

# Emergency Laparotomy

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## 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 of the problem and in many cases to treat it. A member of the surgical team will assess you fully and ask you questions about your symptoms and examine you.

You will have some blood tests carried out and a CT scan is normally required to help make a diagnosis and plan treatment. 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 anesthetist 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.

## During the procedure

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

- **Catheter**

The surgeon or a nurse will insert a catheter (soft plastic tube) into your bladder to drain away and measure the urine that you produce. (Sometimes this is inserted on the ward before surgery) Drains, the surgeon may place some drains in your abdomen to prevent infected fluid from accumulating during the recovery period.

- **Naso-Gastric tube (NG)**

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 before surgery.

- **Cannula/Venflons**

There will be one or more Cannula/Venflons in your vein's in your arm's/hands this is to allow intravenous fluids, medicines and appropriate analgesia (pain relief) to be administered. 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 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. A stoma is normally a temporary arrangement that allows the bowel time to heal. This healing can take three to six months, after which time you would be offered another operation to re-join your bowel and have the stoma removed. Occasionally a permanent stoma is required after this kind of operation. If a stoma is formed during your surgery you will meet the specialist stoma nurses who will teach you how to care for it.

## Recovery from Emergency laparotomy:

**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 an emergency laparotomy. During this time you may feel bloated and have very little appetite. You may feel sick and sometimes be sick. Your surgeon will advise you on how much fluid and food you can have in these early days. They may prescribe anti-sickness medicines if nausea is a particular problem. If you are unable to start eating after two to three days, your surgeon may suggest a temporary alternative feeding regime.

Surgery on the bowel is a major physiological insult to your body and as such is no wonder you will not feel 'yourself' immediately after it. It typically takes between 2 and 6-weeks to fully recover after a bowel operation. The exact time depends on the type of surgery performed, your individual characteristics, other medical problems you may have, your 'outlook' on recovery and whether or not you have any complications after surgery.

## Students


There may be students present during your consultation as part of their on-going training. Please let the staff know if you wish to be seen by a doctor only.

If you experience any problems related to your surgery or admission once you have been discharged home. Please feel free to contact 4A, 4B or 4C ward for advice from the nurse in charge. They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

4A Ward – 0151 430 1420

4B Ward – 0151 430 1637

4B Ward – 0151 430 1643



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