Updated: November 2021

Inclusion Criteria Queries: FAQs

1. A patient who has undergone a primarily vascular procedure, with or without a bowel resection as a secondary procedure

a. If the emergency laparotomy is for a primary vascular procedure then it should be **excluded**, regardless of whether a secondary bowel resection was performed

b. If there is a separate return to theatre following an emergency or elective vascular procedure, and at the second laparotomy a bowel resection is performed as the primary procedure then the second laparotomy should be **excluded**

2. Formation of colostomy/ileostomy

a. If a midline laparotomy is performed, with the primary procedure being formation of stoma then it should be included

b. If the stoma is performed as a trephine or laparoscopically (i.e. without a midline laparotomy) then it should be **excluded**

3. Oversewing of a duodenal ulcer

a. Both repair of a perforated gastric or duodenal ulcer, and oversewing of a bleeding gastric or duodenal ulcer are **included**

4. A patient with intra-abdominal sepsis from Crohn's who undergoes drainage of intra-abdominal abscesses

a. This would be **included**

5. A patient who has undergone a small bowel resection due to iatrogenic small bowel injury at the time of a C-Section

a. If the small bowel resection was performed as a secondary procedure at the time of a primarily gynaecological procedure it would be **excluded**

b. If there is a separate return to theatre following an emergency or elective gynaecological

procedure, and at the second laparotomy a bowel resection is performed as the primary procedure then the second laparotomy should be **excluded**

6. A patient who requires a return to theatre following elective surgery undertaken by an oncological gynaecology surgeon (ie gynae-oncology) to manage a gastrointestinal or bowel complication that requires the assistance of a general surgeon is **included,** so long as the pathology and surgery meets general NELA inclusion/ exclusion criteria as listed elsewhere. If the complication is managed entirely by an oncological gynaecology surgeon without the assistance of a general surgeon, the patient is **excluded.** If the patient had generalist gynaecology surgery as their index operation, and requires a return to theatre, even when a general surgeon is required to assist in management, the patient is **excluded** as per point 5 above.

7. A patient who has undergone refashioning of gangrenous stoma 3 days post elective laparotomy
a. If a midline laparotomy is performed, with the primary procedure being refashioning of stoma then it should be **included**
b. If the stoma is refashioned without a midline laparotomy then it should be **excluded**

8. Laparotomy and excision of Meckel's diverticulum
a. This would be **included** (this is a new procedure category in the 2015-2016 year of data collection)

9. Laparotomy/enterotomy for a gallstone ileus
a. This would be **included** ("enterotomy" is a new procedure category in the 2015-2016 year of data collection)

10. Laparotomy for a perforated appendix and abscess which caused bowel obstruction, dead bowel and resulted in small bowel resection
a. All laparotomies where the primary pathology is appendicitis are **excluded**, regardless of the severity of the procedure. We acknowledge that there may be severe cases of contamination, and bowel resection may be required, but complete exclusion avoids subjective judgement calls about the severity of contamination

11. Laparotomy for a gastric bleed
a. This would be **included**

12. Laparotomy for caecal perforation the day following colonoscopy and polypectomy

a. This would be **included**

13. Emergency laparoscopic reduction of gastric volvulus with gastric outlet obstruction, Nissen fundoplication and repair of hiatus hernia

a. This would be **included**