

Emergency Laparotomy

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This fact sheet is for general information about this procedure only. It is not intended to be used as medical advice or to replace advice that your relevant healthcare professional would give you. If you have a particular medical problem, please consult a healthcare professional.

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Your surgeon has recommended an emergency laparotomy.

What are the benefits?

Your tests show that you have a life-threatening problem inside your belly (abdomen). You may have internal bleeding, a blocked digestive system, a hole through the wall of your bowel causing peritonitis (inflammation of the lining of your abdomen), a bowel infection, or a problem with the blood supply to your bowel.

Your surgeon will perform the procedures you need to repair the damage and help you recover.

Are there any alternatives?

Your surgeon has considered all available options.

Some problems such as bleeding can sometimes be treated by an endoscopy or a radiology-assisted procedure. An obstruction may clear on its own. Antibiotics can be used to treat an infection.

What does the procedure involve?

The procedure is performed under a general anaesthetic that sends you to sleep, and may take several hours.

Your surgeon will examine your abdomen to assess the damage. They will perform the procedures you need to repair the damage. This may involve removing organs such as your spleen, and removing sections from your stomach and bowel.

Your surgeon may need to make a stoma (this is where your bowel opens onto your skin). If your surgeon makes a stoma, you will have it for at least a year. In some cases, stomas are permanent.

Your surgeon will insert drains (tubes) in your abdomen to drain away fluid that can sometimes collect.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious.

Emergency laparotomy complications

- Bleeding.
- Infection of the surgical site wound, which usually settles with antibiotics but you may need another procedure.
- Allergic reaction to the equipment, materials or medication.
- Acute kidney injury. Any kidney damage is usually short lived although some people may need to spend longer in hospital. A small number of people can go on to develop chronic kidney disease that may need dialysis.
- Developing a hernia in the scar.
- Blood clots in your legs (deep-vein thrombosis – DVT) or in your lungs (pulmonary embolus).
- Damage to your stomach or bowel.
- Continued bowel paralysis (ileus), where your bowel stops working for more than a few days, causing you to become bloated and to be sick.
- Sepsis, which is a life-threatening infection.
- Incorrect diagnosis, as there is no definite way of confirming the diagnosis without surgery.
- Death. The risk of dying is related to different risk factors and your surgeon will be able to give a more accurate risk for you.
- Chest infection. Your risk is lower if you do not smoke or have stopped smoking, and have not had a recent cough or cold.
- Formation of a stoma.

Consequences of this procedure

- Pain.
- Scarring of your skin.

What happens after the procedure?

You should be able to go home after 7 to 14 days. However, you may need to stay in hospital for another procedure.

Your recovery will depend on what the procedure involves, your age and if you have other medical problems. Physiotherapy and good pain relief can help.

It may take many months for you to fully recover.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatment options.

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Reviewer

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Illustrator

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