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: safetyandquality.gov.au/el-ccs.

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. In critically ill patients, investigations include blood lactate measurement.

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 Related resources for consumers 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 begin immediately. Treatment for sepsis usually involves fluids and medicines (such as antibiotics) being given directly into your veins through a drip. It may also include surgery to control the infection. Timely treatment is essential to prevent complications from sepsis.

Related resources for consumers

- What is sepsis? (Sepsis Australia)
- Sepsis Clinical Care Standard (Australian Commission on Safety and Quality in Health Care, 2022).

2. Diagnostic Imaging

What the standard says

A patient with symptoms suggestive of a time-critical intra-abdominal condition has a computed tomography (CT) scan as soon as possible, with intravenous contrast unless contraindicated. The radiologist verbally communicates critical findings 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 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 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 quickly provide the results to your healthcare team.

If you need extremely urgent surgery, it may be better to have your operation straight away rather than delay it to have a CT scan.

If CT scanning is not available where you are, you may 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 locally endorsed, 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.

This information helps inform care pathways, interdisciplinary communication and discussions with patients and those supporting them.

What this means for you

An emergency laparotomy is a major operation 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 your healthcare team to understand the risks.

For some people the risks are greater because of the seriousness of their condition, their age or other health needs.

If your doctors think you might need an emergency laparotomy, they will use a scoring system to help estimate the level of risk that might be involved for you. Your risk score is based on information about you and your health conditions. It helps to give your healthcare team a snapshot of your overall health and fitness for surgery which can help them plan your care with you. The score is just one piece of information your team will consider.

If the risks are greater for you because of your age, or other factors, your healthcare team will also assess the following.

- **Frailty**: This 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.
- **Memory and thinking**: If you have any problems with your memory or thinking, this might increase your risk of developing delirium after surgery. Delirium involves a change in a person's thinking or behaviour. It often appears as new or increasing confusion.

All of this information will be used to help guide the care that is offered to you before, during and after surgery. It will help you, your family or substitute decision makers, and your healthcare team have discussions about your treatment and what is most important to you. 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, there is shared decision making about the patient's treatment plan with the patient and their family, support people or substitute decision-makers as appropriate. The patient's goals of care are discussed and documented before surgery, and updated throughout the perioperative period.

When surgery may be non-beneficial, senior doctors are involved in discussing the likely outcomes, benefits and risks of surgical and non-surgical approaches to support shared decision making.

What this means for you

It is important that you are involved in decisions about your care. If emergency laparotomy is a possible treatment option, your doctors will talk with you and your family or other support people about your condition, the benefits and risks of surgery and any other options so 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 and how your treatment options align 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. Your doctors and other members of your healthcare team will continue to talk to you and your family and 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 someone you have chosen to make decisions on your behalf if you are too unwell to decide for yourself. It is usually one or more trusted family members or friends. 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 about your future care are in line with your values and preferences.

In some situations, people may decide not to have an emergency laparotomy. Often this is because their condition is very serious and an emergency laparotomy may not result in a good outcome. For example, their other health issues could mean the surgery may not extend their life or could significantly reduce their independence or quality of life. If this is the case for you, a senior doctor will talk to you and your family, support people or substitute decision-makers about your options, which may include choosing not to have surgery at all. Together, you 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 they can prioritise your operation 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.

Depending on how serious your condition is, you may need surgery very quickly. If you could have sepsis, it is always important to act fast.

6. Presence of consultant doctors during surgery

What the standard says

A high-risk emergency laparotomy patient (mortality risk ≥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 more experienced doctors directly involved in your operation. The experience and expertise of these senior 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 senior doctors may not be available, your healthcare team will consider transferring you to a hospital with the appropriate 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 will need to travel, and what matters most to you.

7. Postoperative critical care

What the standard says

A patient's postoperative critical care needs are considered based on mortality risk, frailty, comorbidities and clinical judgement. A patient with a mortality risk ≥10% is discussed with a consultant intensivist for consideration of direct postoperative admission to critical care.

What this means for you

If you are at very high risk of serious complications from your surgery, your doctors will arrange for you to have extra monitoring after your operation. If you have extra monitoring, it will often 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 quickly treated if any problems arise.

If there is no ICU or HDU available where you are, your doctors may suggest other ways of accessing extra monitoring. This may involve transferring you to another hospital. The options and choices will depend 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 an appropriate physician, such as a geriatrician, skilled in the perioperative care of older adults. This assessment occurs as early as practicable and no later than 72 hours following presentation to hospital.

What this means for you

If you are an older adult, you will benefit from having another doctor on your healthcare team who has expertise in caring for older people having surgery. This may be a geriatrician or a general physician.

Ideally, you will see this doctor in the first few days that you are in hospital. They can work with you and your family and support people, your surgeon, and your other healthcare providers to address your overall health needs and support your recovery. For example, they can help with:

- managing other medical conditions that may affect your recovery
- preventing or managing complications (for example, delirium, which is a change in a person's thinking or behaviour which often appears as new or increasing confusion)
- understanding any frailty-related challenges you may have
- working with other healthcare providers to support nutrition, mobility and other aspects of your recovery
- managing 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, the plan is communicated to the patient's 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 support people about a plan for your recovery and your ongoing care needs. Clinicians like physiotherapists, nurses or other doctors may also help to develop the plan.

Your plan will outline who to contact if you experience complications or you are concerned about your recovery. It will also address things like:

- your recovery goals
- medicines you need to take, including changes to your existing medicines
- lifestyle changes you may need to make, including changes to your diet
- managing your other health conditions and preventing complications
- what you can do if you have any mental health concerns such as anxiety
- 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. A copy will also be sent to your general practitioner (GP) or other primary healthcare provider and any other clinicians who will be helping you with your recovery.

For more information

Scan the QR code or use the link: safetyandquality.gov.au/el-ccs