Appendix 1. National Emergency Laparotomy Audit (NELA) Inclusion and Exclusion Criteria [1].

NELA

Inclusion

Aged 18 y and over

Open, laparoscopic, or laparoscopically assisted procedures

Procedures involving the stomach, small or large bowel, or rectum

For conditions such as perforation, ischemia, abdominal abscess, bleeding, or obstruction

Washout/evacuation of intraperitoneal abscess (unless due to appendicitis or cholecystitis—excluded, see below)

Washout/evacuation of intraperitoneal hematoma

Bowel resection/repair due to incarcerated incisional, umbilical, inguinal, and femoral hernias (but not hernia repair without bowel resection/repair). Bowel resection/repair due to obstructing/incarcerated incisional hernias provided the presentation and findings were acute. This will include large incisional hernia repair with division of adhesions.

Laparotomy/laparoscopy with inoperable pathology (eg, peritoneal/hepatic metastases) where the intention was to perform a definitive procedure. This does not include purely diagnostic procedures

Laparoscopic/Open adhesiolysis

Return to theatre for repair of substantial dehiscence of major abdominal wound (ie, “burst abdomen”)

Any reoperation/return to theatre for complications of elective general/upper GI surgery meeting the criteria above is included. Returns to theatre for complications following non-GI surgery are now excluded (see exclusion criteria below). If multiple procedures are performed on different anatomical sites within the abdominal/pelvic cavity, the patient would be included if the major procedure is general surgical. For example, nonelective colonic resection with hysterectomy for a fistulating colonic cancer would be included as the bowel resection is the major procedure

However, bowel resection at the same time as emergency abdominal aortic aneurysm repair would not be included as the aneurysm repair is the major procedure

NELA

Exclusion

Patients under 18

Elective laparotomy/laparoscopy

Diagnostic laparotomy/laparoscopy where no subsequent procedure is performed (NB, if no procedure is performed because of inoperable pathology, then include)

Appendectomy ± drainage of localized collection unless the procedure is incidental to a nonelective procedure on the GI tract

Cholecystectomy ± drainage of localized collection unless the procedure is incidental to a nonelective procedure on the GI tract (All surgery involving the appendix or gallbladder, including any surgery relating to complications such as abscess or bile leak is excluded. The only exception to this is if carried out as an incidental procedure to a more major procedure. We acknowledge that there might be extreme cases of perioperative contamination, but total exclusion avoids subjective judgment calls about severity of contamination.)

Minor abdominal wound dehiscence unless this causes bowel complications requiring resection

Nonelective formation of a colostomy or ileostomy as either a trephine or a laparoscopic procedure (NB: if a midline laparotomy is performed, with the primary procedure being formation of a stoma, then this should be included)

Vascular surgery, including abdominal aortic aneurysm repair

Caesarean section or obstetric laparotomies; gynaecological laparotomy; ruptured ectopic pregnancy, or pelvic abscesses due to pelvic inflammatory disease

Laparotomy/laparoscopy for pathology caused by blunt or penetrating trauma

All surgery relating to organ transplantation (including returns to theatre for any reason following transplant surgery)

Surgery relating to sclerosing peritonitis

Surgery for removal of dialysis catheters

Laparotomy/laparoscopy for oesophageal pathology

Laparotomy/laparoscopy for pathology of the spleen, renal tract, kidneys, liver, gall bladder and biliary tree, pancreas, or urinary tract

Returns to theatre for complications (eg, bowel injury, hematoma, collection) following non-GI surgery are now excluded, that is, returns to theatre following renal, urological, gynaecological, vascular, hepatic, pancreatic, splenic surgery are excluded.

Appendix 2. The Clinical Frailty Score (CFS) Developed by the Canadian Study of Health and Ageing (CSHA).

1—Very fit: Robust, active, energetic, well motivated, and fit; these people commonly exercise regularly and are in the most fit group for their age.

2—Well: Without active disease, but less fit than people in category 1.

3—Well, with treated comorbid disease: Disease symptoms are well controlled compared with those in category 4.

4—Apparently vulnerable: Although not frankly dependent, these people commonly complain of being “slowed up” or have disease symptoms.

5—Mildly frail: With limited dependence on others for instrumental activities of daily living.

6—Moderately frail: Help is needed with both instrumental and noninstrumental activities of daily living.

7—Severely frail: Dependent on others for activities of daily living, or terminally ill.