

# Tenth Patient Report of the National Emergency Laparotomy Audit

April 2023 to April 2024

## Glossary

**October 2025**

<b>Abdomen/Abdominal</b>	Anatomical area between chest and pelvis, which contains numerous organs, including the bowel
<b>Adhesiolysis</b>	Surgical procedure to remove intraabdominal adhesions that often cause bowel obstruction
<b>ASA</b>	American Society of Anesthesiologists Physical Status score (ASA-PS)
<b>Bowel</b>	Part of the continuous tube starting at the mouth and finishing at the anus. It includes the stomach, small intestine, large intestine and rectum
<b>BP</b>	Blood pressure
<b>BPT</b>	Best Practice Tariff
<b>CC</b>	Critical Care
<b>CFS</b>	Clinical Frailty Scale
<b>Colon/Colonic</b>	Part of the large intestine
<b>CT</b>	Computed tomography – a very advanced form of X-ray used in diagnosis and treatment
<b>ED</b>	Emergency Department
<b>Elective</b>	In this report, refers to both to mode of hospital admission and to urgency of surgery. The timing of elective care can usually be planned to suit both patient and hospital (can be weeks to months). In contrast, urgent/emergency care usually has to take place within very short timescales (hours)
<b>Emergency laparotomy</b>	Opening of the abdomen to undertake emergency bowel surgery that, due to underlying conditions, must be carried out without undue delay
<b>EmLap</b>	Emergency laparotomy
<b>Geriatrician</b>	A clinician specialising in care of older patients
<b>GI</b>	Gastrointestinal
<b>Hartmann's Procedure</b>	Surgical procedure to remove part of the large bowel resulting in the formation of an end colostomy, and leaving part of the rectum in-situ
<b>HES</b>	Hospital Episode Statistics

<b>High-risk</b>
All patients are assumed to be high risk, unless the NELA risk score is less than 5% AND the patient was considered to be low risk according to clinical judgement (where documented). Therefore, either a NELA risk score of ≥5%, CFS ≥5, or clinical judgement that a patient is high risk will put a patient into the high-risk category. Where the NELA risk model is incomplete and cannot be calculated, the patient will be assumed to be high risk
<b>HQIP</b>
Healthcare Quality Improvement Partnership
<b>Intestine/Intestinal</b>
Part of the bowel
<b>Intra-abdominal</b>
Inside the abdomen/tummy
<b>IQR</b>
Interquartile range – the middle 50% of observations either side of the median
<b>Ischaemia</b>
Loss of, or insufficient, blood supply to an affected area or organ
<b>Laparoscopic</b>
Keyhole surgery
<b>LOS</b>
Length of Stay
<b>Median</b>
Midpoint of all observations when ranked in order from smallest to largest
<b>NCEPOD</b>
National Confidential Enquiry into Patient Outcome and Deaths
<b>NELA</b>
National Emergency Laparotomy Audit
<b>NEWS2</b>
National Early Warning Score
<b>Obstruction</b>
Blockage of the bowel. It can be caused by a variety of conditions and can cause the bowel to burst (perforate). It has the potential to make people very unwell and can be life threatening
<b>PEDW</b>
Patient Episode Database of Wales
<b>Perforation</b>
One or more holes in the wall of the bowel. It can be caused by a variety of conditions. It has the potential to make people very unwell very quickly and can be life threatening
<b>Perioperative</b>
Around the time of surgery (incorporating preoperative, intraoperative and postoperative)
<b>Peritonitis</b>
Infection or inflammation within the abdomen, causing severe pain. It has the potential to make people very unwell very quickly and can be life threatening
<b>Postoperative</b>
After surgery
<b>Preoperative</b>
Before surgery

<b>PRS</b>	
Parsimonious Risk Score	
<b>QI</b>	
Quality Improvement	
<b>RAG</b>	
Red, Amber, Green	
<b>RCoA</b>	
Royal College of Anaesthetists	
<b>RCS</b>	
Royal College of Surgeons of England	
<b>Stoma</b>	
A small opening on the surface of the abdomen created to divert faeces to the outside of the body	