



An emergency laparotomy (emergency bowel surgery) is a surgical operation for patients, often with severe abdominal pain, to find the cause of the problem and treat it. General anaesthetic is used and usually an incision made to gain access to the abdomen. Emergency bowel surgery can be carried out to clear a bowel obstruction, close a bowel perforation and stop bleeding in the abdomen, or to treat complications of previous surgery. These conditions could be life-threatening. The National Emergency Laparotomy Audit was started in 2013 because studies showed this is one of the most risky types of emergency operation and lives could be saved and quality of life for survivors enhanced by measuring and improving the care delivered.



# Report findings at a glance



Results from 2017–2018, the fifth year of the National Emergency Laparotomy Audit

[Principal performance statistics are available here](#)


- National **30-day mortality rate** has remained static for the last two years


**9.6%**  
- Improvements in care have reduced patients' average hospital stay from **19.2 days** in 2013 to **16 days** in 2018

**19.2 days**  
- 77% of patients** now receive a **preoperative assessment of risk** (up from 75% last year, and 56% in Year 1)


 
- 95.5% of high-risk patients** had **consultant surgeon** input before surgery

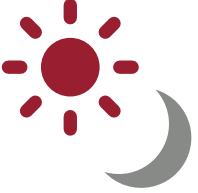
**90% of high-risk patients** had **consultant anaesthetist** input before surgery



- 77.5%** of high-risk patients admitted to critical care



- 88.5% of patients** received a preoperative CT scan


**62% of these patients** had their scan reported by a consultant radiologist


- Both **anaesthetic and surgeon consultant presence** intraoperatively is at 83%, but only **70.2% out of hours**



- Over 1/4 of patients** needing the most **urgent of surgery** did not get to the operating theatre in the recommended time frame


- 84% of patients with sepsis** reached theatres in the appropriate **timeframe**


- Time to antibiotics in patients with sepsis** remains poor with **80.6%** not receiving antibiotics **within one hour**


- 55% of patients** are over the age of 65, but **only 19% of these** had a formal assessment of their frailty

**55%** **over 65**


- 301 people with learning disabilities or autism** had an emergency laparotomy and their 30-day mortality was **10.3%**. They were as likely to receive consultant care and access to critical care