

Supplementary material: Definition of the complications analyzed

Reoperation	Patient returned to the operating room for any reason
Reoperation for bleeding or cardiac tamponade	Patient returned to the operating room for mediastinal bleeding/tamponade.
Perioperative MI	Development of new Q waves on surface ECG in at least two contiguous leads in the first 24 hours with elevation greater than 5 times upper limit of CK-MB.
Mediastinitis	Deep wound infection that affects sternal bone, muscle and / or mediastinum and requires antibiotic treatment and / or surgical debridement.
Severe sepsis /septic shock	Systemic inflammatory response syndrome (SIRS) criteria, with positive cultures and / or need for vasoactive drugs.
Prolonged mechanical ventilation.	Need for invasive mechanical ventilation longer than 24 hours after surgery
Pneumonia	Positive culture of respiratory sample obtained by sterile technique (BAL, tracheal aspirate) and / or appearance of new radiographic infiltrates
Atrial fibrillation	Development of new atrial fibrillation requiring treatment for control. Excludes previous AF recurrence.
Renal failure	Worsening of preoperative renal function requiring the use of renal replacement therapy (hemodialysis or hemofiltration).
Stroke	New abrupt onset neurological deficit that is not resolved within 24 h.
Heart Block	Development of new atrioventricular conduction block requiring permanent ventricular pacemaker implantation
Cardiac Arrest	Ventricular arrhythmias (VF or pulseless VT) or asystole.
Cardiac Taponade	Pericardial effusion with clinically and/ or echocardiographically compromised right heart filling that does not require surgery.
Multiple organ failure	Two or more major organ systems suffer compromised functions (neurological, renal, pulmonary, cardiac or vascular)