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. It is one of the most risky types of emergency operation.

These results are from 2016-17, the 4th year of the National Emergency Laparotomy Audit.

1. 23,929 patients were entered into the audit, from 183 hospitals in England and Wales.

2. The number of days a patient spends in hospital has fallen further, to 15.6 days in 2017, down from 16.6 days in 2016 and 19.2 days in 2013, when NELA began.

3. This saved acute NHS Hospitals an estimated 108,000 bed days and £34 million in 2017.

4. Since 2013, national 30-day mortality rate has fallen from 11.8% to 9.5%.

5. This means that ~700 fewer patients die each year after emergency laparotomy surgery.

6. 77% of patients are alive at one year post-surgery, 71% at two years, and 66% at three years.

7. 87% of patients received a pre-operative CT scan compared to 80% when NELA began, a sustained improvement.

8. 76% of patients with sepsis did not receive antibiotics within timescales. This should happen within 1 hour of diagnosis.

9. Both a consultant anaesthetist and surgeon were present in theatre for 90% of patients during the daytime, but only 66% of patients out of hours.

10. 27% of patients needing the most urgent surgery did not get to the operating theatre in the recommended timeframes.

11. 25-35 critical care beds are needed every day to care for emergency laparotomy patients. 90% of patients with a pre-operative risk score of >10% went to critical care.

12. ~Half of patients are aged over 70, but 77% were not seen by a geriatrician.