

Executive Summary/Overview

The eleventh annual report of the National Emergency Laparotomy Audit (NELA) examines care received by NHS patients across 163 hospitals in England, 11 in Wales, 1 in Isle of Man, and for the first time seven hospitals in Northern Ireland, admitted between 24 April 2024 and 31 March 2025 and who underwent emergency laparotomy (EmLap). The report once again highlights that many clinical teams were able to provide high quality care, but challenges persist in meeting certain standards.

30-day mortality was 8.1% (11.7% in Year 1). The reduction in mortality potentially represents over 900 additional survivors per year after EmLap compared to Year 1. Median postoperative stay in hospital remains unchanged since last year's report at 10 days.

There is wide variation between hospitals in both processes and outcomes of care. Risk-adjusted 30-day mortality ranges from 0% to 18.4% between hospitals that submitted at least 10 patients. More remains to be done to reduce disparity and ensure all patients benefit from the highest standards of care. Key messages and specific recommendations are within the [Line of Sight table](#) and [Section 3 below](#).

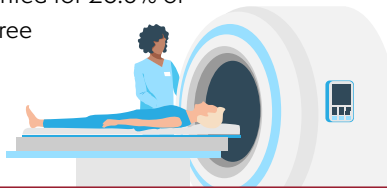
RECOGNITION OF THE NEED FOR EMERGENCY LAPAROTOMY AND ADMISSION UNDER GENERAL SURGERY

13.6% of patients admitted through emergency departments were not initially admitted **under the care of a general surgeon**. Achievement of all time-related standards was worse for patients not admitted under general surgery. Mortality more than doubled for patients not admitted under general surgery (**6.4% vs 13.7%**).



DIAGNOSTIC IMAGING

91.9% of all non-elective patients had a CT scan following admission to hospital. For patients with the most time-critical pathologies, **98.9% of scans were reported by a senior radiologist and 46.6% were reported within one hour**. Verbal discussion was documented for 26.8% of patients. Only 13.0% met all three sub-components of the composite CT standard.



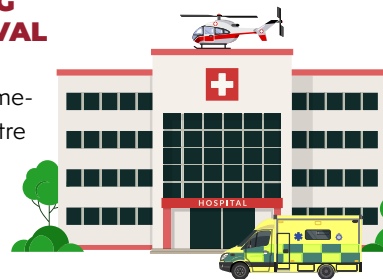
INFECTION MANAGEMENT

15.0% of patients with suspected sepsis and/or septic shock, and **33.5% of patients** with suspected infection, received antibiotics within the one and three-hour targets, respectively.



TIMELINESS OF ARRIVING IN THEATRE FROM ARRIVAL AT HOSPITAL

10.8% of patients with the most time-critical pathologies arrived in theatre within **six hours of arriving at hospital** (median 15.0 hours).



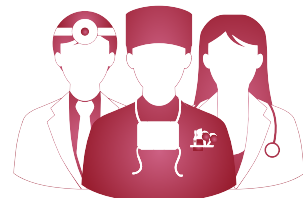
RISK ASSESSMENT

80.0% of patients had a formal risk assessment preoperatively and **64.5%** had a further evaluation of mortality risk at the end of surgery. **51.9%** of patients were high-risk.



CONSULTANT DELIVERED CARE

89.2% of high-risk patients had both consultant anaesthetist and consultant surgeon present in theatre.



CRITICAL CARE FOR HIGH-RISK PATIENTS

76.1% of high-risk patients were admitted directly to critical care postoperatively.



SPECIALIST CARE FOR OLDER PATIENTS AND THOSE LIVING WITH FRAILITY

39.6% of patients aged 65 and older and living with frailty, or over 80, received specialist postoperative input.



Royal College of Anaesthetists, Jubilee House, 20 Queen Elizabeth Street, London SE1 2LS
nela@rcoa.ac.uk nela.org.uk