

An emergency laparotomy (emergency bowel surgery) is a surgical operation for patients, often with 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.

Emergency bowel surgery can be carried out to clear a bowel obstruction, close a bowel perforation and stop bleeding in the abdomen, or to treat complications of previous surgery. It is one of the most risky types of emergency operation.

These results are from 2016-17, the 4th year of the National Emergency Laparotomy Audit.

1 23,929 patients

were entered into the audit, from

183 hospitals

in **England** and Wales.



The number of days **a patient spends** in hospital has fallen further, to



down from **16.6 days in 2016** and **19.2 days in 2013**, when NELA began.



3 £34m

This saved acute

NHS Hospitals an estimated 108,000 bed days and

£34 million in 2017.

Since 2013, national **30-day** mortality rate has fallen from

11.8% to 9.5%



This means that

~700 fewer patients die each year

after emergency laparotomy surgery.



77% of patients are alive at one year post-surgery, 71% at two years, and 66% at three years.



87% of patients received a preoperative CT scan

compared to **80%** when NELA began, a sustained improvement.



76% of patients with sepsis did not receive antibiotics within timescales

This should happen within **1 hour** of diagnosis.

Both a consultant anaesthetist and surgeon were present in theatre for 90% of patients during the daytime, but only 66% of patients out of hours.

10 27% of patients needing the most urgent surgery

did not get to the operating theatre in the recommended timeframes.



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25-35 critical care beds are needed every day

to care for emergency laparotomy patients. 90% of patients with a pre-operative risk score of >10% went to critical care.

77% were not seen by a geriatrician





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