Additional File 1 STROBE Statement. Checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Page No.	Relevant text from manuscript
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	1	
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	3-4	
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	6-7	
Objectives	3	State specific objectives, including any prespecified hypotheses	7	
Methods				
Study design	4	Present key elements of study design early in the paper	8	
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	8	
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	8-9	
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case		
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	8-9	
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	9	
Bias	9	Describe any efforts to address potential sources of bias	9-10	
Study size	10	Explain how the study size was arrived at		

Continued on next page

Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	9-10
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding	9-10
		(*b*) Describe any methods used to examine subgroups and interactions	9-10
		(*c*) Explain how missing data were addressed	9-10
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy	9-10
		(*e*) Describe any sensitivity analyses	
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	11-12
		(b) Give reasons for non-participation at each stage	Figure 1
		(c) Consider use of a flow diagram	Figure 1
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	11-12
		(b) Indicate number of participants with missing data for each variable of interest	11-12
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)	8-9
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time	12-14
		Case-control study—Report numbers in each exposure category, or summary measures of exposure	
		Cross-sectional study—Report numbers of outcome events or summary measures	
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	12-14
		(*b*) Report category boundaries when continuous variables were categorized	
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	

Continued on next page

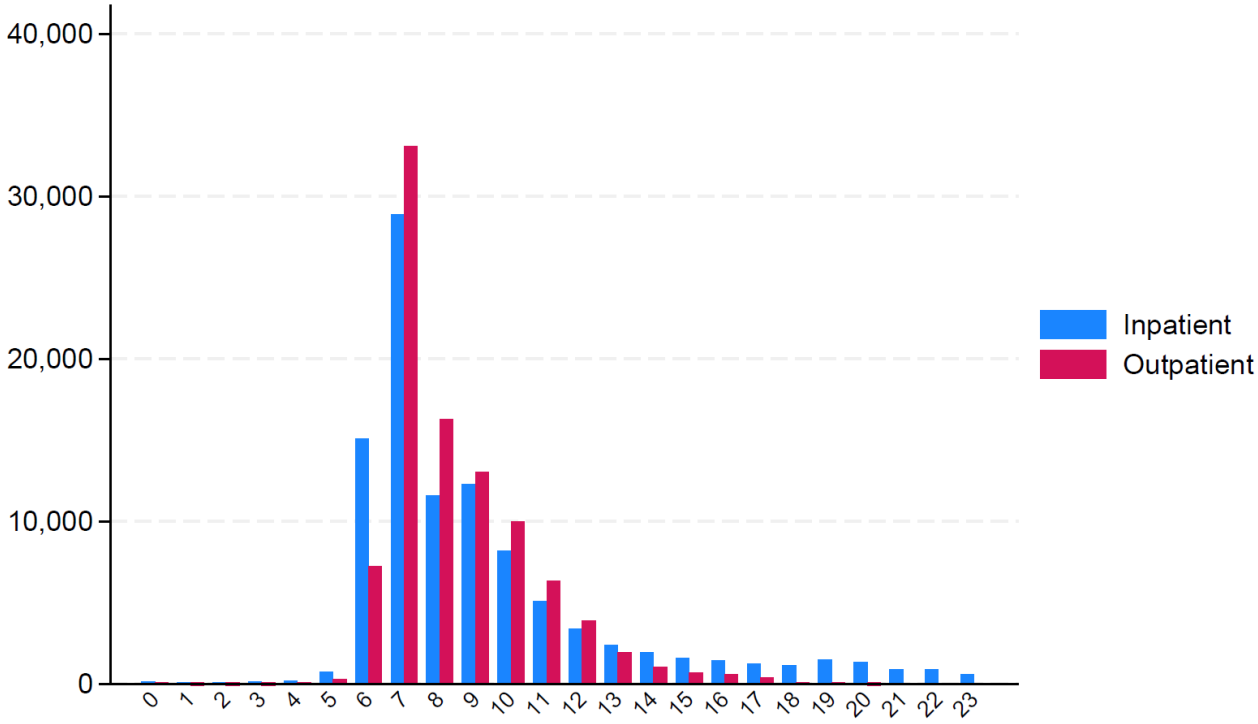
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	12-14
Discussion			
Key results	18	Summarise key results with reference to study objectives	15
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	15-17
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	19
Generalisability	21	Discuss the generalisability (external validity) of the study results	18
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	2

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

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.

Additional File 2 Surgical procedures included and the corresponding Danish procedure codes

Surgical procedure	Procedure code
Thyroid surgery	KBAA20 KBAA25 KBAA40 KBAA43 KBAA20A KBAA25A KBAA50A
Tonsillectomy	KEMB10 KEMB20
Laparoscopic repair of inguinal hernia	KJAB11
Laparoscopic repair of umbilical hernia	KJAF11
Laparascopic cholecystectomy	KJKA21
Endoscopic resection/destruction of lesion of bladder (TUR-B)	KKCD32
Laser resection of prostate	KKED52
Transurethral resection of prostate (TUR-P)	KKED22
Hysterectomy, vaginal	KLCD10 KLCD11
Hysterectomy, abdominal	KLCD01 KLCD04 KLCD01B KLCD01A
Subacromial decompression	KNBG09
Rotator cuff repair	KNBL49 KNBL49A KNBL49A1 KNBL49A2 KNBL49A6 KNBL49A7 KNBL49A9
Shoulder arthroscopy	KNBA11 KNBA11B
Hip arthroplasty	KNFB20 KNFB30 KNFB40
Arthroscopic repair of anterior cruciate ligament (ACL reconstruction)	KNGE45 KNGE55
Knee arthroplasty	KNGB20 KNGB30 KNGB40

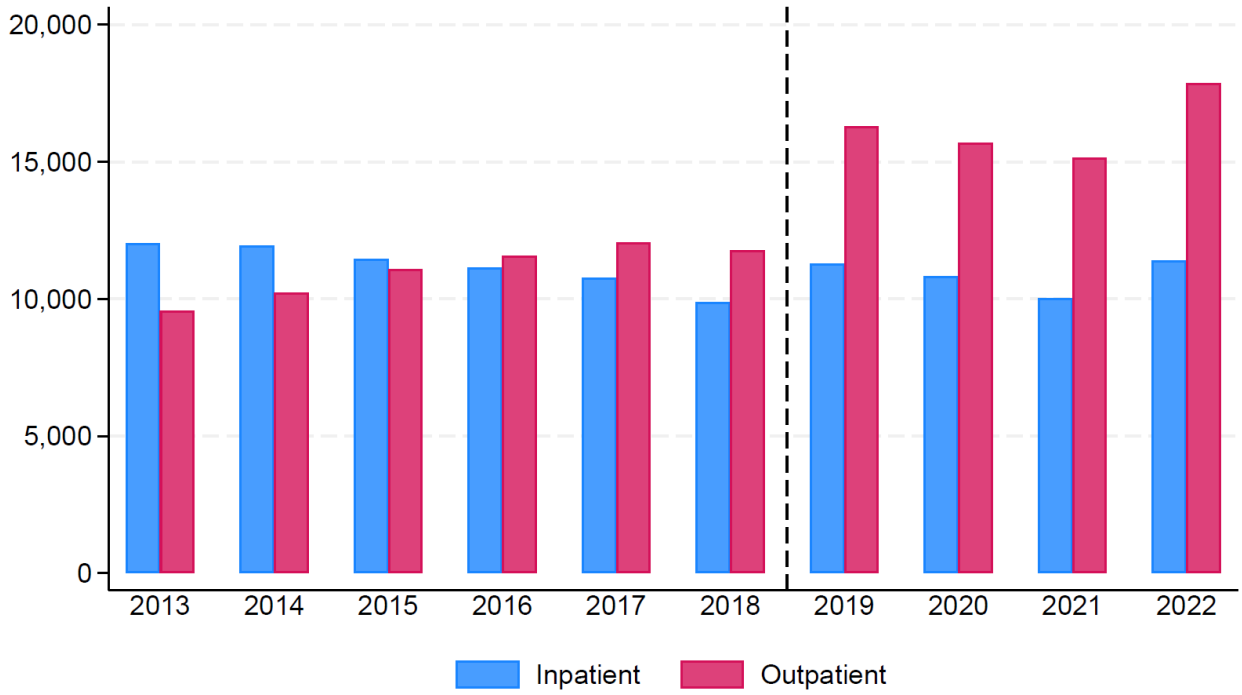


Additional File 3 Hour-of-day distribution of procedures performed from 2019-2022 stratified by setting.

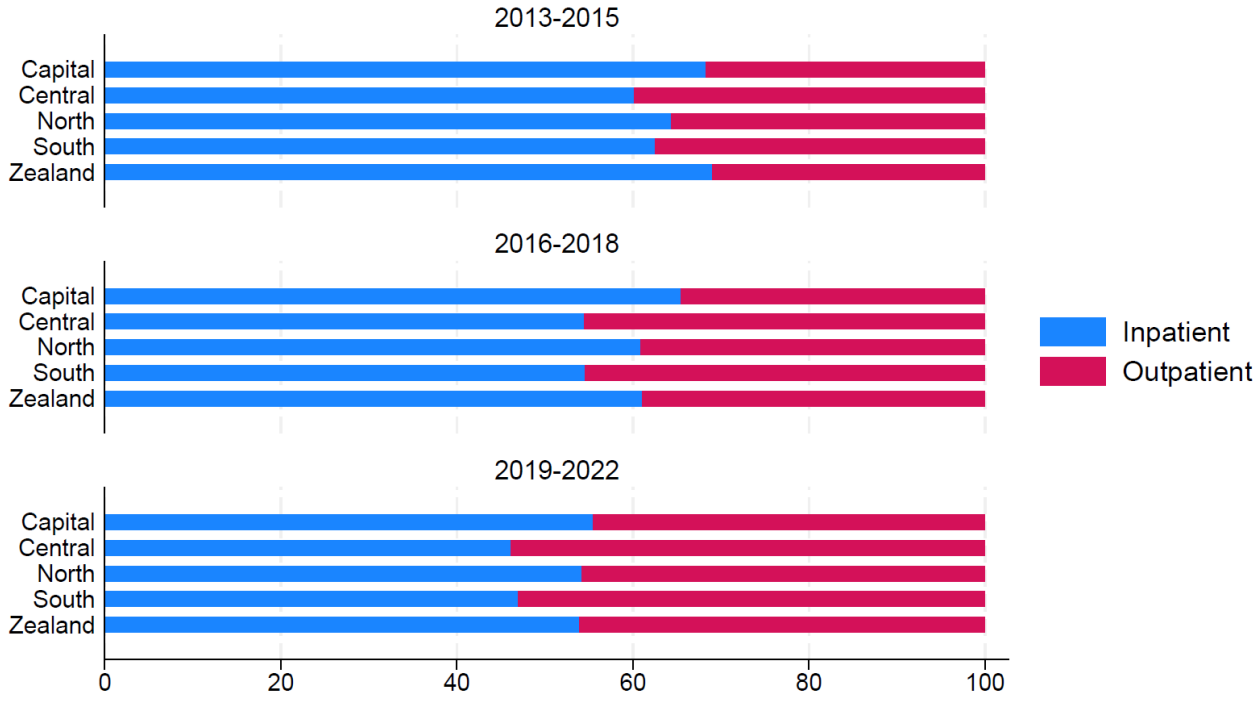
Additional File 4 Baseline characteristics of the sensitivity analysis population (<65 years)

Characteristics	Inpatient	Outpatient
All procedures	110.785	131.265
Age		
Median (IQR)	52.4 (42.6;59.6)	46.4 (32.3;55.9)
18-49	47496 (42.9)	77490 (59.0)
50-59	37205 (33.6)	35652 (27.2)
60-64	26084 (23.5)	18123 (13.8)
Sex		
Male	42386 (38.3)	66512 (50.7)
Educational level		
Lower	25695 (23.2)	29076 (22.2)
Medium	49471 (44.7)	63176 (48.1)
Higher	32936 (29.7)	36360 (27.7)
Missing	2683 (2.4)	2653 (2.0)
Disposable annual family income*		
Median (IQR)	260000 (190000;350000)	260000 (190000;340000)
Cohabitation		
Living with partner	59608 (53.8)	63087 (48.1)
Comorbidity**		
0	82446 (74.4)	110093 (83.9)
1	13400 (12.1)	12524 (9.5)
2	9843 (8.9)	5834 (4.4)
3>	5096 (4.6)	2814 (2.1)
Region of residence		
Capital	32284 (29.1)	33139 (25.2)
Central	24682 (22.3)	33664 (25.6)
North	13588 (12.3)	12829 (9.8)
Zealand	17108 (15.4)	18809 (14.3)
South	22954 (20.7)	32648 (24.9)
Missing	169 (0.2)	176 (0.1)
Year of procedure		
2013-2015	35441 (32.0)	30864 (23.5)
2016-2018	31786 (28.7)	35408 (27.0)
2019-2022	43558 (39.3)	64993 (49.5)

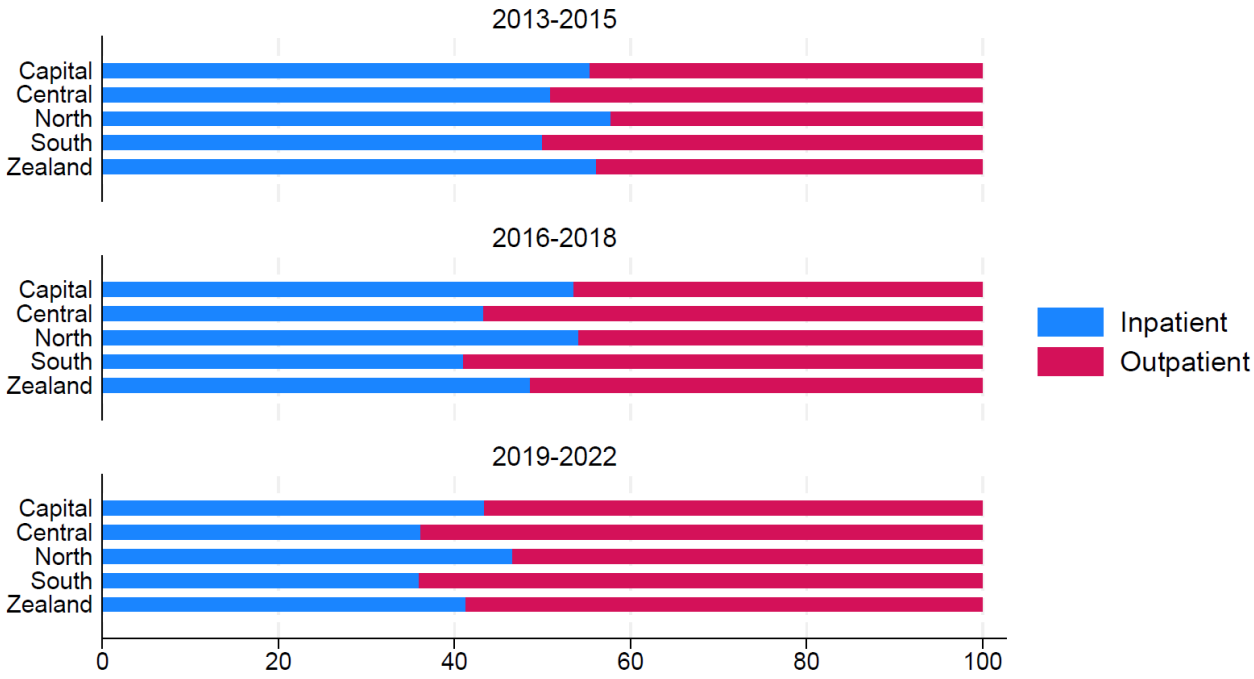
Data are shown as numbers (%) unless indicated otherwise
*In Danish kroner (DKK)
**Measured by the Charlson Comorbidity Index Score (CCI)



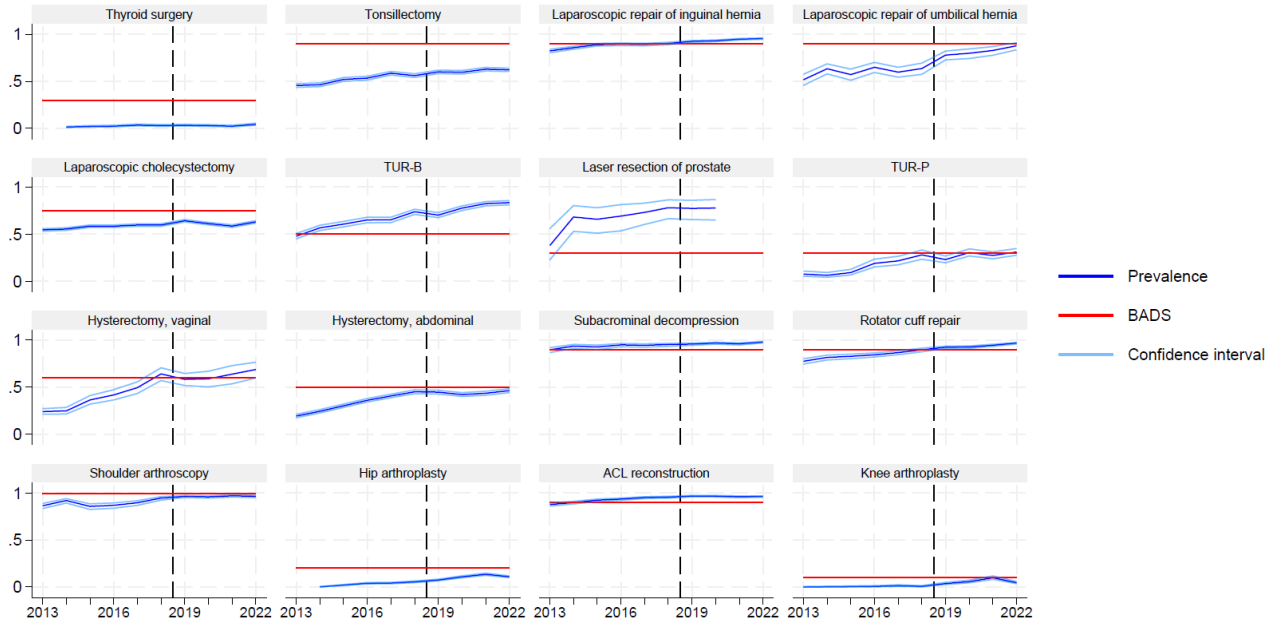
Additional File 5 The number of procedures performed on patients <65 years stratified by year and setting. The vertical dashed line between 2018 and 2019 indicates the transition from the Danish National Patient Registry version 2 (LPR2) to version 3 (LPR3).



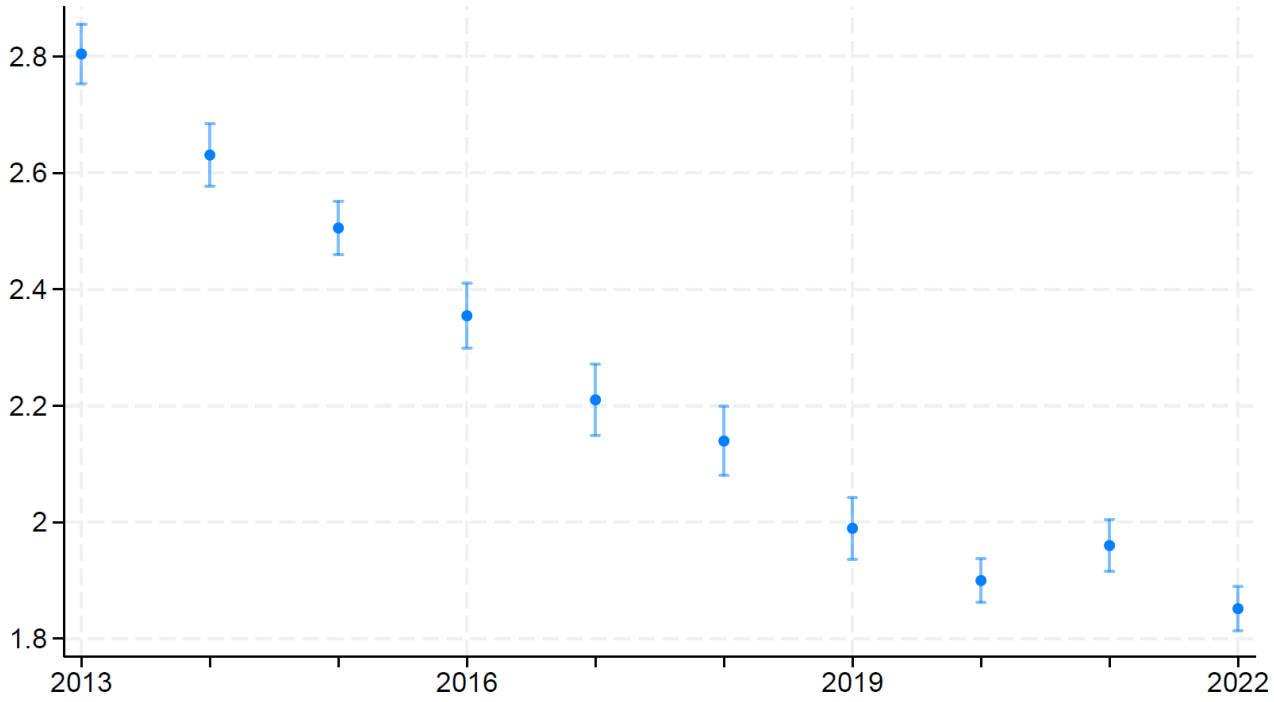
Additional File 6 The prevalence of procedures stratified by study period, setting, and region of residence.



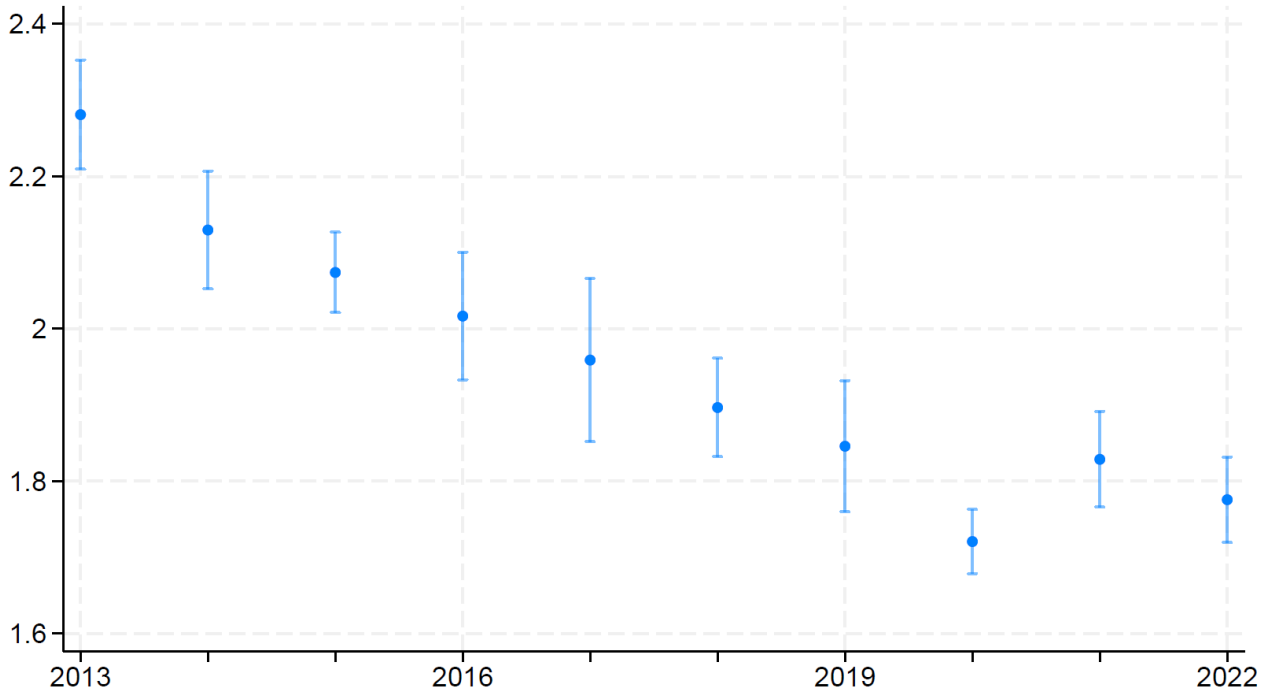
Additional File 7 The prevalence of procedures performed on patients <65 years stratified by study period, setting, and region of residence.



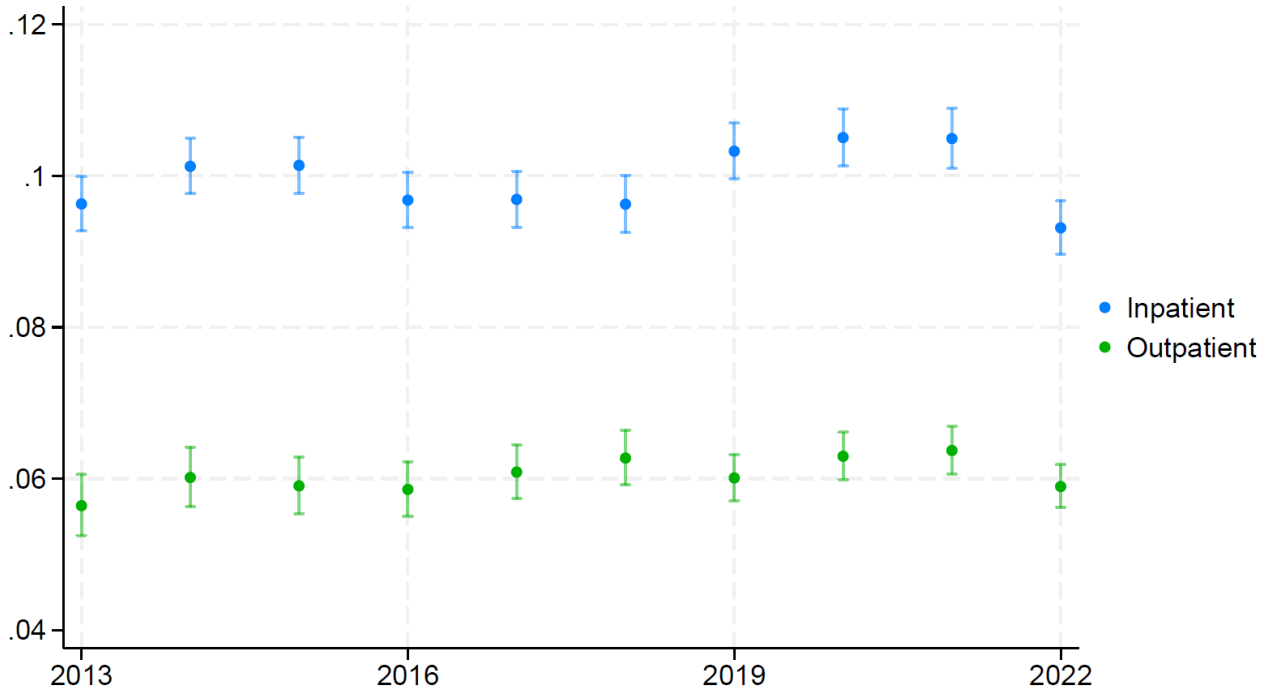
Additional File 8 The prevalence of outpatient procedures on patients <65 years compared to the BADS recommended day surgery case rates stratified by year and type of procedure. The dark blue line represents the annual prevalence of outpatient procedures, the light blue line indicates the 95% confidence interval, and the red horizontal line denotes the BADS recommended target rates in 2025. The vertical dashed line between 2018 and 2019 indicates the transition from the Danish National Patient Registry version 2 (LPR2) to version 3 (LPR3). TUR-B = Endoscopic resection/destruction of lesion of bladder TUR-P = Endoscopic resection of prostate. ACL reconstruction = Arthroscopic repair of anterior cruciate ligament.



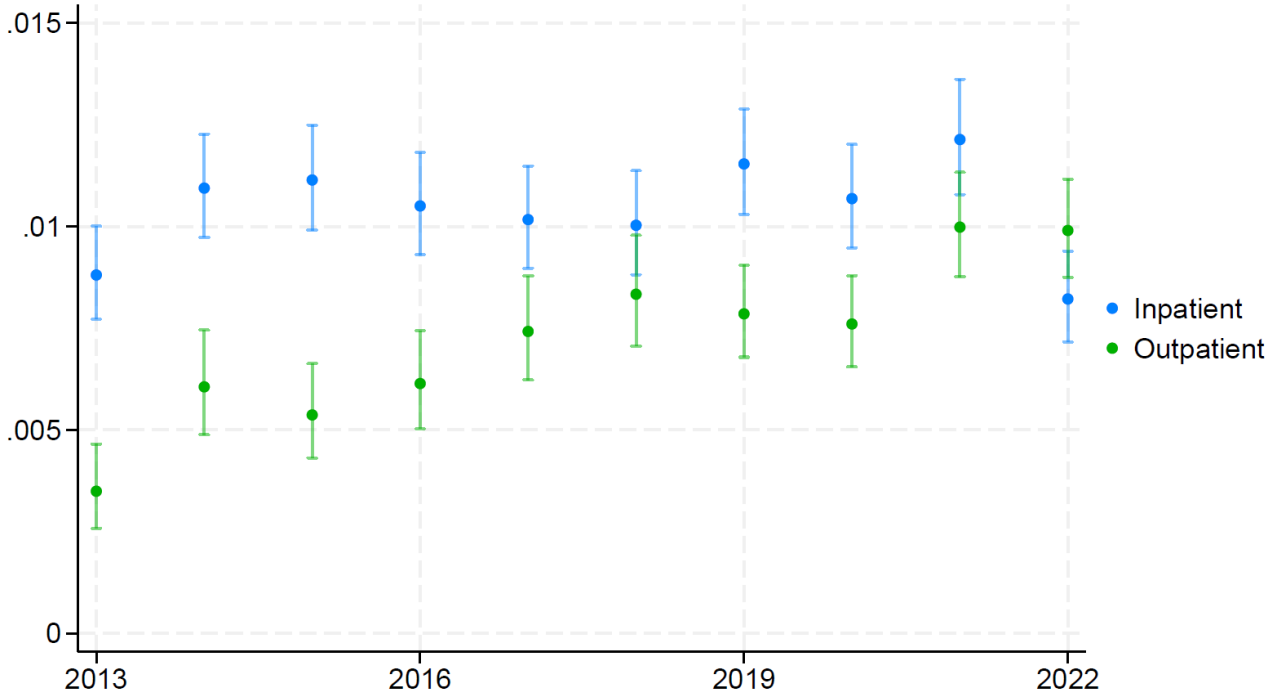
Additional File 9 The restricted inpatient mean length of stay stratified by year.



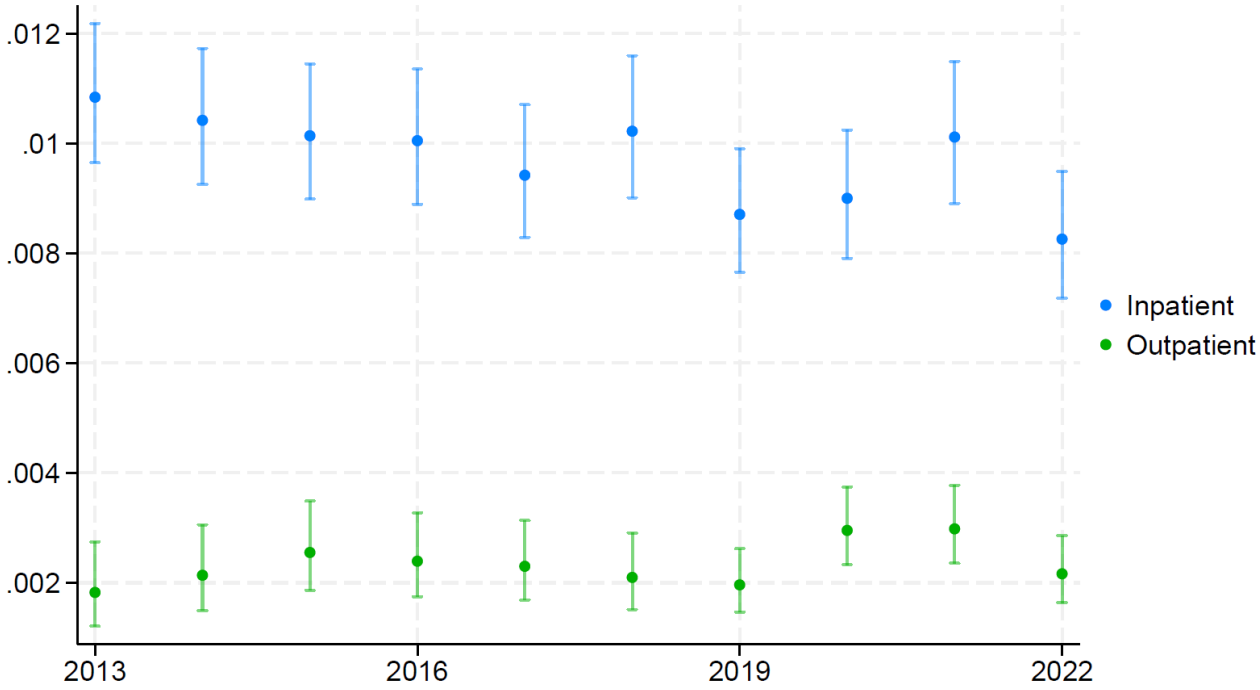
Additional File 10 The restricted inpatient mean length of stay in patients <65 years stratified by year.



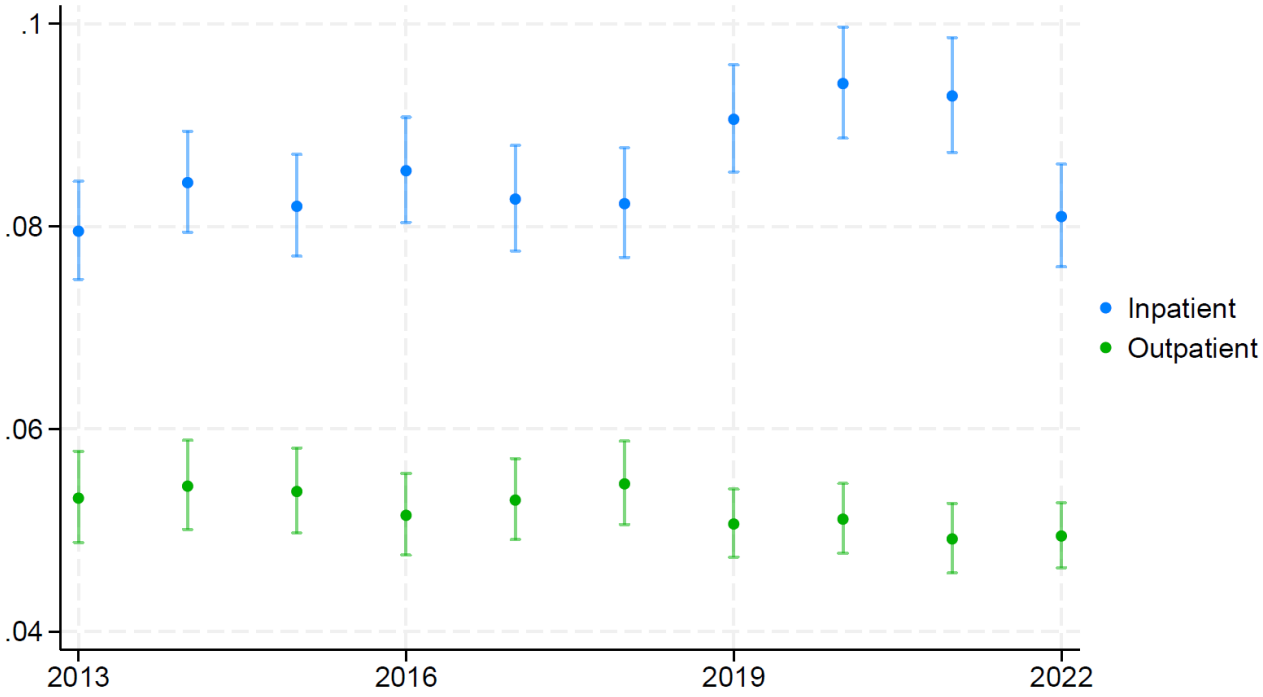
Additional File 11 Cumulative incidence and 95%-CI for readmission within 30 days following the baseline procedure stratified by year and setting.



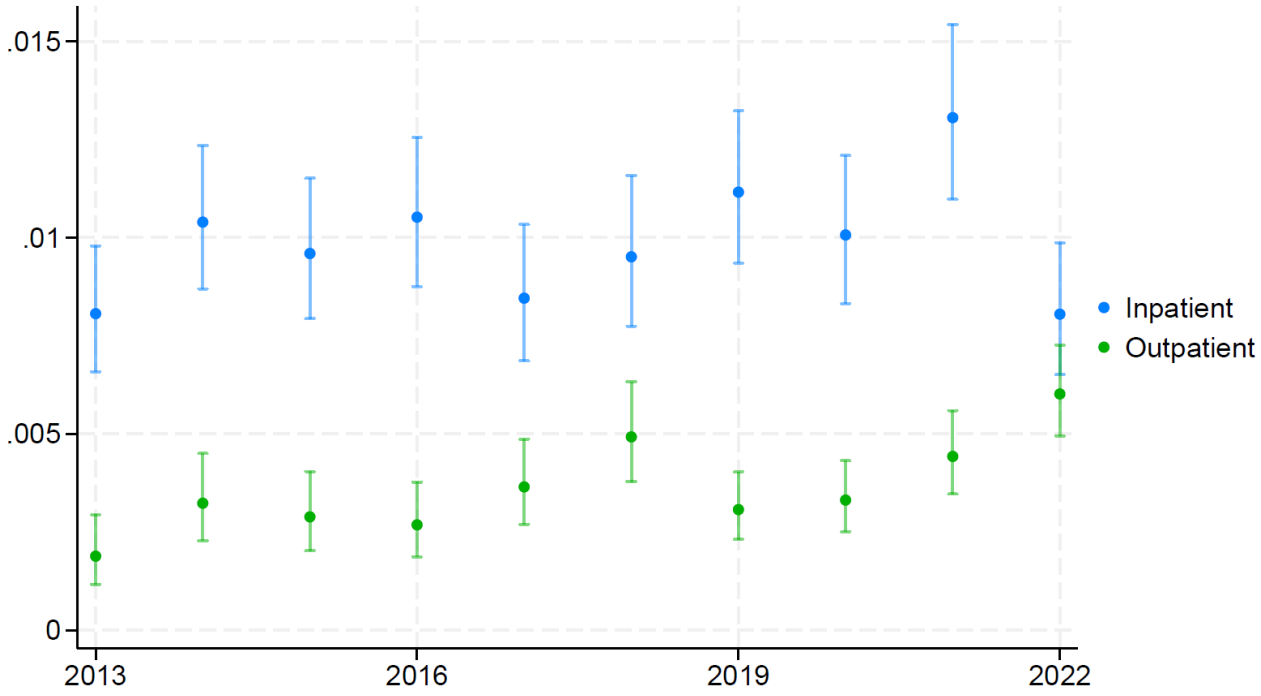
Additional File 12 Cumulative incidence and 95%-CI for reoperation within 30 days following the baseline procedure stratified by year and setting.



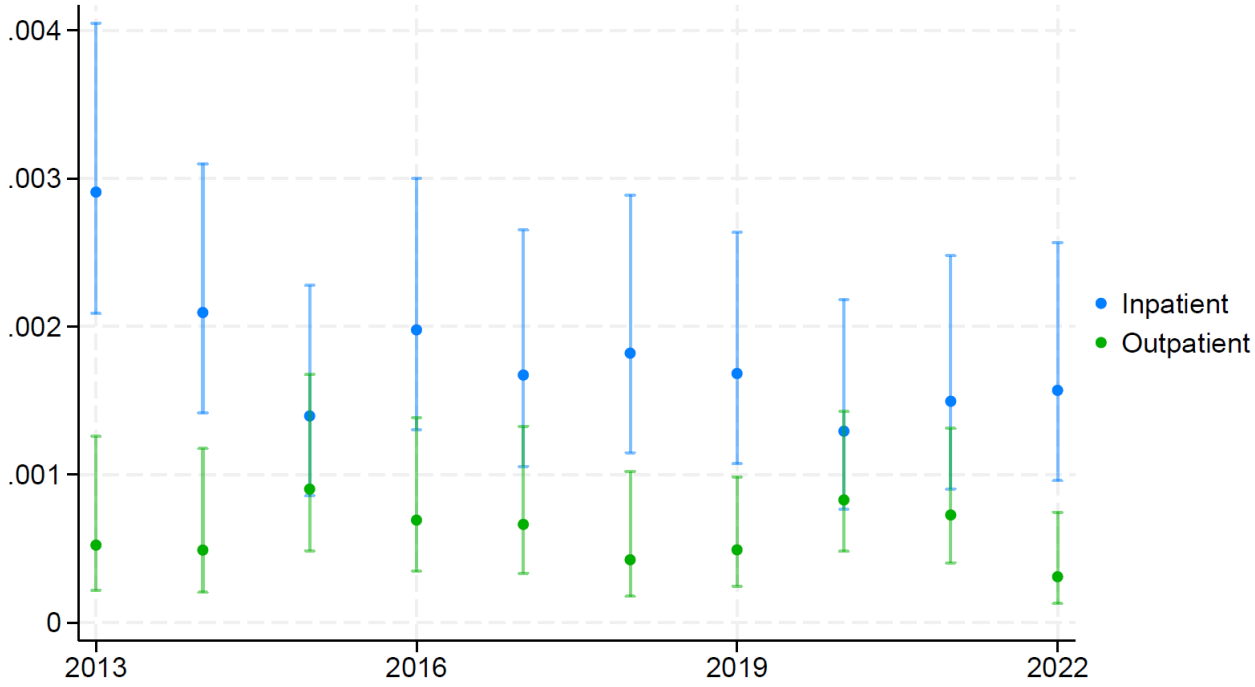
Additional File 13 Failure proportion and 95%-CI for all-cause mortality within 90 days following the baseline procedure stratified by year and setting.



Additional File 14 Cumulative incidence and 95%-CI for readmission within 30 days following the baseline procedure in patients <65 years stratified by year and setting.



Additional File 15 Cumulative incidence and 95%-CI for reoperation within 30 days following the baseline procedure in patients <65 years stratified by year and setting.



Additional File 16 Failure proportion and 95%-CI for all-cause mortality within 90 days following the baseline procedure in patients <65 years stratified by year and setting.