Certainty assessment								№ of patients		Effect		
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	RHM	LHM	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Esophag	Esophageal perforation											
14	non- randomised studies	serious	not serious	not serious	serious	all plausible residual confounding would reduce the demonstrated effect	43/2503 (1.7%)	216/10459 (2.1%)	RR 0.31 (0.16 to 0.59)	14 fewer per 1.000 (from 17 fewer to 8 fewer)	⊕⊕⊕○ Moderate	CRITICAL
Dysphag	Dysphagia requiring reintervention or endoscopic procedures											
7	non- randomised studies	serious	serious	not serious	serious	all plausible residual confounding would reduce the demonstrated effect	21/460 (4.6%)	81/584 (13.9%)	RR 0.47 (0.20 to 1.09)	74 fewer per 1.000 (from 111 fewer to 12 more)	⊕⊕○○ Low	CRITICAL
Post ope	rative Eckard	t score	<u>'</u>			1	I			<u>'</u>	'	
4	non- randomised studies	serious	serious	serious	serious	all plausible residual confounding would reduce the demonstrated effect	207	161	-	SMD 0.42 SD lower (0.94 lower to 0.11 higher)	⊕○○ Very low	CRITICAL
Conversi	Conversion to open											
11	non- randomised studies	not serious	not serious	not serious	not serious	none	0/429 (0.0%)	10/465 (2.2%)	RR 0.36 (0.13 to 1.05)	14 fewer per 1.000 (from 19 fewer to 1 more)	⊕⊕⊕⊕ High	CRITICAL

			Certainty as	ssessment			№ of patients		Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	RHM	LHM	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Intraope	Intraoperative blood loss											
5	non- randomised studies	not serious	not serious	not serious	not serious	none	216	179	-	SMD 0.46 SD lower (0.98 lower to 0.08 higher)	⊕⊕⊕⊕ High	IMPORTANT
Operativ	e time											
12	non- randomised studies	serious	serious	serious	serious	all plausible residual confounding would reduce the demonstrated effect dose response gradient	599	742	-	SMD 0.34 SD lower (1.9 lower to 1.21 higher)	⊕⊕○○ Low	CRITICAL
HLOS												
12	non- randomised studies	serious	serious	serious	serious	publication bias strongly suspected all plausible residual confounding would reduce the demonstrated effect	2448	10337	-	SMD 0.25 SD lower (0.43 lower to 0.06 higher)	⊕○○○ Very low	CRITICAL

Supplementary Table 2. Grading of Recommendations, Assessment, Development, and Evaluation framework (GRADE) stratified for different study outcomes. CI: confidence interval; RR: risk ratio; SMD: standardised mean difference