Supplemental Table 1: Demographics and diagnoses of patients who met exclusion criteria

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| **Total (n = 42)** | **n (%)** |
| Age at time of first surgery |  |
| < 7 days (n, %) | 9 (21) |
| 8-30 days | 22 (52) |
| > 30 days to 6mo | 11 (26) |
| Primary diagnosis  |  |
| Patent ductus arteriosus (n, %) | 26 (62) |
| Injury or malformation of the tracheobronchial tree | 3 (7) |
| Ventricular septal defect repair | 3 (7) |
| Cardiorespiratory failure necessitating ECMO | 2 (5) |
| Coarctation of the aorta | 2 (5) |
| Single ventricle physiology | 2 (5) |
| Pericardial disease | 1 (2) |
| Congenital atrioventricular block | 1 (2) |
| Truncus arteriosus repair | 1 (2) |
| Pulmonary atresia/ventricular septal defect repair | 1 (2) |

The patients with ventricular septal defect, single ventricle physiology, pulmonary atresia, and truncus arteriosus also had congenital gastrointestinal malformations which precluded enteral feeds (eg Hirschprung’s disease, intestinal atresia or imperforate anus). The patients with coarctation of the aorta and truncus arteriosus also had another anomalies and were cared for in the neonatal intensive care unit. The patients with patent ductus arteriosus requiring surgical ligation also received their postoperative care in the neonatal intensive care unit. Of the 26 patients who underwent ligation of patent ductus arteriosus, 24 were born preterm. The patient with congenital atrioventricular block was cared for in the neonatal intensive care unit secondary to prematurity of <33 weeks.