

ANZ Emergency Laparotomy Audit – Quality Improvement (ANZELA-QI)

DATA COLLECTION FORM

Most Australian hospitals contribute data to the central ANZELA-QI database by entering it directly into the REDCap database managed by RACS. New Zealand hospitals contribute data via the CADENZAA project. Data cannot be received by ANZELA-QI until ethical approval has been granted. **This form SHOULD NOT be returned to the RACS audit office.**

DEMOGRAPHICS			
Patient hospital record no.		Medicare no.	
Age		Surname	
Date of birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex or indeterminate <input type="checkbox"/> Not stated/inadequately described	
Ethnicity <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Maori <input type="checkbox"/> Pacific Peoples <input type="checkbox"/> Any other ethnicity <input type="checkbox"/> Unknown			
PRE-OPERATIVE			
Did the patient have an EL? <input type="checkbox"/> Yes <input type="checkbox"/> No: medical co-morbidity reasons: risk of surgery too great <input type="checkbox"/> No: Pathology too advanced (e.g. disseminated malignancy) <input type="checkbox"/> No: rapid death during work-up <input type="checkbox"/> No: patient/family wishes to limit care including Advanced Health Care Directive		Patient first arrived at hospital DATE: <input type="checkbox"/> Unknown TIME: <input type="checkbox"/> Unknown	
Where did the patient first present? <input type="checkbox"/> Emergency Dept <input type="checkbox"/> ASU/Ward <input type="checkbox"/> Room/clinic <input type="checkbox"/> Other (specify) _____		Nature of admission <input type="checkbox"/> Elective <input type="checkbox"/> Emergency	
Residence before admission <input type="checkbox"/> Own Home <input type="checkbox"/> Sheltered living <input type="checkbox"/> Residential Care <input type="checkbox"/> Nursing Home <input type="checkbox"/> Rehabilitation facility <input type="checkbox"/> Other		Was this a readmission within 30 days FOR A PREVIOUS EL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this admission a transfer from another hospital? <input type="checkbox"/> Yes (specify hospital) _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown		Specialty of initial admission <input type="checkbox"/> General Surgery <input type="checkbox"/> Older People's Health <input type="checkbox"/> General Medicine <input type="checkbox"/> Obstetrics & Gynaecology <input type="checkbox"/> Gastroenterology (if separate from Gen Med) <input type="checkbox"/> Orthopaedics <input type="checkbox"/> Other (specify) _____	
First seen by ANY member of surgical team IN THIS HOSPITAL DATE: <input type="checkbox"/> Unknown TIME: <input type="checkbox"/> Unknown <input type="checkbox"/> Not seen		Sub-specialty of admitting consultant surgeon <input type="checkbox"/> Colorectal <input type="checkbox"/> Rural <input type="checkbox"/> Upper Gastrointestinal (GI) <input type="checkbox"/> Trauma <input type="checkbox"/> Hepato-pancreato-biliary (HPB) +/- transplant <input type="checkbox"/> General Surgeon with no special interest <input type="checkbox"/> Breast and/or endocrine <input type="checkbox"/> Other (specify) _____	

Abdominal CT scan performed pre-operatively as part of diagnostic work-up? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Date and time of CT scan DATE: <input type="checkbox"/> Unknown TIME: <input type="checkbox"/> Unknown		Date and time of CT report by consultant DATE: <input type="checkbox"/> Unknown TIME: <input type="checkbox"/> Unknown			
Was sepsis suspected AT TIME OF INITIAL HOSPITAL ADMISSION? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other diagnosis suspected requiring antibiotics <input type="checkbox"/> Unknown		If sepsis suspected at time of initial hospital admission by what criteria? <input type="checkbox"/> Clinical assessment only <input type="checkbox"/> EWS (any score) <input type="checkbox"/> qSOFA <input type="checkbox"/> Lactate <input type="checkbox"/> Other (specify) _____		Date/time of sepsis assessment? DATE: <input type="checkbox"/> Unknown TIME: <input type="checkbox"/> Unknown <input type="checkbox"/> Not done		First dose of IV antibiotics following presentation DATE: <input type="checkbox"/> Unknown TIME: <input type="checkbox"/> Unknown <input type="checkbox"/> Not administered	
Lactate level available to the surgeon at time of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Were goals of care documented in the notes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Was sepsis suspected AT THE TIME DECISION FOR SURGERY WAS MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If sepsis suspected at the time decision for surgery was made BY WHAT CRITERIA? <input type="checkbox"/> Clinical assessment only <input type="checkbox"/> EWS (any score) <input type="checkbox"/> qSOFA <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____	
Most recent pre-operative value for blood lactate[mmol/l]		Decision to operate DATE: <input type="checkbox"/> Unknown TIME: <input type="checkbox"/> Unknown					
RISK STRATIFICATION							
Risk of death entered into medical record preoperatively? <input type="checkbox"/> Yes, calculated pre-operatively <input type="checkbox"/> No, but calculated and entered into the medical record post-operatively <input type="checkbox"/> No, calculated but not entered into the medical record <input type="checkbox"/> No <input type="checkbox"/> Unknown				What was the NELA mortality score (%)? (Australia only)		What was the patient's ASA grade on admission? <input type="checkbox"/> (1) A normal healthy patient <input type="checkbox"/> (2) A patient with mild systemic disease <input type="checkbox"/> (3) A patient with severe systemic disease which limits activity, but is not incapacitating <input type="checkbox"/> (4) A patient with an incapacitating systemic disease that is not a constant threat to life <input type="checkbox"/> (5) A moribund patient who is not expected to survive 24 hours, with or without an operation <input type="checkbox"/> (6) A brain-dead patient for organ donation	
According to surgical urgency, WITHIN HOW MANY MAXIMUM HOURS was the procedure was intended to occur?				What was the P-POSSUM score (%)? (NZ only)			
For patients over 65 years, was a pre-operative frailty assessment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, frailty assessment completed post-operatively <input type="checkbox"/> Unknown			Patients over 65 years, pre-operative frailty index <input type="checkbox"/> (1) Very Fit <input type="checkbox"/> (2) Well - no active disease symptoms <input type="checkbox"/> (3) Managing Well - medical problems well controlled <input type="checkbox"/> (4) Vulnerable - symptoms limit activities <input type="checkbox"/> (5) Mildly Frail - evident slowing <input type="checkbox"/> (6) Moderately Frail - need lifestyle help <input type="checkbox"/> (7) Severely Frail - completely dependent for personal care <input type="checkbox"/> (8) Very Severely Frail - approaching end of life <input type="checkbox"/> (9) Terminally Ill - life expectancy < 6 months <input type="checkbox"/> Unknown				

OPERATIVE

<p>First surgical procedure of this admission? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other</p> <p>Comments:</p>	<p>FOR UNPLANNED RETURN TO THEATRE CASES ONLY, what was the most significant reason for return?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anastomotic leak <input type="checkbox"/> Abscess <input type="checkbox"/> Accidental damage to bowel or another organ <input type="checkbox"/> Abdominal wall dehiscence <input type="checkbox"/> Bowel obstruction <input type="checkbox"/> Decompression of abdominal compartment syndrome <input type="checkbox"/> Bleeding or haematoma <input type="checkbox"/> Stoma viability or retraction <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Not applicable 	<p>PRE-OPERATIVE INDICATION for surgery as on the surgical booking form</p> <ul style="list-style-type: none"> <input type="checkbox"/> Abdominal abscess <input type="checkbox"/> Anastomotic leak <input type="checkbox"/> Abdominal wound dehiscence <input type="checkbox"/> Abdominal compartment syndrome <input type="checkbox"/> Acidosis <input type="checkbox"/> Bile leak <input type="checkbox"/> Chyle leak <input type="checkbox"/> Colitis <input type="checkbox"/> Foreign body <input type="checkbox"/> Haemobilia <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Hernia - hiatus <input type="checkbox"/> Hernia - incarcerated <input type="checkbox"/> Hernia - incisional <input type="checkbox"/> Hernia - internal <input type="checkbox"/> Iatrogenic injury <input type="checkbox"/> Intestinal fistula <input type="checkbox"/> Intussusception <input type="checkbox"/> Ischaemia <input type="checkbox"/> Necrosis <input type="checkbox"/> Obstruction - Small bowel <input type="checkbox"/> Obstruction - Large bowel <input type="checkbox"/> Perforation <input type="checkbox"/> Peritonitis <input type="checkbox"/> Phlegmon/inflammatory mass <input type="checkbox"/> Planned relook <input type="checkbox"/> Pneumoperitoneum <input type="checkbox"/> Pseudo-obstruction <input type="checkbox"/> Sepsis <input type="checkbox"/> Volvulus
<p>Theatre booking</p> <p>DATE: <input type="checkbox"/> Unknown</p> <p>TIME: <input type="checkbox"/> Unknown</p>	<p>Most senior SURGEON in theatre</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consultant <input type="checkbox"/> Staff grade, other non-consultant grade responsible surgeon <input type="checkbox"/> Fellow <input type="checkbox"/> SET Training Registrar <input type="checkbox"/> Service Registrar or equivalent <input type="checkbox"/> Other 	
<p>Date and time of procedure (EITHER OF BELOW NOT BOTH)</p> <p>Knife to skin</p> <p>DATE: <input type="checkbox"/> Unknown</p> <p>TIME: <input type="checkbox"/> Unknown</p> <p>Wheels in</p> <p>DATE: <input type="checkbox"/> Unknown</p> <p>TIME: <input type="checkbox"/> Unknown</p>	<p>Most senior ANAESTHETIST in theatre</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consultant <input type="checkbox"/> Staff grade, other non-consultant grade responsible anaesthetist <input type="checkbox"/> Fellow <input type="checkbox"/> Advanced trainee (post-final exam) <input type="checkbox"/> Advanced trainee (pre-final exam) <input type="checkbox"/> Basic trainee <input type="checkbox"/> Other 	
<p>Sub-specialty of operating consultant surgeon?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Colorectal <input type="checkbox"/> Upper Gastrointestinal (GI) <input type="checkbox"/> Hepato-pancreato-biliary (HPB) +/- transplant <input type="checkbox"/> Breast and/or endocrine <input type="checkbox"/> Rural <input type="checkbox"/> Trauma <input type="checkbox"/> General surgeon with no special interest 		

<p>Main operative findings (Select all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> Abscess</td> <td><input type="checkbox"/> Diverticulitis</td> <td><input type="checkbox"/> Perforation – peptic ulcer</td> </tr> <tr> <td><input type="checkbox"/> Abdominal Compartment Syndrome</td> <td><input type="checkbox"/> Foreign Body</td> <td><input type="checkbox"/> Perforation – small bowel/colonic</td> </tr> <tr> <td><input type="checkbox"/> Abdominal wall dehiscence</td> <td><input type="checkbox"/> Gallstone Ileus</td> <td><input type="checkbox"/> Stricture</td> </tr> <tr> <td><input type="checkbox"/> Adhesions</td> <td><input type="checkbox"/> Haemorrhage – peptic ulcer</td> <td><input type="checkbox"/> Stoma Complications</td> </tr> <tr> <td><input type="checkbox"/> Anastomotic leak</td> <td><input type="checkbox"/> Haemorrhage – intestinal</td> <td><input type="checkbox"/> Volvulus</td> </tr> <tr> <td><input type="checkbox"/> Bile leak</td> <td><input type="checkbox"/> Haemorrhage – post-operative</td> <td><input type="checkbox"/> Normal abdomen</td> </tr> <tr> <td><input type="checkbox"/> Chyle leak</td> <td><input type="checkbox"/> Hernia – incarcerated</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cancer – localised</td> <td><input type="checkbox"/> Hernia – Internal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cancer – disseminated</td> <td><input type="checkbox"/> Intestinal fistula</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cancer - gastric</td> <td><input type="checkbox"/> Intestinal ischaemia</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cancer - colorectal</td> <td><input type="checkbox"/> Intussusception</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Colitis - ulcerative colitis</td> <td><input type="checkbox"/> Meckel’s diverticulum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Colitis – Crohn’s Disease</td> <td><input type="checkbox"/> Necrotising fasciitis</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Colitis - other</td> <td><input type="checkbox"/> Pseudo-obstruction</td> <td></td> </tr> </table>	<input type="checkbox"/> Abscess	<input type="checkbox"/> Diverticulitis	<input type="checkbox"/> Perforation – peptic ulcer	<input type="checkbox"/> Abdominal Compartment Syndrome	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Perforation – small bowel/colonic	<input type="checkbox"/> Abdominal wall dehiscence	<input type="checkbox"/> Gallstone Ileus	<input type="checkbox"/> Stricture	<input type="checkbox"/> Adhesions	<input type="checkbox"/> Haemorrhage – peptic ulcer	<input type="checkbox"/> Stoma Complications	<input type="checkbox"/> Anastomotic leak	<input type="checkbox"/> Haemorrhage – intestinal	<input type="checkbox"/> Volvulus	<input type="checkbox"/> Bile leak	<input type="checkbox"/> Haemorrhage – post-operative	<input type="checkbox"/> Normal abdomen	<input type="checkbox"/> Chyle leak	<input type="checkbox"/> Hernia – incarcerated		<input type="checkbox"/> Cancer – localised	<input type="checkbox"/> Hernia – Internal		<input type="checkbox"/> Cancer – disseminated	<input type="checkbox"/> Intestinal fistula		<input type="checkbox"/> Cancer - gastric	<input type="checkbox"/> Intestinal ischaemia		<input type="checkbox"/> Cancer - colorectal	<input type="checkbox"/> Intussusception		<input type="checkbox"/> Colitis - ulcerative colitis	<input type="checkbox"/> Meckel’s diverticulum		<input type="checkbox"/> Colitis – Crohn’s Disease	<input type="checkbox"/> Necrotising fasciitis		<input type="checkbox"/> Colitis - other	<input type="checkbox"/> Pseudo-obstruction		<p>Describe the peritoneal contamination present</p> <p><input type="checkbox"/> None, or reactive serous fluid only</p> <p><input type="checkbox"/> Free gas from perforation +/- minimal contamination</p> <p><input type="checkbox"/> Pus</p> <p><input type="checkbox"/> Bile</p> <p><input type="checkbox"/> Gastro-duodenal contents</p> <p><input type="checkbox"/> Small bowel contents</p> <p><input type="checkbox"/> Faeculant fluid</p> <p><input type="checkbox"/> Faeces</p> <p><input type="checkbox"/> Blood/haematoma</p> <hr/> <p>What was the relationship between the known pre-operative CT diagnosis and the finding at surgery?</p> <p><input type="checkbox"/> No pre-op CT scan</p> <p><input type="checkbox"/> Good relationship</p> <p><input type="checkbox"/> Poor but acceptable relationship</p> <p><input type="checkbox"/> No relationship</p> <p><input type="checkbox"/> Unknown</p>	
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reduction</td> </tr> <tr> <td><input type="checkbox"/> Colectomy - subtotal or panproctocolectomy</td> <td><input type="checkbox"/> Incisional hernia repair – large with bowel resection</td> <td><input type="checkbox"/> Washout only</td> </tr> <tr> <td><input type="checkbox"/> Colectomy - Hartmann’s procedure</td> <td><input type="checkbox"/> Incisional hernia repair – large with division of adhesions</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Colectomy - other colorectal resection</td> <td><input type="checkbox"/> Laparotomy - Exploratory/relook only</td> <td><input type="checkbox"/> Not amendable to surgery</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Laparostomy formation</td> <td></td> </tr> </table>			<input type="checkbox"/> Abscess – drainage of abscess/collection	<input type="checkbox"/> Debridement	<input type="checkbox"/> Meckel’s diverticulum – resection	<input type="checkbox"/> Abdominal wall closure following dehiscence	<input type="checkbox"/> Enterotomy	<input type="checkbox"/> Perforation - 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	<input type="checkbox"/> Laparostomy formation																																											

SECONDARY surgical procedure (select one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Abscess – drainage of abscess/collection | <input type="checkbox"/> Debridement | <input type="checkbox"/> Meckel’s diverticulum – resection |
| <input type="checkbox"/> Abdominal wall closure following dehiscence | <input type="checkbox"/> Enterotomy | <input type="checkbox"/> Perforation - repair of intestinal perforation |
| <input type="checkbox"/> Abdominal wall reconstruction | <input type="checkbox"/> Foreign body - removal | <input type="checkbox"/> Peptic ulcer – suture or repair of perforation |
| <input type="checkbox"/> Adhesiolysis | <input type="checkbox"/> Gastrectomy - partial or total | <input type="checkbox"/> Peptic ulcer – oversee of bleed |
| <input type="checkbox"/> Anastomosis - repair or revision of | <input type="checkbox"/> Gastric surgery - other | <input type="checkbox"/> Tumour - resection of other intra-abdominal tumour(s) |
| <input type="checkbox"/> Appendicectomy as incidental | <input type="checkbox"/> Haematoma – evacuation | <input type="checkbox"/> Small bowel resection |
| <input type="checkbox"/> Biliary reconstruction | <input type="checkbox"/> Haemostasis | <input type="checkbox"/> Strictureplasty |
| <input type="checkbox"/> Cholecystectomy as incidental | <input type="checkbox"/> Hiatus hernia repair | <input type="checkbox"/> Stoma - Defunctioning stoma via midline laparotomy |
| <input type="checkbox"/> Colectomy - left (including sigmoid colectomy and anterior resection) | <input type="checkbox"/> Intestinal bypass | <input type="checkbox"/> Stoma - Revision of stoma via midline laparotomy |
| <input type="checkbox"/> Colectomy - right (including ileocaecal resection) | <input type="checkbox"/> Intestinal fistula – repair of | <input type="checkbox"/> Volvulus - reduction |
| <input type="checkbox"/> Colectomy - subtotal or panproctocolectomy | <input type="checkbox"/> Incisional hernia repair – large with bowel resection | <input type="checkbox"/> Washout |
| <input type="checkbox"/> Colectomy - Hartmann’s procedure | <input type="checkbox"/> Incisional hernia repair – large with division of adhesions | <input type="checkbox"/> Other |
| <input type="checkbox"/> Colectomy - other colorectal resection | <input type="checkbox"/> Laparotomy - Exploratory/relook only | <input type="checkbox"/> Not amendable to surgery |
| | <input type="checkbox"/> Laparostomy formation | |

TERTIARY surgical procedure (select one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Abscess – drainage of abscess/collection | <input type="checkbox"/> Debridement | <input type="checkbox"/> Meckel’s diverticulum – resection |
| <input type="checkbox"/> Abdominal wall closure following dehiscence | <input type="checkbox"/> Enterotomy | <input type="checkbox"/> Perforation - repair of intestinal perforation |
| <input type="checkbox"/> Abdominal wall reconstruction | <input type="checkbox"/> Foreign body - removal | <input type="checkbox"/> Peptic ulcer – suture or repair of perforation |
| <input type="checkbox"/> Adhesiolysis | <input type="checkbox"/> Gastrectomy - partial or total | <input type="checkbox"/> Peptic ulcer – oversee of bleed |
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| <input type="checkbox"/> Cholecystectomy as incidental | <input type="checkbox"/> Hiatus hernia repair | <input type="checkbox"/> Stoma - Defunctioning stoma via midline laparotomy |
| <input type="checkbox"/> Colectomy - left (including sigmoid colectomy and anterior resection) | <input type="checkbox"/> Intestinal bypass | <input type="checkbox"/> Stoma - Revision of stoma via midline laparotomy |
| <input type="checkbox"/> Colectomy - right (including ileocaecal resection) | <input type="checkbox"/> Intestinal fistula – repair of | <input type="checkbox"/> Volvulus - reduction |
| <input type="checkbox"/> Colectomy - subtotal or panproctocolectomy | <input type="checkbox"/> Incisional hernia repair – large with bowel resection | <input type="checkbox"/> Washout |
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| <input type="checkbox"/> Colectomy - other colorectal resection | <input type="checkbox"/> Laparotomy - Exploratory/relook only | <input type="checkbox"/> Not amendable to surgery |
| | <input type="checkbox"/> Laparostomy formation | |

POST-OPERATIVE

<p>Where did the patient go for IMMEDIATE continued post-operative care following surgery?</p> <input type="checkbox"/> Ward <input type="checkbox"/> ICU/HDU <input type="checkbox"/> Died prior to discharge from theatre complex <input type="checkbox"/> Other	<p>Did the patient move from the ward to a higher level of care within 7 days of surgery?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p>If age >65 years, was an assessment by an Elderly Medicine team completed?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p>Clavien Dindo complication grade score at any point during admission</p> <input type="checkbox"/> Grade I <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade II <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade V <input type="checkbox"/> Grade IIIb <input type="checkbox"/> No complications
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DISCHARGE

<p>Status at discharge from hospital</p> <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Still in hospital at 60 days after admission	<p>Date of discharge from hospital</p> <p>DATE: <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable</p>	<p>Date of death</p> <p>DATE: <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable</p>
<p>Did the patient return to their pre-hospital residence?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p>IF NOT DISCHARGED TO PRE-HOSPITAL RESIDENCE select discharge destination</p> <input type="checkbox"/> Residential care <input type="checkbox"/> Nursing home <input type="checkbox"/> Rehabilitation facility (any) <input type="checkbox"/> Other Public hospital for ongoing acute care <input type="checkbox"/> Private hospital for ongoing acute care <input type="checkbox"/> New destination <input type="checkbox"/> Unknown	<p>If Place of discharge was 'New destination' – please specify:</p>
<p>Within this admission did the patient have either an UNPLANNED or PLANNED return to theatre related their initial Emergency Laparotomy</p> <input type="checkbox"/> No <input type="checkbox"/> Yes; unplanned return <input type="checkbox"/> Yes; planned return <input type="checkbox"/> Yes, planned and unplanned return <input type="checkbox"/> Unknown	<p>For an UNPLANNED return to theatre, what was the most significant reason for return?</p> <input type="checkbox"/> Anastomotic leak <input type="checkbox"/> Abscess <input type="checkbox"/> Bleeding or haematoma <input type="checkbox"/> Decompression of abdominal compartment syndrome <input type="checkbox"/> Abdominal wall dehiscence <input type="checkbox"/> Accidental damage to bowel or another organ <input type="checkbox"/> Stoma viability or retraction <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	<p>For a PLANNED return to theatre, what was the most significant reason for return?</p> <input type="checkbox"/> Removal of packs <input type="checkbox"/> Planned washout <input type="checkbox"/> Closure of laparostomy <input type="checkbox"/> Definitive surgery following for damage limitation EL <input type="checkbox"/> Assess first operation (e.g. assess bowel viability) <input type="checkbox"/> Other <input type="checkbox"/> Unknown
<p>Was the patient's initial Emergency Laparotomy performed at this hospital</p> <input type="checkbox"/> Yes <input type="checkbox"/> No		