



Supplementary Material

10.1302/2633-1462.24.BJO-2021-0008.R1

Table i. Normality tests of continuous variables

Normality tests	Kolmogorov-Smirnov (< 0.05 = normally distributed)					p-value
	Total	COVID-19	Mortality	Lock down	Trauma / Elective	
Age	< 0.001	0.2	0.2	< 0.001	0.021	< 0.001
Number of operations (calculated)	< 0.001	0.014	< 0.001	< 0.001	< 0.001	< 0.001
Time from injury / listing to surgery (calculated - days)	< 0.001	0.006	< 0.001	< 0.001	< 0.001	< 0.001
Length of stay (calculated - days)	< 0.001	< 0.001	0.2	< 0.001	< 0.001	< 0.001
Length of surgery (mins)	< 0.001	< 0.001	0.2	< 0.001	< 0.001	< 0.001
Number of comorbidities (calculated)	< 0.001	< 0.001	0.014	< 0.001	< 0.001	< 0.001
Time from surgery to COVID-19 diagnosis (days)		0.073				

Table ii. Variable completion of full dataset.

Variables recorded	Data available
Continuous	(n/6,644)
Age	6,644
Number of operations (calculated)	6,644
Time from injury / listing to surgery (calculated - days)	6,405
Length of stay (calculated - days)	6,625
Length of surgery (mins)	6,145

Number of comorbidities (calculated)	6,635
COVID-19-specific	(n/35)
Time from surgery to COVID-19 diagnosis (days)	34
Categorical	(n/6,644)
COVID-19-positive (Y/N)	6,644
Gender (Y/N)	6,644
Ethnicity	6,122
Foot and ankle diagnosis	6,641
Trauma / Diabetic foot / Elective	6,641
Invasiveness of surgery (MUA / percutaneous / open, etc.)	6,642
Urgency of surgery (NCEPOD)	6,639
Type of anaesthetic (LA / regional / general)	6,472
ASA grade (1 to 5)	6,264
Pathway type (Blue / Green)	6,548
Smoking status (Y/N)	6,404
Comorbidities (Y/N)	6,635
Asthma / COPD	6,635
Active malignancy	6,635
Chronic kidney disease	6,635
Cardiac history	6,635
Dementia	6,634
Diabetes	6,635
Hypertension	6,635
Peripheral vascular disease	6,635
Stroke	6,635
Other	6,635
Infection (none / superficial / deep)	6,635
Complications (none / surgical / non-surgical)	6,634
Mortality (Y/N and within 7 days / within 30 days)	6,634
COVID-19-specific	(n/35)
Method of diagnosis (swab / symptoms)	35
Minor pulmonary complications (Y/N)	35
Major pulmonary complications (Y/N)	35
Renal complications (Y/N)	35

Treatment (level of support required)	35
Period of treatment (pre-lockdown / lockdown / post-lockdown)	6,644

STROBE Statement: checklist of items that should be included in reports of cross-sectional studies

	Item No	Recommendation	Checklist
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	Classed as Audit
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	Done
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	Done
Objectives	3	State specific objectives, including any prespecified hypotheses	Done
Methods			
Study design	4	Present key elements of study design early in the paper	Done
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Done
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	Done
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Done
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Done
Bias	9	Describe any efforts to address potential sources of bias	Done
Study size	10	Explain how the study size was arrived at	Done
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Done
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	Done
		(b) Describe any methods used to examine subgroups and interactions	Done
		(c) Explain how missing data were addressed	Done
		(d) If applicable, describe analytical methods taking account of sampling strategy	Done

		(e) Describe any sensitivity analyses	Done
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Done
		(b) Give reasons for non-participation at each stage	Done
		(c) Consider use of a flow diagram	Done
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Done
		(b) Indicate number of participants with missing data for each variable of interest	Done
Outcome data	15*	Report numbers of outcome events or summary measures	Done
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Done
		(b) Report category boundaries when continuous variables were categorized	Done
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Done
Discussion			
Key results	18	Summarise key results with reference to study objectives	Done
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Done
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Done
Generalisability	21	Discuss the generalisability (external validity) of the study results	Done
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Done

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the

Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.

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