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## Emergency Laparotomy Surgery



**This fact sheet explains what to expect if you are having an emergency operation for a sudden or serious medical problem in the abdomen (stomach area).**

### **What is an emergency laparotomy?**

An emergency laparotomy is a surgical operation that is used for people with severe abdominal pain to find the cause and in many cases to treat it. You will have a general anaesthetic and the surgeon will make an incision (cut) to open the abdomen. The damaged part of the organ is removed and the abdomen will be washed out to limit any infection.

There are a number of situations when emergency laparotomy can be carried out; bowel obstruction (blockage), bowel perforation (burst) and bleeding in the abdominal cavity (internal bleeding). These are conditions which if left untreated could be life-threatening.

An emergency laparotomy is used either to save life or to limit illness, and in many cases it might be the only option available in order for the patient to get better.

### **What happens before surgery?**

A member of the surgical team will assess you by asking questions about your symptoms and carrying out an examination. You can expect to have some blood tests carried out along with a CT scan to help make a diagnosis and formulate a treatment plan.

Once a decision has been made that an operation is needed, a senior surgeon will visit you to explain the procedure and ask for your written consent. An anaesthetist and sometimes a member

### **How long does it take to recover?**

Recovery depends on the surgery, severity of the illness, your age and any other health conditions you may have. We aim for you to be eating within three to four days and home within seven to fourteen days.

It can take around three months to return to normal activities but as long as a year to feel fully recovered.

If you have any questions or would like more information after reading this factsheet please ask the medical team.

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### **Further Information**

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you remain concerned, PALS can also advise upon how to make a formal complaint.

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- **Physiotherapy** – it is very important after major surgery that you take deep breaths and cough effectively. This helps to prevent chest infections. Physiotherapists will visit you during your recovery to give you advice and breathing exercises to help with this.
- **Nutrition** - good nutrition is an essential part of your recovery. It often takes several days for your bowels to work normally after this type of surgery. If you are unable to start eating after two to three days, your surgeon may give you liquid nutrition through the naso-gastric tube or through a cannula into a vein.
- **Pain relief** – the surgical team will strive to ensure that you are comfortable at every stage during your recovery. It is important that you are given sufficient pain relief to enable you to cough effectively. Please ask the nurses if you need more pain relief.
- **Exercise** – this may seem a long way off, but it is important to gradually build up your fitness after your operation, as you feel able. The nurses and physiotherapists will help you with this. Getting back on your feet reduces the risk of complications such as deep vein thrombosis (blood clots) and chest infections.

of the intensive care team will also assess you before your surgery. This team of doctors will be able to tell you about the risks of the operation compared to the risks of your illness without surgery.

If you are too unwell to consider the risks and give your consent, then the surgeon is legally able to act in your best interest and proceed with the operation without having written consent. If this is the case, it will be discussed with your family or carers and two doctors will sign the consent form together

### Timing of surgery

If your condition is very serious, the laparotomy will take place soon after the decision has been made that it is needed, sometimes within two hours. If your condition is less serious, the operation may be delayed to allow further tests and treatment to take place.

### The role of your anaesthetist

Your anaesthetist will discuss the general anaesthetic with you and any particular risks relating to your medical condition and history. They will also decide whether intensive care is needed to help you recover.

### Pain relief

Your anaesthetist will also discuss with you how your pain will be managed after the surgery. You will be given regular pain relief medicines.

## Surgical drains and tubes

During the surgery it is common to have a number of tubes and drains inserted:

- The nurse will insert a catheter (soft plastic tube) into your bladder to drain away and measure the urine that you produce.
- The surgeon may place some drains in your abdomen to prevent infected fluid from accumulating during the recovery period.
- You may have a naso-gastric tube (soft plastic tube that is placed in the nose and goes down as far as the stomach). This helps drain fluid from your stomach and stops you being sick. Sometimes this is inserted on the ward by the nurses before surgery. This tube may also be used to help with feeding after surgery.
- There will be a cannula in a vein in your arm to allow intravenous fluids and medicines to be given. Occasionally, your anaesthetist may also place a cannula in a vein in the side of your neck for the same purpose. These tubes and drains will be reviewed daily after your operation. Most can be removed within 48 to 72 hours.

## A stoma

Some people need a stoma after an emergency laparotomy. The team looking after you will tell you if this is a possibility for you. A stoma is formed when one of the ends of the bowel is brought out through a hole in your abdomen and stitched to the surface of your abdomen. This arrangement diverts faeces from your bowel directly into a disposable bag.

If a stoma is formed during your surgery you will meet the specialist stoma nurses who will teach you how to care for it.

## What happens after surgery?

Depending on your condition before and during the surgery, you may need to spend some time in the high dependency unit (HDU) or intensive care unit (ICU) afterwards. The team looking after you will decide if this is necessary.

If you have developed significant lung or heart problems the anaesthetist and intensive care team may decide that you would benefit from a period when a ventilator is used to support your breathing. If this happens you would remain anaesthetised on the ICU until you are well enough to be allowed to wake up and breathe for yourself.

## Complications

This is emergency surgery and complications are common. These can include straightforward complications such as urine and wound infections which can usually be treated with good results. Major, potentially life-threatening complications such as failure of vital organs can also happen. Treatment of organ failure in the ICU is often successful by allowing recovery.

With this in mind, the surgical team will always consider other treatment options when deciding whether or not an emergency laparotomy operation is right for you. They will give you advice based on their experience and on the information they have from the investigations they have done. Your wishes and your opinion are extremely important in the decision making process.

## Recovery from emergency laparotomy

There are several important aspects to your recovery after emergency surgery, which will be addressed: