Australian Commission on Safety and Quality in Health Care

Clinical Care Standards

# Emergency Laparotomy Clinical Care Standard

**Guide for consumers**

## What is the *Emergency Laparotomy Clinical Care Standard*?

The *Emergency Laparotomy Clinical Care Standard* describes the care that you should expect to receive if you require an emergency laparotomy to treat an urgent and possibly life-threatening health condition. Some parts of the Standard also apply to you when you are considering an emergency laparotomy, even if you do not choose to go on to have the procedure.

The *Emergency Laparotomy Clinical Care Standard* contains nine quality statements. This guide explains each quality statement and what it means for you.

For more information or to read the full clinical care standard visit: *Emergency Laparotomy Clinical Care Standard*.

### What is emergency laparotomy?

A laparotomy is a major operation where a long incision (cut) is made in the abdomen (tummy) to carry out surgery. When the procedure is done urgently for possibly life-threatening conditions it is known as an emergency laparotomy. Conditions that may require emergency laparotomy include:

- A hole in the bowel (perforation)
- A blockage of the bowel (obstruction)
- Significant internal bleeding
- Reduced blood flow to the intestines
- An infection in the abdomen
- Sepsis (a life-threatening condition that can occur in response to infection – see the links below for more information about sepsis).

# 1. Rapid assessment and escalation

### What the standard says

**A patient with symptoms suggestive of a time-critical intra-abdominal condition – including infection, perforation, bleeding, obstruction or ischaemia – is rapidly assessed and escalated in line with local protocols. If clinical assessment or initial investigations indicate the patient may need an emergency laparotomy, they are promptly referred for surgical review and blood lactate is measured.**

**When sepsis is suspected, care is initiated urgently in accordance with the local sepsis pathway and the *Sepsis Clinical Care Standard*.**

## What this means for you

A laparotomy is a major operation where a long incision (cut) is made in the abdomen (tummy) to carry out surgery. An emergency laparotomy is done for urgent and possibly life-threatening conditions such as:

- A hole in the bowel (perforation)
- A blockage of the bowel (obstruction)
- Significant internal bleeding
- Reduced blood flow to the intestines (a serious condition called ischaemic bowel)
- An infection in the abdomen
- Sepsis (a life-threatening condition that can occur in response to infection – see the links below for more information about sepsis).

If your symptoms mean you could have one of these conditions, you might need urgent surgery. You will need to be examined and have some tests as quickly as possible. Based on your test results, you may need to see a surgeon immediately to help decide on the most suitable treatment for you.

If you are showing signs of sepsis, your treatment for this should be started immediately. This usually involves fluids and medicines such as antibiotics being given directly into your vein through a drip. It may also include surgery to control the infection. Timely treatment is essential to prevent complications from sepsis.

# 2. Diagnostic imaging

### What the standard says

**A patient with symptoms suggestive of a time-critical intra-abdominal condition has a CT scan as soon as possible, with intravenous contrast unless contraindicated. Critical findings are communicated verbally by the radiologist to the referring or responsible clinician, within one hour of the scan being performed. Acquiring a CT scan should not delay very urgent surgery.**

## What this means for you

If there is a chance you have a condition that might need an emergency laparotomy, you will have a computed tomography (CT) scan as soon as possible.

A CT scan uses a combination of x-rays and computer technology to make detailed pictures of the inside of your body. The pictures from the CT scan help your doctors see what is happening in your abdomen so that they can plan the right treatment.

During your scan, you might be given a dye called contrast material that helps show more detail in your CT scan pictures. The dye will be given directly into your vein through a drip.

A radiologist will review your CT scan and then quickly provide the results to your healthcare team.

If you need extremely urgent surgery, there may not be time for a CT scan.

If CT scanning is not available where you are, you will usually be transferred to another service for your scan. Your healthcare team will talk to you and your support people about what this involves.

# 3. Assessment of risk

**What the standard says**

**A patient being considered for an emergency laparotomy has their risk assessed and documented before surgery, using a validated mortality risk prediction tool in addition to clinical judgement. In older patients, frailty, cognitive impairment and delirium are identified and documented preoperatively using brief, validated tools as part of risk assessment.**

**This information about risk is used to help inform appropriate care pathways, interdisciplinary communication and discussions with patients and those supporting them.**

## What this means for you

An emergency laparotomy is major surgery to treat very serious health conditions, and so there are risks involved. Before having surgery, it is important for you, your family and support people, and the surgical team to understand the risks.

For some people the risks are greater because of the seriousness of their condition, their age and other health needs they may have.

If your doctors think you might need an emergency laparotomy, they will use a scoring system to help estimate how risky the surgery might be for you. Based on information about your condition and overall health, the tool will generate a risk score that can help your healthcare team get a snapshot of your overall health and fitness for surgery to help plan your care with you.

If you are older, your healthcare team will also:

- Assess your level of frailty which is about how strong or weak your body is. It is important to know about frailty because it can affect your risk of complications and how well you recover from surgery. Depending on how frail you are, you may need additional support and advice from your healthcare team.
- Check whether you have issues with your memory or thinking that mean you might be at risk of delirium.

All of this information will be used to help guide the care that is offered to you. It will also help you and your healthcare team to have discussions about your treatment and what is most important to you. It can guide the care you receive before, during and after surgery. For some people this may mean deciding not to have surgery.

# 4. Shared decision making and goals of care

### What the standard says

**When an emergency laparotomy is being considered, shared decision making occurs with the patient about their treatment plan, and with their family, support people or substitute decision-makers as appropriate. The patient's goals of care are discussed and documented prior to surgery, and throughout the perioperative period. When surgery may be non-beneficial, senior doctors are involved in shared decision making discussions which explore the benefits, risks and likely outcomes of both surgical and non-surgical treatment.**

## What this means for you

It is important that you are involved in decisions about your care. If emergency laparotomy is being considered as a treatment option, your doctors will talk with you and your family or support people about your condition, the benefits and risks of surgery and any alternative treatment options so that you can decide on the care that is right for you.

Your doctors will ask about your goals, values and preferences. They will want to understand what is important to you so that they can offer treatment that aligns with your wishes. These are called goals of care discussions, and they will be documented in your healthcare record. Your goals of care may change while you are in hospital and your doctors and other members of your healthcare team will continue to talk to you and your family and/or support people about what is important to you.

If you are too unwell to make decisions yourself, your doctor will involve your substitute decision-maker/s in discussions about your care. A substitute decision-maker is usually one or more trusted family members or friends who you have chosen to make decisions on your behalf if you are too unwell to decide for yourself. You may have legally appointed someone to take on this role but this is not always the case. If you have an advance care plan, this can also help guide your doctors to ensure decisions and your future care is in line with your values and preferences.

If there is a chance that an emergency laparotomy may not be the most suitable treatment option for you, a senior doctor will talk to you and your family, support people or substitute decision-makers about other options, which might include choosing not to have surgery at all. This conversation is especially important when you don’t want to have an operation, or surgery may not lead to the outcome you hope for. For example, your other health issues may mean that the surgery may not extend your life or could mean you lose your independence which you may consider an unacceptable outcome. Together, you, your support people and your healthcare team can make decisions that reflect your goals and what matters most to you.

# 5. Timely access to surgery

**What the standard says**

**A patient having an emergency laparotomy commences surgery within the timeframe specified by their assigned surgical urgency category.**

## What this means for you

Once it is decided that you will have an emergency laparotomy, your healthcare team will aim to get you to surgery within a safe and appropriate timeframe. Your doctor will give you a surgical urgency category that helps the hospital team understand how quickly you need surgery so that your operation can be prioritised appropriately.

Your doctor will communicate with the rest of your healthcare team about the urgency of your surgery to make sure everything is in place for your operation and recovery.

If you have sepsis, it is important to act fast. You will usually need surgery very quickly – often within 3 to 6 hours – depending on how serious your condition is.

## 6. Presence of consultant doctors during surgery

### What the standard says

**A high-risk emergency laparotomy patient (including a mortality risk score ≥5%) has a consultant surgeon and a consultant anaesthetist present in theatre during their surgery.**

### What this means for you

If you have an increased risk of complications from your emergency laparotomy, you will have a more experienced surgeon and anaesthetist directly involved in your operation. These more experienced doctors are often called consultants. The experience and expertise of these doctors will help them to manage any complications that may occur during surgery and to make the best decisions about your treatment and recovery.

If you are in an area where these higher-level specialists may not be available, your doctor will consider transferring you to a hospital with the right surgical team. If a transfer is not safe or practical because of your medical condition, your care will be guided by what is best for you, including your condition, how far you would need to travel, and what matters most to you.

## 7. Postoperative admission to critical care

### What the standard says

**A high-risk patient is considered for critical care admission based on mortality risk, frailty, comorbidities and clinical judgement. Patients with a mortality risk score ≥10% are routinely admitted to a critical care unit following surgery.**

### What this means for you

If you are at very high risk of serious complications from your surgery, your doctors will organise for you to have extra monitoring after your operation. If you have extra monitoring, it will usually be in an intensive care unit (ICU) or high dependency unit (HDU). ICUs and HDUs have specialised nurses, doctors and medical equipment so you can be continuously monitored and treated quickly if any problems arise.

If there is no ICU or HDU available where you are, your doctors may suggest transferring you to another hospital depending on your condition and what matters most to you.

# 8. Proactive assessment and collaborative management of the older patient

### What the standard says

**An older patient who has an emergency laparotomy is proactively assessed and collaboratively managed by a geriatrician – or other physician – experienced in the perioperative care of older adults. Physician assessment occurs as early as practicable and no later than 72 hours following presentation to hospital.**

## What this means for you

Older adults will benefit from having a doctor on their healthcare team with expertise in the care of older patients having surgery. This may be a geriatrician or general physician. Ideally, you will see this doctor in the first few days that you are in hospital. They can work with you, your family and support people, and your other healthcare providers to address your overall health needs and support your recovery. For example, they can help with:

- Preventing or managing complications such as delirium
- Understanding any challenges you may have related to frailty
- Understanding and working with other healthcare providers to best support nutrition
- Changes to your medicines
- Helping you and your support people to make important decisions about your care
- Coordinating care with the rest of your healthcare team.

# 9. Transition from hospital care

### What the standard says

**Before a person leaves hospital following an emergency laparotomy, an individualised care plan is developed describing their ongoing care needs. The plan addresses medicines, pain management, nutrition, wound care, and other services and supports needed to optimise recovery and reduce the risk of complications.**

**The written plan is provided to the patient and their support people before they leave hospital. At the time of discharge, it is communicated to their general practice, and to clinicians and other care providers involved in their ongoing care.**

## What this means for you

Before you leave hospital, your healthcare team will talk with you and your family and/or support people and discuss a plan for your recovery and the ongoing care you will need. Other clinicians like physiotherapists, nurses or other doctors may also help to develop the plan which will address things like:

- Your goals
- The medicines you need to take including any changes to your existing medicines
- Changes you may need to make to your lifestyle including your diet
- Things you can do to help manage your other health conditions and prevent complications
- What you can do if you have any mental health concerns such as anxiety
- Who to contact if you experience complications or are concerned about your recovery
- Rehabilitation services and equipment you require
- Follow-up appointments you will need and other useful contacts such as community supports.

You will get a copy of your plan before you leave hospital, and a copy will be sent to your General Practitioner (GP) or other primary care provider and any other clinicians who will be helping you with your recovery.