**Supplementary material**

**Supplementary text**

Detailed descriptions of the decision curve analysis (DCA)

The DCA was used to assess the clinical utility of our nomogram. The DCA algorithm assesses prediction models by calculating the range of threshold probabilities in which a prediction model was clinically useful. DCA is a compositive method for evaluating and comparing different prediction models. The theory of DCA can be illustrated by the equation below:

$$\frac{a-c}{d-b}=\frac{1-P_t}{P_t}$$

where $d$ – $b$ represents the influence of unnecessary treatment. If treatment is directed by a prediction model, $d$ – $b$ is the harm related to a false-positive result compared with a true-negative result. Inversely, $a$ – $c$ represents the consequence of rejecting beneficial treatment, in other words, the harm from a false-negative result compared with a true-positive result. $P_t$ represents where the expected benefit of treatment is equal to the expected benefit of refraining from treatment.

**Reference:** **Vickers A J**, Elkin E B. Decision Curve Analysis: A Novel Method for Evaluating Prediction Models. *Med Decis Making* 2016; **26**: 565-574 [PMID: 17099194 DOI: 10.1177/0272989X06295361]

**Supplementary Table 1 Point assignment and prognostic score for the nomogram**

| **Previous history of DVT** | **Points** | **Rebound tenderness** | **Points** |
|---|---|---|---|
| No | 0 | No | 0 |
| Yes | 90 | Yes | 100 |
| **Decreased bowel wall enhancement** | **Points** | **Serum lactate levels** | **Points** |
| No | 0 | ≤ 2 mmol/L | 0 |
| Yes | 94 | > 2mmol/L | 59 |
| **Total Points** | **Probability of transmural bowel infarction** | | |
| 21 | 0.1 | | |
| 62 | 0.3 | | |
| 89 | 0.3 | | |
| 112 | 0.4 | | |
| 132 | 0.5 | | |
| 153 | 0.6 | | |
| 175 | 0.7 | | |
| 202 | 0.8 | | |
| 243 | 0.9 | | |

DVT: deep venous thrombosis.