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 2018–2019, the sixth year of the National Emergency Laparotomy Audit

**Principal performance statistics are available here**

1. 24,823 patients had emergency laparotomies in England and Wales
   - National 30-day mortality rate has fallen to 9.3% (11.8% in Year 1)
   - Improvements in care have reduced patients’ average hospital stay from 19.2 days in 2013 to 15.4 days in 2019

2. 84% of patients now receive a preoperative assessment of risk (up from 77% last year, and 56% in Year 1)

3. 97% of high-risk patients had consultant surgeon input before surgery (95% in Year 4)

4. 94% of high-risk patients had consultant anaesthetist input before surgery (88% in Year 4)

5. 85% of high-risk patients admitted to critical care (80% in Year 4)

6. 90.5% of patients received a preoperative CT scan
   - 62% of these patients had their scan reported by a consultant radiologist

7. Both anaesthetic and surgeon consultant presence intraoperatively is at 88.5%, but only 77.4% out of hours

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

9. 85% of patients with sepsis reached theatres in the appropriate timeframe

10. Time to antibiotics in patients with sepsis remains poor with 79.7% not receiving antibiotics within one hour

11. 56% of patients are over the age of 65
   - Only 28.8% of frail patients over 65 had geriatrician input