Supplementary Table 1: GRADE Summary of Findings. Concomitant LAAO compared to non-LAAO in patients undergoing cardiac surgery.

Patients or population: Adult patients aged > 18 years old with a history of atrial fibrillation

Settings: Hospital-based

Intervention: LAAO

Comparison: non-LAAO

CERTAINTY ASSESSMENT							№ of patients		Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	LAAO	Non- LAAO	Rel (95% CI)	Abs (95% CI)	Certainty	Importance
Prevention of Ischemic stroke												
18,982	RCTs, Cohort, Case- control	Serious	No serious	Serious	No serious	none	231/9473 (2%)	371/9509 (3.9%)	RR 0.65 (0.55 to 0.77)	Not estimable	⊕⊕⊕○ MODERATE	CRITICAL
All-caus	se mortali	ty							•			
1096	RCTs, Cohort	Serious	No serious	Serious	No serious	none	830/8710 (9.5%)	952/8685 (10.9%)	OR 0.74 (0.57 to 0.97)	Not estimable	⊕⊕⊕○ MODERATE	CRITICAL
Postoperative atrial fibrillation												
681	RCTs, Cohort	Serious	Serious	Serious	Serious	none	3584/6388 (56%)	3025/6521 (46.8%)	RR 1.12 (0.86 to 1.45)	Not estimable	⊕○○○ VERY LOW	IMPORTANT

LAAO = left atrial appendage occlusion; RCT = Randomized Controlled Trial