

Executive Summary

Results from 2020–2021 – the Eighth Year of the National Emergency Laparotomy Audit

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

1 22,132 patients who had emergency bowel surgery in England and Wales were included in the Year 8 audit from 173 hospitals



2 Improvements in mortality have levelled off – in-hospital mortality was 9.2% compared to 9.1% in Year 7 and 9.6% in Year 6



3 86.8% of patients received a preoperative assessment of risk (up from 85% last year, and 56% in Year 1)



4 86.4% of patients with a high documented risk had consultant surgeon input before surgery



71.5% of patients with a high documented risk had consultant anaesthetist input before surgery

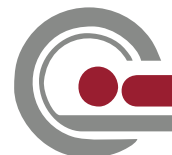
5 Patients with sepsis suspected at time of arrival in hospital waited a median of 15.6 hours from time of admission until surgery



6 Median time to antibiotics in patients with suspected sepsis was 3.0 hours from arrival in hospital

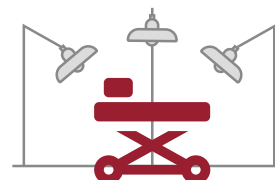


7 91.8% of patients received a preoperative CT scan (92.5% in Year 7)



26.3% of patients had their scan reporting outsourced (19.1% in Year 7 and 17.8% in Year 6)

8 Presence of both anaesthetic and surgical consultants during surgery in high-risk patients was 91.3% (90.2% in Year 7)



9 79.1% of high-risk patients were admitted to critical care postoperatively (82.3% in Year 7); 15.7% of high-risk patients were admitted to a normal ward



10 55.3% of patients were over the age of 65 and 17.7% of patients were over the age of 80. Only 31.8% of patients 80 or over, or 65 and frail, had geriatrician input (26.8% in Year 7)

11 Median length of stay was highest for those with an unplanned return to theatre – 29 days – compared to 10 days for all patients



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