WTP4.6 Assessment of the Over 75’s undergoing Emergency Laparotomy

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Introduction: The National Emergency Laparotomy Audit (NELA) 2019 reported 55% of patients undergoing emergency laparotomies were over 65 years old. 19% had formal frailty assessments and 37% had geriatrician input. Due to the multi-morbid nature of frailty this population carry additional surgical and post-operative risk and may require intensive rehabilitation. NELA and The Centre for Preoperative care recommend patients over 65 should have clinical frailty assessments and be reviewed by an MDT with early Care of the Elderly (COE) input. This audit reviewed use of these recommendations at a large District General Hospital (DGH).

Methods: We performed an audit on all patients over the age of 75 who had an emergency laparotomy between September 2020 to September 2022. We collected data from their admissions, including clinical frailty scores, AMTS and if COE reviews had occurred.

Results: We collected data on 57 patients. The average age was 82 (75-96), and the average length of stay was 22 (5-80) days. No patients had either clinical frailty or AMTS scores documented. 16% had a COE review. 16% (9) patients died before 30 days.

Conclusion: The DGH failed to meet the recommendations for frailty assessment and COE input for patients over 75 having an emergency laparotomy. Suggested improvements may include: a referral pathway to prompt elderly care reviews, or the creation of the “general surgery geriatrician” similar to that of ortho-geriatrician role may be of benefit. Documenting clinical frailty assessments could improve patient outcomes, reduce mortality/morbidity, and provide a more holistic patient approach.