

## Supplement 2 Standard anaesthetic management

1. The intravenous route will be established according to anaesthesia and surgical requirements after admission. Electrocardiograms, heart rate, blood pressure and pulse oxygen saturation will be routinely monitored.
2. Anaesthetic methods: intravenous and inhaled combined anaesthesia. Rocuronium bromide will be added intermittently according to the course of surgery.
3. Mechanical ventilation is initiated with the following parameters: tidal volume, 6–8 mL/kg; respiratory rate, 12–15/min; inspiratory/expiratory ratio, 1:2; inspired oxygen concentration, 60%; and fresh gas flow, 1–2 L/min. The respiratory parameters should be regulated, the patient should be properly hyperventilated, and blood PaCO<sub>2</sub> should be maintained at 30–35 mmHg. After the operation, the sevoflurane was removed, and the fresh gas flow was adjusted to 6 L/min.
4. Hemodynamic management: The anesthesiologist maintains intraoperative blood pressure within 20% of the patient's baseline blood pressure.
5. The BIS is maintained between 40 and 50.
6. All the subjects were given 8 mg of ondansetron intravenously during anaesthesia to prevent postoperative nausea and vomiting. For subjects with severe nausea and vomiting (three or more episodes of vomiting or inability to perform daily activities due to nausea and vomiting), additional medications such as ondansetron may be administered for postoperative remedial antiemetic therapy.
7. Patients with postoperative pain scores  $\geq 4$  can be given analgesic drugs, such as oxycodone and acetaminophen, for postoperative remedial analgesic treatment.