How to save lives in emergency laparotomy

LiDCO hemodynamic monitoring improves outcomes when used as part of an emergency laparotomy pathway

ELPQUIC PATHWAY SAVES NEARLY 6/100 LIVES

PROTOCOL REDUCES MORTALITY

21.8% → 15.5%

15% National mortality rate

60,000 EL’s performed per year

NHS costs £650m per year

LiDCO Hemodynamic Monitoring
Patient Population
Emergency laparotomy surgery

LiDCO Monitor
LiDCOrapid as part of an evidence-based care bundle.

Trial Design
Before vs after a care bundle introduction.

Outcome Impact
Reduced mortality – 5.97 more lives per 100 patients were saved.


Multidisciplinary perioperative protocol in patients undergoing acute high-risk abdominal surgery

Patient Population
High-risk abdominal surgery

LiDCO Monitor
LiDCOrapid

Trial Design
The acute high-risk abdominal (AHA) study was a controlled single-centre intervention study in an unselected consecutive cohort undergoing AHA surgery.

Outcome Impact
The 30-day mortality rate was 15.5 per cent in the intervention cohort compared with 21.8 per cent in the control cohort (P=0.005; relative risk reduction 29 per cent). The 180-day mortality was 22.2 per cent in the intervention cohort compared with 29.5 per cent in the control cohort (P=0.004).


4 Incidence and estimated annual cost of emergency laparotomy in England: is there a major funding shortfall? S. L. Shapter, M. J. Paul and S. M. White