

Frequently Asked Questions (FAQs)- NoLap

Audit Overview

1. What is NoLap?

NoLap is an extension of the National Emergency Laparotomy Audit (NELA), focussing on patients who present with a surgical condition requiring operative treatment but who do not have surgery. The NoLap audit has been commissioned by the Healthcare Quality Improvement Partnership (HQIP), and forms part of a Trust's or Health Board's mandatory quality accounts.

Similar to the operative arm of NELA, the NoLap audit will examine the structures, processes, and outcomes of care received by patients and compare these against published standards.

2. Who should participate in this audit?

NoLap includes all NHS hospitals in England and Wales that contribute to NELA. This includes any hospitals with acute admissions, emergency departments, and specialist centres with general surgery expertise.

3. How is data collected for NoLap?

Data is collected via an online data collection web-tool.

4. What data will you be collecting for NoLap?

Data will be collected on process measures (e.g. risk assessment and consultant-led decision making) and outcome measures (e.g. 30-day mortality, length of hospital stay). We will also be collecting demographic data and clinical information.

5. How does NoLap data help with clinical practice?

Preliminary cohort studies have shown that the NoLap group of patients tend to be older, are more likely to be living with frailty, and frequently a larger number of comorbidities. NELA has demonstrated widespread variation in care standards for operative patients: we need to examine whether the same finding applies to those patients who do not undergo surgery.

Inclusion and Exclusion Criteria

1. Which patients are enrolled in the audit?

- *All patients over the age of 18 years,*
- *Presenting with bowel perforation* or suspected bowel ischaemia*, where treatment by surgery (either laparotomy or laparoscopy) is required,*
- *But a decision is made the patient does not undergo surgery.*

See inclusion and exclusion criteria document for details.

**Subject to change in subsequent years.*

2. If conservative (active non-operative management) is planned for a patient when diagnosed with bowel perforation or bowel ischaemia with the view to proceeding with surgery were clinical circumstances to change, is the patient to be included in NoLap?

No, this patient is not to be included in NoLap. In this example, the patient will be offered surgery at a later date, as and when required, and thus we would not include this patient in the NoLap audit.

Patients undergoing NELA-eligible surgery should be registered in the operative arm of NELA as previously. Those where a definite and active decision is made not to proceed to surgery despite it being indicated should be registered in the NoLap audit (if they are thought to have

a bowel perforation or bowel ischaemia). Those where a deliberate period of non-operative (conservative) management is initiated would not be enrolled in either registry until a definitive operative or NoLap decision is made.

3. Can a patient be enrolled into the operative registry as well as the NoLap registry?
No, not during the same admission. When a patient has surgery and is enrolled with the operative register, they remain within this register until discharge. This applies even if a decision is made not to proceed with surgery despite a complication of the original operation requiring further intervention. If a patient is re-admitted they should be considered for inclusion within the operative or NoLap registries as appropriate.
4. What about patients managed with interventional radiology or interventional endoscopy who thus avoid surgery? Are these patients to be included within NoLap?
No, these patients do not meet inclusion criteria for either the operative or NoLap registries.
5. If a patient undergoes diagnostic laparoscopy where no subsequent procedure is performed, is this patient to be included in NoLap?
No, this procedure is excluded from NELA, hence, not to be included in the NoLap registry (see exclusion criteria). This patient will also be excluded from the operative registry. However, if the patient undergoes diagnostic laparoscopy where no subsequent procedure is performed due to inoperable findings, this patient should be included in the operative registry (see NELA inclusion criteria).