

# Emergency Laparotomy Workshop Recommendations

## OFFICIAL

The VPCC has recently undertaken a workshop on Emergency Laparotomy surgery involving multiple stakeholders. The ongoing work of the Australian and New Zealand Emergency Laparotomy Audit – Quality Improvement (ANZELA-QI) was reported and considered, as was the National Emergency Laparotomy Audit results in the UK. VAHI is working towards reporting risk-adjusted emergency laparotomy (EL) rates having confirmed that the model presented fits with contemporaneous data post pandemic. The VPCC notes that there needs to be a process for implementing and following up these recommendations.

**The following recommendations have resulted regarding Emergency Laparotomy in Victoria and are strongly endorsed by the VPCC:**

1. All patients should have a formal pre-operative risk assessment undertaken when being considered for an emergency laparotomy
  - a. if surgery is planned, this should be implemented at the local level such that it is embedded in the emergency theatre booking systems or processes.
2. All Victorian hospitals are encouraged to participate in ANZELA-QI
  - a. by reporting of ANZELA-QI performance
  - b. having outcomes measured against internationally proven KPIs
  - c. to include reporting of mortality rates, and 'no laparotomy' (decision not to operate) rates.
3. That the importance of involvement of specialists in older persons' medicine / geriatrics in EL decision-making and care pathways is recognised, promoted, and supported with appropriate resources for patients over 65 years old.

### Further information and resources:

ANZELA-QI <https://www.surgeons.org/en/research-audit/morbidity-audits/morbidity-audits-managed-by-racs/anz-emergency-laparotomy-audit-quality-improvement>

ERAS guidelines for emergency laparotomy eg Peden et al, WJS 2021;45:1272-90