

ANZELA-QI INCLUSION AND EXCLUSION CRITERIA

Version July 2023

| | Included | Excluded |
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| BASIC | <p>Adults (> 18 years)</p> <p>Booked to undergo an abdominal procedure where urgency for surgical intervention is < 24 hours from surgical decision</p> <p>Acute abdomen meeting the inclusion criteria below but ultimately not operated on(No-Laps)</p> | <p>Children (< 18 years)</p> <p>Elective laparotomy or laparoscopy</p> |
| APPROACH & INTENT | <p>Open, laparoscopic, or laparoscopic-assisted procedures</p> <p>Diagnostic laparotomy or laparoscopy where no procedure is performed due to inoperable pathology e.g. peritoneal/hepatic metastases</p> | <p>Diagnostic laparotomy or laparoscopy only, where no subsequent procedure performed (unless due to inoperable pathology)</p> |
| ANATOMY | <p>Procedures involving the stomach, small or large bowel, or rectum</p> | <p>Laparoscopy or laparotomy involving pathology of oesophagus, spleen, renal tract, kidneys, liver, gallbladder, pancreas to urinary tract</p> |
| INDICATION | <p>Conditions involving perforation, ischaemia, abdominal abscess, bleeding or obstruction</p> | |
| APPENDIX | | <p>All laparoscopies or laparotomies on the appendix regardless of severity of procedure include colon resection.</p> <p>Appendicectomy +/- drainage of localised collection (unless incidental to a non-elective procedure on the GI tract)</p> |
| BILIARY & GALLBLADDER | <p>Operations on the biliary tract or gallbladder that are not an acute cholecystectomy</p> | <p>All operations when the primary indication is acute cholecystitis</p> <p>Cholecystectomy +/- drainage of localised collection (unless incidental to a non-elective procedure on the GI tract)</p> |
| OESOPHAGUS | <p>Operations related to removal of gastric bands with or without perforation</p> | <p>All other laparoscopic and laparotomy operations on oesophagus</p> <p>Boerhaave tear of abdominal oesophagus</p> |
| DEHISCENCE | <p>Return to theatre for repair of substantial dehiscence of major abdominal wound (i.e. "burst abdomen")</p> | <p>Minor abdominal wound dehiscence (unless this causes bowel complications requiring resection)</p> |

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| VASCULAR | Laparotomy for bowel ischaemia if there has been no prior vascular intervention Resection of ischaemic bowel following a separate visit to theatre for abdominal vascular or cardiothoracic surgery | Bowel resection as part of initial vascular operation |
| GYNAE | Bowel resection performed as a non-elective procedure for obstruction due to gynaecological pathology (e.g. cancer or endometriosis) Returns to theatre requiring a General Surgeon following previous gynaecology/oncology surgery | Caesarean section or obstetric laparotomies Gynaecological laparotomy (eg ovarian abscess, pelvic inflammatory disease) Ruptured ectopic pregnancy |
| PERITONEUM | Washout/evacuation of intra-peritoneal haematoma | Any surgery relating to sclerosing peritonitis, pancreatitis, removal of peritoneal dialysis catheter |
| HERNIA | Emergency umbilical, inguinal and femoral hernias that are incarcerated AND require a bowel resection/repair or there is an adhesolysis . Emergency parastomal hernias that require a laparotomy Incisional hernias that are obstructing or incarcerated with or without bowel resection provided the presentation and findings were acute. | Umbilical, inguinal and femoral hernia repair that do not require bowel resection/repair even if incarcerated Emergency parastomal hernias that do not require a laparotomy |
| ADHESION & ABSCESS | Laparoscopic and Open adhesiolysis | Pelvic adhesions due to pelvic inflammatory disease |
| TRAUMA | | Laparotomy/laparoscopy for pathology caused by blunt or penetrating trauma |
| TRANSPLANT | | All surgery relating to organ transplantation unless the return to theatre for a bowel injury Surgery for removal of dialysis catheters |
| RETURNS to THEATRE | Any re-operation or return to theatre for complications related to any of the above operations | Laparotomy or laparoscopy for pathology of the spleen, renal tract, kidneys, liver, pancreas or urinary tract that involve a bowel injury during the primary operation. |

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| | <p>Any re-operation/return to theatre requiring the assistance of a General Surgeon including patients:</p> <ul style="list-style-type: none"> • with ischaemic bowel following an earlier operation for elective or emergency vascular or cardiac surgery • requiring non-elective surgery with a general surgeon following a prior gynaecological or oncology operation (with or without bowel resection) • return to theatre for post-operative complications (e.g. bleeding, sepsis, bowel injury) following a prior general surgical operation even if the original procedure was excluded | |
| <p>MUTIPLE PROCEDURES</p> | <p>Multiple procedures performed on different anatomical sites within the abdominal/pelvic cavity if the major procedure is general surgical. Example - non-elective colonic resection with hysterectomy for a fistulating colonic cancer would be included as the bowel resection is the major procedure</p> | <p>Multiple procedures performed on different anatomical sites within the abdominal/pelvic cavity if the major procedure is NOT general surgical Example - bowel resection at the same time as emergency abdominal aortic aneurysm repair would not be included as the aneurysm repair is the major procedure</p> |

The above criteria are not exhaustive.

Any intra-abdominal procedure not identifiable within the exclusion criteria should be included.

Please contact the ANZELA-QI team if you require any clarification.