# Figure Captions

# **Fig. 1**

# All analyzed data were plotted with the cardiac index (CI) on the horizontal axis and the systemic vascular resistance index (SVRI) on the vertical axis. The triangles represent off-pump coronary artery bypass graft (OPCAB) cases and the circles represent living-donor liver transplantation (LDLT) cases. OPCAB demonstrated low CI and high SVRI, whereas LDLT demonstrated high CI and low SVRI. This indicates that the combination of the two types of surgical patients allowed verification of the devices using a broad range of CI and SVRI.

# **Fig. 2**

# The Bland–Altman plot of pulmonary artery catheter (PAC)-measured cardiac index (PAC-CI) and FloTrac/VigileoTM-derived CI (FT-CI). In line with the increase in (PAC-CI + FT-CI)/2, FT-CI was estimated to be higher than the actual value (R = −0.71). ULA = upper limits of agreement; LLA = lower limits of agreement; PE = percentage error.

# **Fig. 3**

# The Bland–Altman plot of pulmonary artery catheter (PAC)-measured cardiac index (PAC-CI) and LiDCOrapidTM-derived CI (LiD-CI). There was a tendency for overestimation when the increase of (PAC-CI + LiD-CI)/2 was less than that for FloTrac/VigileoTM. LiDCOrapidTM also had a smaller percentage error. ULA = upper limits of agreement; LLA = lower limits of agreement; PE = percentage error.

# **Fig. 4**

# The trending ability for FloTrac/VigileoTM was also evaluated by the polar plot method (n = 93). The cutoff value was 0.5 L/min/m2. The angular bias was 8.1°, and the angular limits of agreement were from −61.0° to 77.1°.

# **Fig. 5**

# The polar plot method for LiDCOrapidTM (n = 88). The angular bias was 6.0°, and the angular limits of agreement were from −36.1° to 48.0°. LiDCOrapidTM demonstrated a better trending ability than FloTrac/VigileoTM.