

The National Emergency Laparotomy Audit (NELA) is commissioned by the Healthcare Quality Improvement Partnership as part of the National Clinical Audit Programme on behalf of NHS England and the Welsh Government. NELA is a national clinical audit, so that means it is being carried out in over 180 hospitals in England and Wales, collecting information about the care patients received whilst in hospital. This includes information about the investigations and treatment patients received, how long it took for different parts of treatment to be given, and whether patients went to an intensive care bed after their surgery.

What is an emergency laparotomy?

An emergency laparotomy is emergency bowel surgery

- a surgical operation for patients, who often have **severe abdominal pain**, to find the cause of the problem and treat it. General anaesthetic is used and usually an incision made to gain access to the abdomen.



Who has emergency laparotomy surgery?

23,929 patients had this surgery in England and Wales in 2016–2017.

Nearly half were over the age of 70.

There are lots of different reasons patients need this surgery but all should receive the same high quality of care.



Emergency laparotomy surgery is high risk



Clinical teams looking after patients should calculate the risk of death within 30 days after surgery and should discuss this with patients and families to help them make decisions that are right for them. Assessment of risk also helps clinical teams allocate resources needed to improve the care that patients receive.

Who looks after you during your surgery?



Emergency laparotomy patients are looked after by multidisciplinary teams including experienced nurses, consultant anaesthetists and consultant surgeons.

Do you need a scan before your surgery?

Ideally yes – CT scans before surgery help teams **plan what operation**

patients might need.



Where are you cared for after surgery?

After high risk surgery such as an emergency laparotomy, patients should expect to be looked after in a **higher level care unit** such as a **high dependency unit** or **intensive care unit**.



What are the outcomes of emergency bowel surgery?



The length of time patients stay in hospital has reduced, so more patients are going home after surgery. **1 in 10** patients die after emergency bowel surgery, but the **chances of survival have improved significantly**. For more information about specific outcomes, talk to your clinical team.

What are the next steps?

NELA would like to improve the information patients receive and the support they get after their surgery.





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