COMPLIANCE WITH NELA AND BGS-CPOC STANDARDS IN OLDER PATIENTS UNDERGOING EMERGENCY LAPAROTOMY: A SINGLE-CENTRE AUDIT

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Introduction

Frailty is associated with increased postoperative complications, prolonged hospital stay and mortality following emergency laparotomy. BGS-CPOC and NELA recommend

- Formal frailty assessment within 4 hours of admission for all patients aged ⩾65 years
- Comprehensive geriatric assessment (CGA) for patients identified as frail and all patients aged ⩾80 years
- Documented preoperative and post-operative mortality risk assessment both:

Objective

To assess local compliance with BGS-CPOC and NELA standards in older patients undergoing emergency laparotomy

Methodology

Single-centre retrospective audit of patients aged ⩾65 years undergoing emergency laparotomy between 31 March 2025 and 1 April 2026

Primary outcome:

- Dcumentation of Clinical Frailty Scale (CFS), with frailty defined as CFS >=5
- NELA risk assessment documentation
- Postoperative geriatric review

Secondary outcome:

- ITU stay
- Total length of stay
- Mortality

Principle standards reported by the National Emergency Laparotomy Audit (NELA). Available at: https://static1.squarespace.com/static/68486c4950aae81a72974be1/t/68b964062cb0fd7de48d34d6/1756980230931/NELA+standards+%281%29.pdf
CPOC-BGS-frailty-guideline-2021.pdf. Available at: https://cpoc.org.uk/sites/cpoc/files/documents/2021-09/CPOC-BGS-Frailty-Guideline-2021.pdf

Results

Patient Demographics

N = 74			
Age		Gender	
65-79	>80	M	F
39 (52.7%)	35 (47.3%)	31 (41.9%)	43 (58.1%)

Mortality (N=11)

11/74 patients died during the audit period

Frailty Documentation

- 3/11 (27.3%) documented as frail (CFS ⩾5)
- 3/11 (27.3%) documented as not frail
- 5/11 (45.5%) had no documented CFS

Post-operative geriatric input:

- 1/11 (9.1%) patients received post-operative geriatric input.

Compliance with National Standards

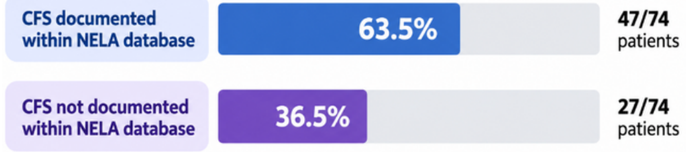
Documentation of NELA score

NELA score was documented 100% in the database

NELA score was documented 13.5% in the clinical notes

Documentation of Frailty Assessment

0% of patients had CFS documented within 4 hours



ITU and Length of stay

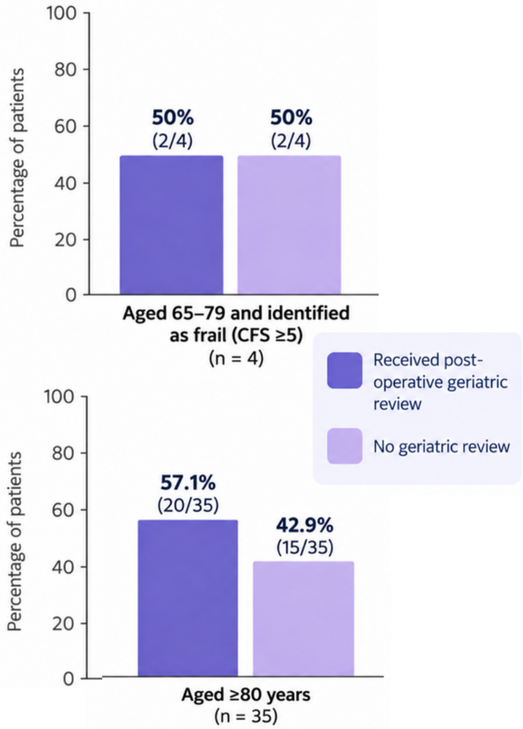
Standard: NELA > 5% should be admitted to ITU post-operatively

- 28/33 (84.8%) of high risk patients recieved ITU care

Target: Reduce mean length of stay to less than 15 days.

- Mean length of stay was 15.5 days.
- Among patients with a prolonged stay 70.6% received a post-operative COE review

Post-operative Geriatric Review



Discussion and Next Steps

Key gaps

- Timely frailty assessment, resulting in potentially missed opportunites to involve geriatrics for patients who would benefit,
- Inconsistent documentation of perioperative mortality risk.

Intervention

- Posters have been displayed in SAU to prompt timely frailty assessment and appropriate geriatric referral
- Findings have been presented locally to educate resident doctors.

Data collection for the second audit cycle is now underway to assess the impact of these interventions and identify any further areas for improvement.