Appendix 1 to Gill RS, Majumdar SR, Rueda-Clausen CF, et al. Comparative effectiveness and safety of gastric bypass, sleeve gastrectomy and adjustable gastric banding in a population-based bariatric program: prospective cohort study. *Can J Surg* 2016.

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Surgical Procedure

All bariatric surgical procedures were completed using a laparoscopic approach. Patients were positioned supine. Deep vein thrombosis prophylaxis consisted of pneumatic compression stockings and 5000 units of subcutaneous heparin delivered preoperatively. The patients received intravenous cefazolin 2g or clindamycin 600mg preoperatively. Foley catheters were not routinely placed.

LRYGB

For the LRYGB, the gastrojejunal (GJ) anastomosis was completed either by intracorporeal suturing (hand-sewn) or with the use of circular EEA (OrVil^{TM}) stapler. The entero-enterostomy was created with linear staplers and suturing. The roux limb was approximately 100 cm in length and was placed in the antecolic position. Methylene blue injected through a gastroscope or nasogastric tube was used to test the integrity of the GJ anastomosis.

LSG

For the LSG, the greater curvature vessels were divided using harmonic scalpel. The sleeve gastrectomy was calibrated using a 50 French bougie . The stomach was divided 6cm proximal to the pylorus using a 60 mm Covidien Tri-stapler starting with black cartridges (x2 applications)

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progressing to purple cartridges. The specimen was retrieved through the 15mm port site. Contrast upper gastrointestinal imaging was performed on a routine basis.

LAGB

For the LAGB, a retrogastric tunnel 1-2cm inferior to the gastroesophageal junction was developed using blunt dissection. A swedish adjustable gastric band (Realize I/II^{TM}) was passed through the retrogastric tunnel. Anteriorly, two sutures were used to fold the fundus of stomach over the band. The reservoir (port) was then placed subcutaneously in the left upper quadrant for future band-fill adjustments. Typically, patients were discharged home on postoperative day 1-3 on a liquid diet. At 3 weeks, patients tolerating liquid diets were advanced slowly to a solid diet.