



National Emergency Laparotomy Audit

Version	Date	Update
1.5	28/03/14	
1.6	01/11/16 (further clarified)	Resection/adhesiolysis due to hernia clarified
1.7	24/02/2017	Returns to theatre following non-GI surgery now excluded
1.8	05/11/2021	GI complications necessitating a return to theatre, and that require the assistance of a general surgeon, following gynaecological oncology surgery are now included
1.9	26/04/23	GI complications necessitating general surgery, following an interventional radiological procedure are now included

The updated criteria are to be applied from 26th April 2023

NELA Inclusion Criteria

NELA will enroll the patients treated in England or Wales who meet the following criteria

- aged 18 years and over,
- who undergo an expedited, urgent or emergency (NCEPOD definitions) abdominal procedure on the gastrointestinal tract.





This will include

- Open, laparoscopic, or laparoscopically-assisted procedures
- Procedures involving the stomach, small or large bowel, or rectum for conditions such as perforation, ischaemia, abdominal abscess, bleeding or obstruction
- Washout/evacuation of intra-peritoneal abscess (unless due to appendicitis or cholecystitis – excluded, see below)
- Washout/evacuation of intra-peritoneal haematoma
- Bowel resection/repair due to incarcerated incisional, umbilical, inguinal and femoral hernias (but not hernia repair without bowel resection/repair). E.g. Large incisional hernia repair with bowel resection
- Bowel resection/repair due to obstructing/incarcerated incisional hernias provided the presentation and findings were acute. This will include large incisional hernia repair with division of adhesions.
- Laparotomy/laparoscopy with inoperable pathology (e.g. peritoneal/hepatic metastases) where the intention was to perform a definitive procedure. This does not include purely diagnostic procedures.
- Laparoscopic/Open Adhesiolysis
- Return to theatre for repair of substantial dehiscence of major abdominal wound (i.e. “burst abdomen”)
- Return to theatre for complications that require the assistance of a general surgeon following either an interventional radiology procedure or following gynaecological oncology surgery.
- Any reoperation/return to theatre for complications of elective or non-elective general/upper GI surgery meeting the criteria above is included. Returns to theatre (apart from those interventional radiology or gynaecology-oncology complications described immediately above this point), for complications following non-GI surgery are excluded (see exclusion criteria below).

If multiple procedures are performed on different anatomical sites within the abdominal/pelvic cavity, the patient would be included if the major procedure is general surgical. E.g.



- Non-elective colonic resection with hysterectomy for a fistulating colonic cancer would be included as the bowel resection is the major procedure
- However bowel resection at the same time as emergency abdominal aortic aneurysm repair would not be included as the aneurysm repair is the major procedure

The above criteria are not exhaustive. Please contact the project team if you require any clarification.

NELA Exclusion Criteria

Patients with the following characteristics will be excluded from NELA:

1. Patients under 18
2. Elective laparotomy / laparoscopy
3. Diagnostic laparotomy/laparoscopy where no subsequent procedure is performed (NB, if no procedure is performed because of inoperable pathology, then include)
4. Appendicectomy +/- drainage of localised collection unless the procedure is incidental to a non-elective procedure on the GI tract
5. Cholecystectomy +/- drainage of localised collection unless the procedure is incidental to a non-elective procedure on the GI tract
(All surgery involving the appendix or gallbladder, including any surgery relating to complications such as abscess or bile leak is excluded. The only exception to this is if carried out as an incidental procedure to a more major procedure. We acknowledge that there might be extreme cases of peritoneal contamination, but total exclusion avoids subjective judgement calls about severity of contamination.)
6. Non-elective hernia repair without bowel resection or division of adhesions
7. Minor abdominal wound dehiscence unless this causes bowel complications requiring resection
8. Non-elective formation of a colostomy or ileostomy as either a trephine or a laparoscopic procedure (NB: if a midline laparotomy is performed, with the primary procedure being formation of a stoma then this should be included)

9. Vascular surgery, including abdominal aortic aneurysm repair
10. Caesarean section or obstetric laparotomies
11. Gynaecological laparotomy (but see comment above about inclusion of gynae-oncology)
12. Ruptured ectopic pregnancy, or pelvic abscesses due to pelvic inflammatory disease
13. Laparotomy/laparoscopy for pathology caused by blunt or penetrating trauma
14. All surgery relating to organ transplantation (including returns to theatre for any reason following transplant surgery)
15. Surgery relating to sclerosing peritonitis
16. Surgery for removal of dialysis catheters
17. Laparotomy/laparoscopy for oesophageal pathology
18. Laparotomy/laparoscopy for pathology of the spleen, renal tract, kidneys, liver, gall bladder and biliary tree, pancreas or urinary tract
19. Returns to theatre for complications (eg bowel injury, haematoma, collection) following non-GI surgery are excluded i.e., returns to theatre following renal, urological, gynaecological, vascular, hepatic, pancreatic, splenic surgery are excluded. Specific exceptions to this list are complications requiring the assistance of a general surgeon following an interventional radiology procedure; or following gynaecology-oncology surgery – these cases should now be INCLUDED, as per inclusion criteria above).