injected intravenously (dose \leq 400 mg/d).

