


Executive Summary

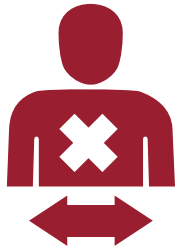
Results from 2021–2023 – the Ninth Year of the National
Emergency Laparotomy Audit

1 **27,863 patients** who had emergency bowel surgery in England and Wales were included in the Year 9 audit from 173 hospitals.




HOSPITAL

2 Improvements in mortality have plateaued – **in-hospital mortality was 9.3%** compared to 9.2% in Year 8 and 9.1% in Year 7.




3 Preoperative assessment of risk **has dropped below target**, to 84.6% after peaking at 86.8% in Year 8.



4 **86.1% of patients** with a high documented risk had **consultant surgeon** input before surgery.

71.4% of patients with a high documented risk had **consultant anaesthetist** input before surgery.



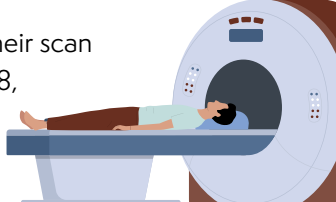
5 **Patients with sepsis** suspected at time of arrival in hospital waited a median of **15.5 hours from time of admission** until surgery.



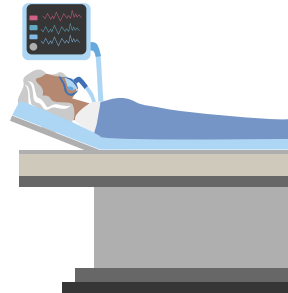
6 **Median time to antibiotics in patients with suspected sepsis** was 3.1 hours from arrival in hospital.




7 **91.1% of patients** received a preoperative CT scan
30.8% of patients had their scan outsourced (26.3% in Year 8, 19.1% in Year 7).




8 Presence of both **anaesthetic and surgical consultants** during surgery in high-risk patients was **90.4% (91.3% in Year 8)**.




9 **80.3% of high-risk patients** were admitted to critical care postoperatively (79.1% in Year 8).
13.9% of high-risk patients were admitted to a normal ward.



10 **33.2% of patients** aged 80 or over, or 65+ and frail, had geriatrician input (31.8% in Year 8).



11 Postoperative length of hospital stay (LOS) has not significantly changed over the last five years, **with a median in Year 9 of 11 days**.



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