

National Emergency Laparotomy Audit

(April 2023)

	INCLUDED	EXCLUDED
DEMOGRAPHICS	Adults ≥ 18 years old Have an NHS number Undergoing expedited, urgent or emergency abdominal surgery (NCEPOD definitions) on the GI tract	Children < 18 years old Elective surgery
APPROACH & INTENT	Open, laparoscopic or laparoscopic-assisted procedures Diagnostic laparotomy/laparoscopy where no procedure is performed due to inoperable findings eg. peritoneal/hepatic metastases/ non-operable ischaemic bowel	Diagnostic laparotomy/laparoscopy where no subsequent procedure is performed (unless inoperable findings)
ANATOMY	Surgery involving the stomach, small or large bowel or rectum	Laparoscopy/laparotomy involving pathology of the oesophagus, spleen, renal tract, kidneys, liver, gallbladder, biliary tree, pancreas or urinary tract
INDICATION	Conditions involving perforation, ischaemia, abdominal abscess, bleeding or obstruction	
APPENDIX		All laparotomies where the primary pathology is appendicitis are excluded, regardless of the severity of the procedure Appendicectomy +/- drainage of localised collection (unless incidental to non-elective procedure of the GI tract)
BILIARY SYSTEM	Laparotomy/enterotomy for a gallstone ileus	All surgery involving the gallbladder or biliary tree excluded, unless carried out as incidental to a more major procedure
OESOPHAGUS		Laparotomy/laparoscopy for oesophageal pathology
STOMACH	Emergency laparotomy or laparoscopy for gastric pathology including gastric bleed, paraoesophageal/hiatus hernia repair and removal of gastric bands or swallowed foreign body Emergency laparotomy or laparoscopy for iatrogenic gastric perforation after endoscopic procedures	
SMALL BOWEL	Emergency laparotomy or laparoscopy for conditions involving small bowel including surgery for bleeding duodenal ulcer, gallstone ileus and removal of swallowed foreign bodies.	
COLON / RECTUM	Emergency laparotomy or laparoscopy for conditions involving the colon and rectum. Emergency laparotomy or laparoscopy for iatrogenic colonic perforation after endoscopic procedures	Emergency laparotomy or laparoscopy for removal of foreign body from colon / rectum (this is considered trauma)

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STOMA FORMATION COLOSTOMY/ILEOSTOMY	Emergency formation of colostomy or ileostomy as primary procedure via midline laparotomy	Emergency formation of colostomy/ileostomy fashioned either via a trephine incision or via laparoscopic procedure
DEHISCENCE	Return to theatre for major abdominal wound dehiscence (ie 'burst abdomen')	Minor / superficial abdominal wound dehiscence unless it causes bowel pathology requiring resection
VASCULAR	Laparotomy for bowel ischaemia where there has been no primary vascular or endovascular intervention	Emergency laparotomy for vascular pathology. Return to theatre with complications following a vascular procedure regardless of whether a secondary bowel resection was performed
GYNAE	Returns to theatre requiring assistance of a general surgeon following gynaecology-oncology surgery	Gynaecological laparotomy including ruptured ectopic or pelvic abscess due to pelvic inflammatory disease Return to theatre with complications following gynaecological surgery regardless of whether a secondary bowel resection was performed, unless GI complications following gynaecology-oncology surgery
PERITONEUM	Washout/drainage of peritoneal abscess or haematoma	Any surgery relating to pancreatitis Removal of peritoneal dialysis catheters Washout/drainage of peritoneal abscess or haematoma related to appendicectomy, cholecystectomy, primary vascular, urological or gynaecological surgery
HERNIAS	Emergency inguinal, femoral, incisional or parastomal hernia repair where simultaneous adhesiolysis (division of adhesions) or bowel resection/repair is performed	Emergency inguinal, femoral, incisional or parastomal hernia repair without division of adhesions or bowel resection/repair
ADHESIOLYSIS	Laparotomy or laparoscopic adhesiolysis	
TRAUMA		Laparotomy/laparoscopy for any pathology caused by blunt or penetrating trauma including laparotomy for removal of foreign body from rectum /sigmoid
TRANSPLANT		All surgery related to organ transplantation (including returns to theatre following organ transplantation)
RETURNS TO THEATRE	Any reoperation/return to theatre for complications of elective general/UGI or colorectal surgery meeting the above criteria. Returns to theatre requiring the assistance of a general surgeon following gynaecology-oncology surgery or following an interventional radiology procedure are now included.	Return to theatre for complications (eg bowel injury, collection, haematoma), following non-GI surgery: renal, urological, gynaecological, vascular, hepatic, pancreatic, oesophageal or splenic surgery, with the exceptions of complications following gynaecology-oncology surgery, or complications following an interventional radiology procedure, which are now INCLUDED



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MULTIPLE PROCEDURES	Multiple procedures performed on different sites in the abdominal/pelvic cavity where the primary procedure is general surgical eg. non-elective colonic resection with hysterectomy for fistulating colonic cancer	Multiple procedures performed on different sites in the abdominal/pelvic cavity where the primary procedure is not general surgical eg. bowel resection at the same time as emergency abdominal aortic aneurysm repair.
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