

# Overview

In its first year, the NoLap audit includes records on 943 patients from 91 hospitals (826 [87.6%] from England, 44 [4.7%] from Wales and 73 [7.7%] from Northern Ireland) representing approximately 50.6% of sites submitting operative NELA data. Among these patients, 58.6% were women and 41.4% were men.

Bowel condition	Number of patients, n (%)
Bowel perforation	459 (48.7)
Bowel ischaemia	330 (35.0)
Bowel perforation and ischaemia	58 (6.2)
Not stated*	96 (10.2)

\*Not explicitly indicated by user in Q6.15

## OUTCOMES

Median **length of stay** from date of hospital admission was **10 days** (range 0–384 [IQR 5–20] days).



Mortality at 30 days following admission was **80.2%**.

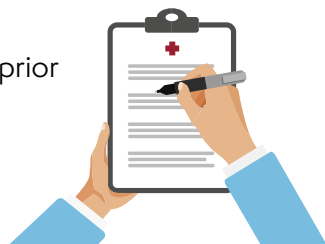
## CT SCANNING

Overall, **919 (97.5%) patients had a CT scan** following admission. In 48.1% of patients, a report was issued within one hour of scanning. For **36.6%** of patients, there was a record of direct communication between reporting radiologist and a member of the referring team.



## RISK ASSESSMENT

**72.3%** received a formal assessment of mortality risk prior to a decision not to proceed with surgery.



## CARE OF THE OLDER PERSON

**85.8%** of patients aged 65 or older had a formal assessment of frailty performed.



## ADVANCE CARE PLANNING

**579 (61.4%) NoLap patients** did not have any form of pre-existing advance care plan available prior to the decision not to operate.

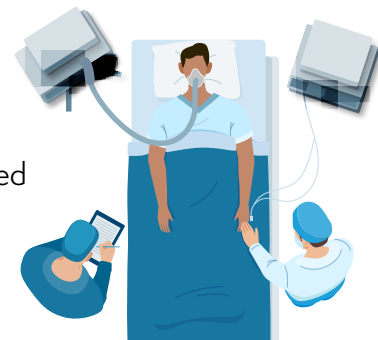
While **160 (72.1%) patients** discharged from hospital alive had a do not attempt cardiopulmonary resuscitation (DNACPR) in place, only around a third (**83, 37.4%**), had any type of formal advance care plan documented.



## END-OF-LIFE CARE

**80.3%** of patients who died in hospital had a documented end-of-life care plan.

**59.7%** of patients who died in hospital received direct input from a member of the palliative care team.



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