of agreeableness (ability to cooperate with others; 3.03 vs 3.74) and openness (creativity; 3.19 vs 3.67). Personality influenced anastomotic decision-making in specific circumstances e.g., high levels of openness predicted stoma formation when providing a second opinion, whereas high levels of extraversion predicted stoma formation when the patient was a staff member. Early career surgeons were highly influenced by colleague criticism following recent anastomotic leakage.

**Conclusions:** Surgeon personality influences anastomotic decision-making in difficult circumstances. Colleague support is vital following anastomotic leakage and is influential upon early career surgeons’ subsequent decision-making. Personality is modifiable through experiences, therefore targeted educational interventions (e.g. reflexivity) may enable surgeons to recognize their own cognitive biases. 