

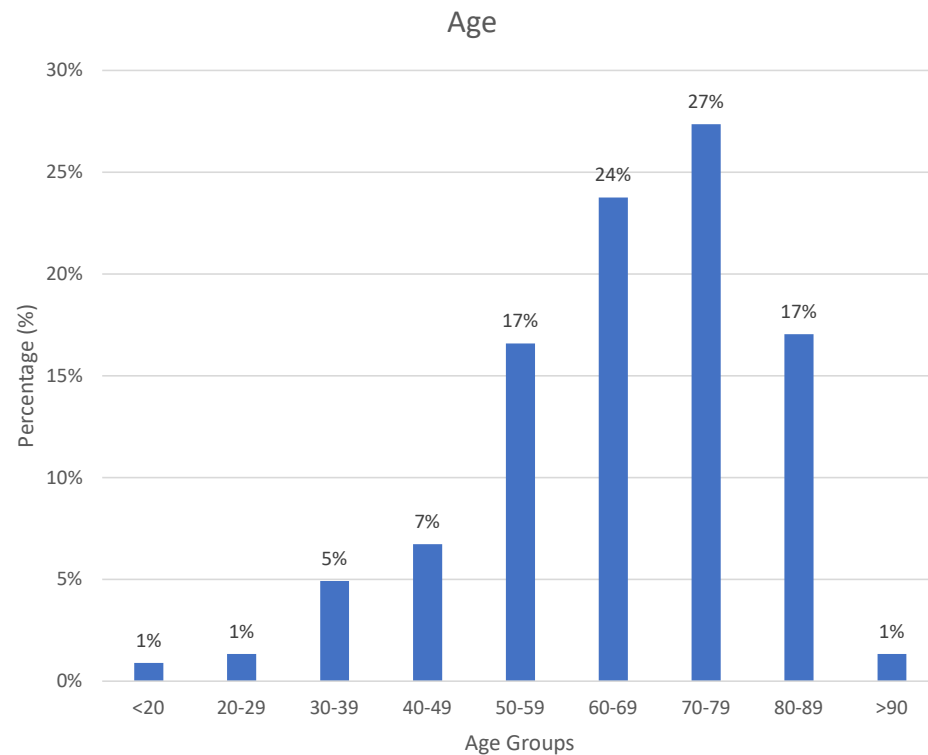
# Emergency Laparotomy

Ballarat Base Hospital (Grampians Health) | August 2019 to September 2021

Dr John Kefalianos (Surgical Registrar)

Thursday November 10<sup>th</sup> 2-5pm

# Demographics



- M = 110
- F = 113
- Admission Type
  - Emergency = 205
  - Elective = 18

# Performance against ANZELA KPI's

KPI	2019*	2020	2021^	Total
<b>Number of patients</b>	45	112	66	223
<b>Before</b>				
CT scan reported < 1 hr	-	-	-	-
Lactate available at referral	-	-	-	-
Preoperative risk documentation	1	0	0	1
Preop frailty assessment >65 years	0	0	0	0
Arrival in theatre within time	-	-	-	-
<b>During</b>				
Consultant surg in theatre > 5%	26 (96%)	19 (100%)	26 (84%)	71
Consultant anaes in theatre > 5%	-	-	-	-
Both surg and anaes > 5%	-	-	-	-
<b>After</b>				
Direct CCU admit > 10% risk	9 (60%)	23 (79%)	16 (84%)	48 (76%)
Elderly Medicine review > 65 yrs	0	0	0	0

\*Commencing August 2019 | ^Concluding September 2021

# Emergency Laparotomy Outcomes V Risk






Risk Factor	Total Number	Mortality	CCU admit rate	Av LOS	URTT during admit/re-admit	% Discharge home
NELA < 5%	113	1 (1%)	27 (24%)	18	-	-
NELA 6-10%	47	3 (6%)	23 (49%)	26	-	-
NELA 11-15%	18	1 (6%)	13 (72%)	23	-	-
NELA 16-20%	11	3 (27%)	9 (82%)	26	-	-
NELA 21-30%	19	4 (21%)	15 (79%)	22	-	-
NELA 31-40%	8	4 (50%)	7 (88%)	13	-	-
NELA 41-50%	1	1 (100%)	0 (0%)	18	-	-
NELA > 50%	6	4 (67%)	5 (83%)	15	-	-
Frailty Score 1-2	-	-	-	-	-	-
Frailty Score 3-5	-	-	-	-	-	-
Frailty Score 6-9	-	-	-	-	-	-





Mortality = 30-day mortality (please state if in-hospital mortality only as this is often higher than POMR 30)  
 NB Victorian Rate: in hospital deaths 6.9% [889/ 12767] versus 30-day deaths = 788 or 6.17%)

# Frailty Assessment

## Clinical Frailty Scale

### CLINICAL FRAILTY SCALE

	<b>1</b>	<b>VERY FIT</b>	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	<b>2</b>	<b>FIT</b>	People who have <b>no active disease symptoms</b> but are less fit than category 1. Often, they exercise or are very active <b>occasionally</b> , e.g., seasonally.
	<b>3</b>	<b>MANAGING WELL</b>	People whose <b>medical problems are well controlled</b> , even if occasionally symptomatic, but often are <b>not regularly active</b> beyond routine walking.
	<b>4</b>	<b>LIVING WITH VERY MILD FRAILTY</b>	Previously "vulnerable," this category marks early transition from complete independence. While <b>not dependent</b> on others for daily help, often <b>symptoms limit activities</b> . A common complaint is being "slowed up" and/or being tired during the day.
	<b>5</b>	<b>LIVING WITH MILD FRAILTY</b>	People who often have <b>more evident slowing</b> , and need help with <b>high order instrumental activities of daily living</b> (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.

	<b>6</b>	<b>LIVING WITH MODERATE FRAILTY</b>	People who need help with <b>all outside activities</b> and with <b>keeping house</b> . Inside, they often have problems with stairs and need <b>help with bathing</b> and might need minimal assistance (cuing, standby) with dressing.
	<b>7</b>	<b>LIVING WITH SEVERE FRAILTY</b>	<b>Completely dependent for personal care</b> , from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).
	<b>8</b>	<b>LIVING WITH VERY SEVERE FRAILTY</b>	<b>Completely dependent for personal care</b> and approaching end of life. Typically, they could not recover even from a minor illness.
	<b>9</b>	<b>TERMINALLY ILL</b>	Approaching the end of life. This category applies to people with a <b>life expectancy &lt;6 months</b> , who are <b>not otherwise living with severe frailty</b> . (Many terminally ill people can still exercise until very close to death.)

### SCORING FRAILTY IN PEOPLE WITH DEMENTIA

The degree of frailty generally corresponds to the degree of dementia. Common symptoms in **mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In **severe dementia**, they cannot do personal care without help. In **very severe dementia** they are often bedfast. Many are virtually mute.



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Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.

# Mortality by condition requiring EL

Condition	Number	No of deaths
Small bowel obstruction	71	7
Hernia	15	1
Large bowel emergencies	23	1
Upper GI emergencies	0	0
Peritonitis	5	1
Post op complications URTT	-	-
Mesenteric Ischaemia	20	6
Metastatic disease	-	-
Other	117	10
Total	-	-

## Emergency Laparotomy Mortality by procedure

Procedure Group	Number	No of deaths (%)
Small bowel obstruction without resection	-	-
Small bowel procedure with resection	-	-
Colon resection with anastomosis	-	-
Colon resection with stoma	-	-
Gastroduodenal procedure	-	-
Peritonitis	-	-
Other emergency laparotomy procedure	-	-
TOTAL	-	-