


Executive Summary

Results from 2018–2019, the sixth year of the National Emergency Laparotomy Audit


[Principal performance statistics are available here](#)


- 1** **24,823** patients had emergency laparotomies in England and Wales

National **30-day mortality rate** has fallen to **9.3%** (11.8% in Year 1)



- 2** Improvements in care have reduced patients' average hospital stay from **19.2 days** in 2013 to **15.4 days** in 2019


19.2 days
15.4 days


- 3** **84%** of patients now receive a preoperative assessment of risk (up from 77% last year, and 56% in Year 1)



- 4** **97%** of high-risk patients had consultant surgeon input before surgery (95% in Year 4)

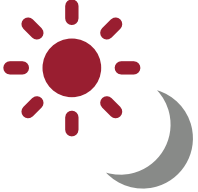
94% of high-risk patients had consultant anaesthetist input before surgery (88% in Year 4)

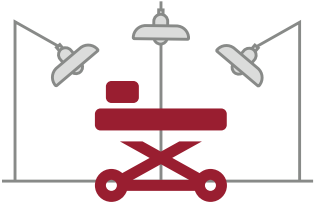

- 5** **85%** of high-risk patients admitted to critical care (80% in Year 4)



- 6** **90.5%** of patients received a preoperative CT scan


62% of these patients had their scan reported by a consultant radiologist


- 7** Both anaesthetic and surgeon consultant presence intraoperatively is at 88.5%, but only **77.4%** out of hours



- 8** Over 1/4 of patients needing the most urgent of surgery did not get to the operating theatre in the recommended time frame


- 9** **85%** of patients with sepsis reached theatres in the appropriate timeframe


- 10** Time to antibiotics in patients with sepsis remains poor with **79.7%** not receiving antibiotics within one hour


- 11** **56%** of patients are over the age of 65

Only **28.8%** of frail patients over 65 had geriatrician input



The Emergency Laparotomy patient perioperative journey



2 Sepsis management

If you have signs of sepsis you should receive antibiotics within one hour of arrival to hospital.



3 Radiology

Most patients will receive a CT scan as part of the initial assessment before surgery. This helps to establish the nature of your illness and guide what operation you will need.



4 Consultant review

Most patients will be seen by a consultant surgeon and anaesthetist prior to their operation. Any questions or concerns can be discussed. In the most unwell patients who need immediate surgery this discussion may take place with another member of the surgical or anaesthetic team in order to avoid a delay.



5 Risk assessment

The risk of death associated with emergency laparotomy surgery should be assessed and discussed with you before your operation. This enables you to be fully involved in any decisions regarding surgery and ensures that you receive the appropriate levels of care before, during and after your operation.



6 Timely admission to theatre

It is important that you have your operation in a timely fashion. How quickly you have your operation is dependent on why you need surgery. In some circumstances it may be appropriate to try alternative treatments first.



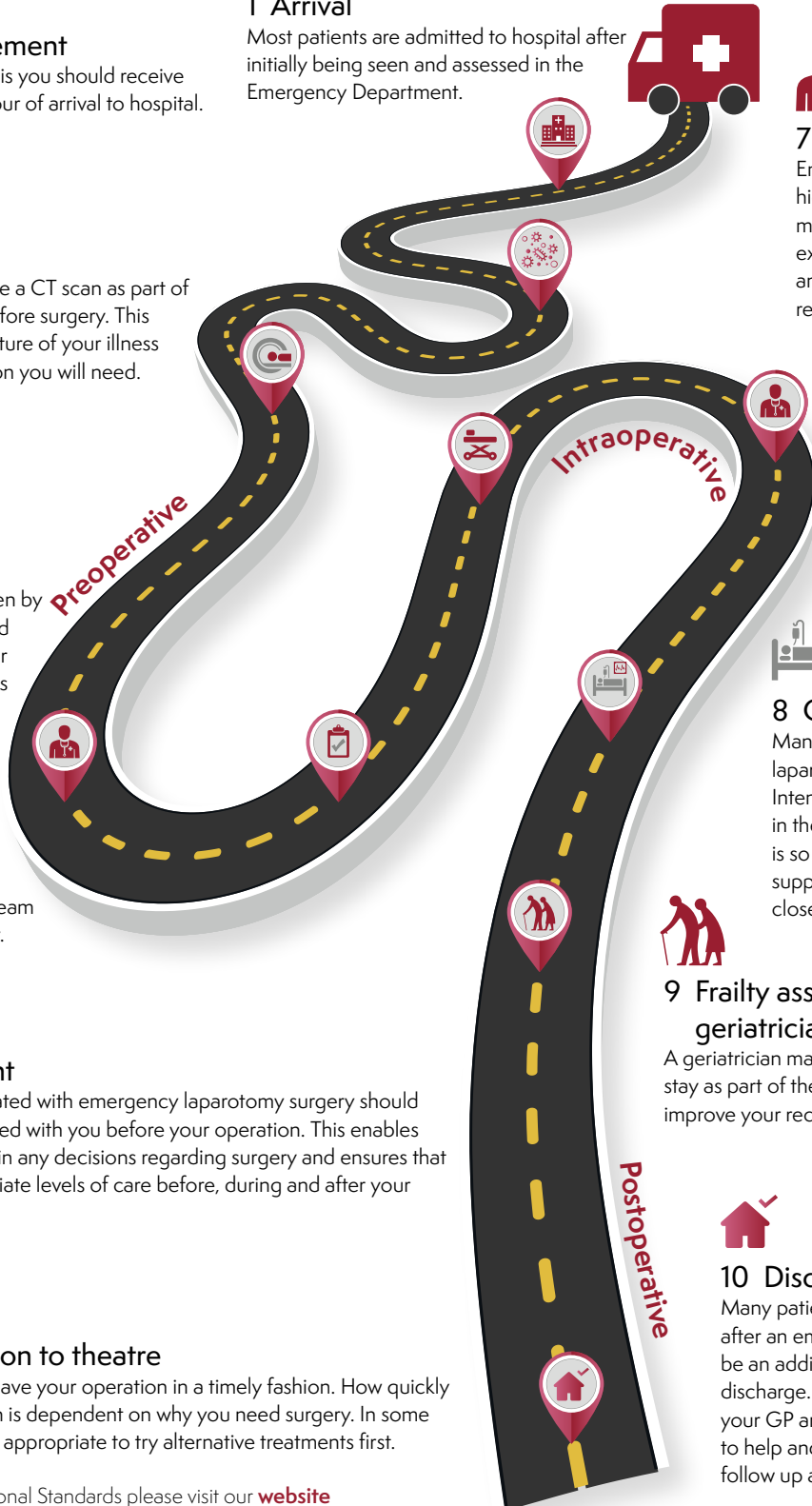
1 Arrival

Most patients are admitted to hospital after initially being seen and assessed in the Emergency Department.



7 Consultant presence

Emergency laparotomy is often high-risk surgery. This means, that in most cases you will benefit from the expertise of a consultant anaesthetist and a consultant surgeon will be required during your operation.



8 Critical care

Many patients who have an emergency laparotomy will be cared for in the Intensive Care or High Dependency Unit in the initial period after their surgery. This is so they can receive specialist organ support if necessary and be monitored closely for any possible complications.



9 Frailty assessment + geriatrician review

A geriatrician may review you during your hospital stay as part of the team looking after you to help improve your recovery after surgery.



10 Discharge and future recovery

Many patients will have had a long stay in hospital after an emergency laparotomy. There will often be an additional period of recovery required after discharge. The hospital medical and nursing teams, your GP and community nursing teams will be able to help and provide support. You should receive a follow up appointment with the surgical team.

For more details on National Standards please visit our [website](#)