

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.

Executive Summary


Results from 2019–2020 – the Seventh Year of the National Emergency Laparotomy Audit

(For data about the impact of COVID-19 please refer to the [Impact of COVID-19 on Emergency Laparotomy interim report](#)).


Principal performance statistics are available [here](#).


- 1** **21,846** patients who had emergency bowel surgery in England and Wales were included in the Year 7 audit

National **30-day mortality rate** has fallen to **8.7%** (11.8% in Year 1)



- 2** Improvements in care have reduced patients' average hospital stay from **19.2 days** in Year 1 to **15.1 days** in Year 7


19.2 days
15.1 days


- 3** **85%** of patients now receive a preoperative assessment of risk (up from 84% last year, and 56% in Year 1)



- 4** **94.0%** of patients with a high documented risk had **consultant surgeon** input before surgery


75.5% of patients with a high documented risk had **consultant anaesthetist** input before surgery

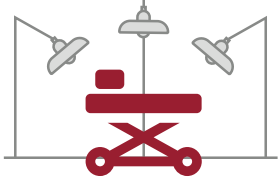

- 5** **82.3%** of high-risk patients were admitted to critical care (85.2% in Year 6)



- 6** **92.5%** of patients received a preoperative CT scan (90.5% in Year 6)

65.9% of these patients had their scan reported by a **consultant radiologist** (62.3% in Year 6)


- 7** Both **anaesthetic and surgeon consultant presence** during surgery is at 90.1%, and **increased from 77.4% (Year 6) to 85.2% out of hours** (00:00 to 08:00)


- 8** **Almost 1/3 of patients** needing **immediate surgery** did not get to the operating theatre in the recommended time frame


- 9** **Time to antibiotics in patients with suspected sepsis** remains poor with **78.3%** not receiving antibiotics **within one hour**


- 10** **55.4%** of patients are over the age of 65 and **18.1%** of patients are over the age of 80.

Only 27.1% of patients 80 or over or 65 and frail had geriatrician input

