

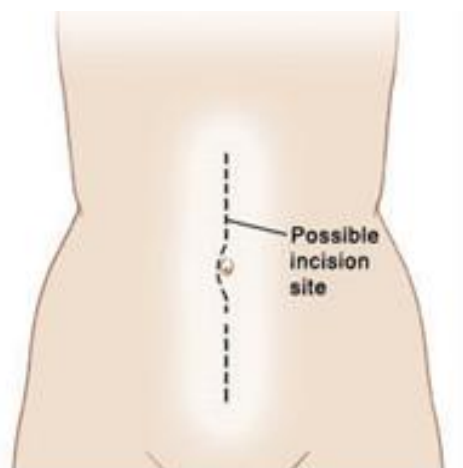
Patient information

An Emergency Laparotomy

General Surgery

What is an emergency laparotomy?

A laparotomy is literally an incision or cut into the abdominal cavity (figure below).



It is called “emergency” when it must be done in a few hours, very quickly or immediately and cannot wait until a later date.

It might be carried out for several reasons.

They include:

- ✓ Internal bleeding.
- ✓ Rupture of the stomach, bowel, or other organ.
- ✓ A blockage of the bowel.
- ✓ Infection of the abdominal cavity.

In many cases it might be the only option available in order for the patient to get better.

An emergency laparotomy in most of the cases is for treatment of condition causing severe illness. Sometimes it turns out to be for diagnosis only.

How the procedure is performed?

- ✓ An incision (usually in midline) is made on the tummy.
- ✓ The abdominal cavity is opened.
- ✓ The abdominal organs are checked for bleeding, holes (perforations) in hollow organs, areas where the intestines are blocked, infections and intractable pain sites.
- ✓ Appropriate procedure is carried out according to the problem.
- ✓ Closure of the incision.

Briefly, the procedure can be described in five words: open, check, find, fix, close.

What are the benefits of an emergency laparotomy?

- ✓ To inspect the tummy and detect a cause of the illness.
- ✓ To deal with all problems in most effective and most reliable way.

That means the following:

- ✓ To close or control the perforation.
- ✓ To stop the bleeding.
- ✓ To remove the source of infection.
- ✓ To drain the abscess.
- ✓ To remove a blocked or dead gut.
- ✓ To reduce the hernia.

What are the most common surgical procedures via an emergency laparotomy?

- ✓ Removal of perforated appendix.
- ✓ Repair of perforated duodenal ulcer.
- ✓ Drainage of the abscess.
- ✓ Tying or stitching of the bleeding vessel.
- ✓ Removal of bleeding spleen.
- ✓ Removal of dead portion of the gut.
- ✓ Removal of burst portion of the gut.
- ✓ Removal of adhesions (internal scars).
- ✓ Removal of a blocked large bowel.
- ✓ Repair of a strangulated hernia.
- ✓ Removal of infected gallbladder.

What happens after surgery?

After certain major operations the patient may be transferred to the Intensive Care Unit (ICU/ITU) or high dependency unit (HDU).

The patient may also be transferred there because of certain pre-existing health problems that he / she may have.

Most patients will come back to surgical ward to recover.

What are the risks of an emergency laparotomy?

Every surgical procedure has a spectrum of risks that are being classified within four categories:

1. Risks common to general anaesthesia.
2. Risks common to all surgical procedures.
3. Risks and possible complications of an emergency laparotomy.
4. Risks or complications of the proposed surgical treatment that is specific and unique to the patient.

All risks of an emergency laparotomy are higher than risks of a planned laparotomy or key-hole surgery.

That is why majority of the patients admitted for an emergency laparotomy are being named as high-risk patients.

1. Risks common to general anaesthesia

Anaesthetist will discuss them.

2. Risks and possible complications of the emergency laparotomy

There are intraoperative and postoperative complications. Intraoperative complications mean complications during the surgery. Postoperative complications mean complications after the surgery.

The intraoperative complications that can occur are as follows:

- ✓ Excessive bleeding (this may require a transfusion of blood products)
- ✓ Injury to organs of the tummy.

Postoperative complications can include:

- ✓ Bleeding or collection of blood.
- ✓ Infection of the wound, tummy, chest, and of the veins containing canulla.
- ✓ Blood clots in the veins of legs or pelvis (deep vein thrombosis / DVT), or the veins of lungs (a pulmonary embolism / PE).

- ✓ Bowel blockage due to internal scarring (adhesions).
- ✓ Death due to illness itself or serious complications of surgery (risk is 15 patient of 100 within 30-days).

Nausea, vomiting, pain after surgery that may require you to take medication, and scars after surgery at the incision site are side effects of a laparotomy

Hernia in the area of the cut / scar (that is weak areas in the tummy wall) can present as a late complication of an emergency laparotomy.

- Probability of incisional hernia following an emergency laparotomy is 20-25 %.
- Probability of incisional hernia following two emergency laparotomies is 80%.
- Probability of incisional hernia following an emergency laparotomy complicated by surgical wound infection and wound partial dehiscence is almost 100%.

3. Risks or complications of the proposed treatment that is specific and unique to the patient

The surgeon will discuss about these risks with you as every surgical procedure is unique.

What are the alternatives to an emergency laparotomy?

In most of the cases there are no alternatives to an emergency laparotomy.

However, the surgeon will discuss with you all possible options of treatment, if they exist.

A key-hole surgery and a non-surgical treatment options can be suitable for some patients.

How soon will I recover after surgery?

You may feel tummy pains for a few days; pain relief will be prescribed; acute pain team will take care on patient.

A urinary catheter may be inserted to drain off urine.

If a postoperative period is not complicated, you will be able to start eating and drinking in about one - two days after the surgery.

In some cases, a small tube (i.e. nasogastric tube) may have been passed through the nose and into the stomach to help drain stomach secretions for a day or two. This rests your gut while it is healing.

Drains and catheter are usually removed in one-three days.

Physiotherapists and occupational therapists will assist you within a few days till full mobility.

How long you stay in the hospital depends on the severity of the problem.

What to expect after the operation

Discharge

You will be either kept in hospital as many days as you need after an emergency laparotomy. The usual stay in uncomplicated cases is between seven days to three weeks.

Discharge summary, medical advice, sick note, and medicines will be given to you on the day of discharge from the hospital.

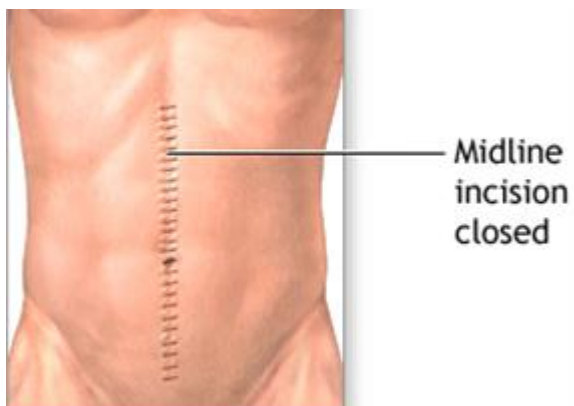
Drains

Drains can be used and temporarily left in the abdominal cavity for a day or two. Sometimes they can be left longer (even after discharge). The management of drains will be discussed at time of discharge.

Skin staplers or stitches

A doctor will give you advice about how your wounds were closed and how to care for them.

If you have skin staplers or stitches which need to be removed, this can usually be done by the practice nurse at your GP surgery or walk-in centre 10 – 14 days after your operation (picture below).



Dressings

You need to keep the scar / scars covered after an emergency laparotomy.

You do not need to worry about getting the wound wet. Dressing acts as a barrier against water.

Many patients have concerns that standing up straight will pull at the stitches.

Don't worry about this. Getting out of bed and standing up straight will actually help you to recover more quickly.

Discomfort

You will experience pain and discomfort around the scar, especially for the first few days, and inside the tummy.

Painkillers

Painkillers will be prescribed for you for about 14 days.

They may well cause constipation, so it's important to get plenty of fibre in your diet while you are recovering. Fresh fruit and vegetables will help to keep your bowels moving regularly.

Tiredness

Your body is using a lot of energy to heal itself, so you will feel more tired than normal - sometimes it can come upon you suddenly.

Feeling emotional

If you feel upset or emotional in the days and weeks after your operation, don't worry this is a perfectly normal reaction which many people experience.

Things that will help you recover more quickly

Eat healthily

Eating a healthy diet will help to ensure that your body has all the nutrients it needs to heal.

Stop smoking

By not smoking - even if it's just for the time that you're recovering - you immediately start to improve your circulation and your breathing - not to mention a whole list of other benefits to the heart and lungs.

Family and friends

Family and friends can give you two important things:

Practical help with the tasks you might be temporarily unable to do while you recover - such as driving, the weekly shop, or lifting heavier items.

Keeping your spirits up - the novelty soon wears off being home alone all day, and it's easy to feel isolated by this. Having company can help you to worry less.

It's important not to let anxiety set in, as it can become a problem in itself which stands in the way of you getting back to your normal routine.

Keep a routine

Get up at your normal time in the morning, get dressed, move about the house. If you get tired, you can rest later.

Build up gradually

Have a go at doing some of the things you'd normally do, but build up gradually.

Everyone recovers at a different speed, so not all of the suggestions will be suitable for everybody.

As you build up your activities, you may feel more tired than normal. If so, stop and rest until your strength returns.

If you feel pain, you have probably just overdone it a little. Ease back and then gradually increase again. If you are concerned, consult your GP.

If you live alone, and you do not have family or friends close by, organise support in advance - have family or friends come to stay with you for the first few days after surgery if possible.

Returning to work

Remember: Work can be part of your recovery

Everyone needs time off to recover after an operation - but too much of it can stand in the way of you getting back to normal.

In fact, by staying off for too long, people can become isolated and depressed.

Getting back to your normal work routine sooner rather than later can actually help you to recover more quickly.

Getting back to work

How quickly you return to work depends on a number of things:

- How you heal.
- How you respond to surgery.
- The type of job you do.

People whose work involves a lot of heavy lifting, or standing up or walking for long periods of time, will not be able to return to work as quickly as those who have office jobs which are less demanding physically.

How soon can I go back?

Every person recovers differently and has different needs.

The comfortable rest is advised for two weeks.

In most cases it's usually safe to return to work 6 weeks after the emergency laparotomy.

If your employer has an occupational health nurse or doctor they will advise you on this.

Alternatively your GP can give you advice. Ultimately, it's your decision when you want to go back, and there's no insurance risk to your employer if you choose to do so.

You do not need your GP's permission to go back to work - this is ultimately your decision.

Planning for your return

Talk to your Occupational Health service or GP to work out when and how is best for you to return to work.

Depending on the nature of your job, you might want to ask your employer about returning to work on lighter duties at first. This means:

- Spending more time sitting rather than standing or walking.
- Doing work that is mostly paperwork, using a computer or telephone.
- Not carrying more than around five kg any significant distance.
- Avoiding tasks such as prolonged loading or unloading, packing or unpacking.

If you have an HR Department at work, they will be able to advise you on how your absence might affect any benefits you may be receiving during your time off.

Confidence

It will take you a little while to regain your full confidence when you go back to work.

You may be slower than normal at first, so don't take on too much responsibility too soon.

Don't be too hard on yourself about this - it's perfectly normal and you'll start to get back up to speed after a few days.

Three golden rules for a speedy recovery:

- Stay active.
- Keep a normal daily routine.
- Keep social contact with people.

Driving

Your insurance company should be informed about your operation. Some companies will not insure drivers for a number of weeks after surgery, so it's important to check what your policy says.

Before resuming driving, you should be free from the sedative effects of any painkillers you may be taking.

You should be comfortable in the driving position and able to safely control your car, including freely performing an emergency stop.

Driving - An exercise

It is advisable not to restart driving for about four weeks after an emergency laparotomy. After about four weeks, you might want to test your fitness to drive.

Do this in a safe place without putting the keys in the ignition: simply sit in the driving seat and practise putting your feet down on the pedals. Again, build up gradually.

If you feel pain, stop immediately. If you feel sore afterwards, you may need to wait a day or two and try again.

Only when you can put enough pressure on the pedals to do an emergency stop - without feeling any pain or soreness afterwards - should you think about driving again.

It is advisable not to restart driving with a long journey.

Physical activities

It is advised to avoid strenuous physical activities for about six weeks.

It is also advised to strictly avoid any heavy lifting, pulling, pushing, vigorous sexual intercourse, or contact sports for about six weeks or even longer.

Follow-up visit

Follow-up visit (an interim or a final check-up) to outpatient clinic will be arranged for you.

When do I have to contact doctor if I have concerns or questions?

Call your doctor if you have:

- ✓ Increased or persistent pain not relieved with pain relief medications.
- ✓ Redness or swelling around the wound.
- ✓ Discharge of pus or blood from the wound.
- ✓ Increased pain in the abdomen.
- ✓ Persistent fever.
- ✓ Temperature above 38.5°C.
- ✓ Shakes, swelling, chills, rigors.
- ✓ Uncontrolled vomiting.
- ✓ Persistent bloating of the stomach.
- ✓ Inability to have a bowel movement after four days.
- ✓ Dizziness/feelings of faintness.
- ✓ Blood in your vomit, urine, or cough.
- ✓ Swollen leg or both legs.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Who do I contact if I have questions or concerns?

Contacting during working hours (9am - 5pm in the working week)

Please contact the secretary and leave a message for the surgical team.

If you think that your condition is serious then it is best to come straight to Aintree Accident and Emergency department*, which can manage serious problems in the best possible manner.

Out of hours (after 5pm during working week/weekend/bank holiday)

Please seek advice from your GP for minor complications.

If you are not sure or if you think it is a serious problem, please come to Aintree Accident and Emergency department* for a review.

Hospital switch board Tel: 0151 529 5980.

***When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management.**

Are there any other sources of information?

Here is a list of websites that offer safe, sensible, useful information:

<http://emedicine.medscape.com/article/1829835-overview>

<http://www.derbyhospitals.nhs.uk/easysiteweb/getresource.axd?assetid=2962>

<http://www.health.org.uk/areas-of-work/programmes/shine-twelve/related-projects/royal-surrey-county-hospital-nhs-foundation-trust/>

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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