

**Table 4.1 Patient characteristics**

	Number	Proportion (%)
<b>Total patients analysed</b>	<b>23,560</b>	
<b>Age group</b>		
18–29	915	3.9
30–39	1,462	6.2
40–49	2,222	9.4
50–59	3,787	16.1
60–69	4,956	21.0
70–79	6,091	25.9
80–89	3,704	15.7
90+	423	1.8
All patients aged 65+	12,839	54.5
<b>Sex</b>		
Female	12,136	51.5
Male	11,424	48.5
<b>Ethnicity in England</b>		
White	16,168	73.58
Asian	641	2.92
Black	453	2.06
Other	305	1.39
Multi-ethnicity	140	0.64
Missing/unknown	4,267	19.42
<b>Emergency laparotomy following elective surgery</b>	1,347	5.7
<b>Admitting specialty</b>	23,560	100
General Surgery	19,653	83.4
General Medicine	1,876	8
Gastroenterology	555	2.4
Gynaecology (including gynaecology-oncology)	259	1.1
Elderly care	75	0.3
Other	687	2.9
Missing/unknown	455	1.9
<b>Preoperative risk status<sup>1</sup></b>	23,560	100
High-risk	12,456	52.9
Low-risk	11,104	47.1

<b>Frailty and assessment</b>		
Patients aged 65 or greater with a Clinical Frailty Scale (CFS) recorded (n=12,839)	9,451	73.6
CFS≥5 amongst patients aged 65+ who had a CFS recorded (n=9,451)	3,393	35.9
<b>Urgency by predicted or actual pathology</b>		
‘RCS Immediate’	16,521	70.1
‘RCS Non-Immediate’	7,039	29.9
<b>Recorded surgical urgency at point of decision-to-operate<sup>2</sup></b>		
Immediate (<2 hours)	2,534	10.8
Urgent (2–6 hours)	9,800	41.6
Urgent (6–18 hours)	7,718	32.8
Expedited (>18 hours)	3,496	14.8
<b>Infection suspected on arrival at hospital (only includes non-elective admissions) (n=22,213)</b>		
Yes	5,213	23.5
No	15,725	70.8
Missing/Unknown	1,275	5.7
<b>Infection suspected at time of decision to operate (n=23,560)</b>		
Yes	1,987	8.4
No	20,193	85.7
Missing/Unknown	1,380	5.9
<b>Sepsis suspected on arrival in hospital (only includes non-elective admissions) (n=22,213)</b>		
Yes	2,589	11.7
No	18,187	81.9
Missing/Unknown	1,437	6.5
<b>Sepsis suspected at decision to operate<sup>3</sup> (n=23,560)</b>		
Yes	1,151	4.9
No	20,857	88.5
Missing/Unknown	1,552	6.6

<b>Septic Shock suspected any time prior to surgery (only includes non-elective admissions) (n=22,213)</b>		
Yes	1,243	5.6
No/unknown	19,730	88.8
Missing/Unknown	1,240	5.6
<b>Operation performed (5 most common)</b>		
Adhesiolysis	4,319	18.3
Small bowel resection	3,551	15.1
Colectomy: right	3,125	13.3
Hartmann's procedure	2,975	12.6
Colectomy: subtotal	1,107	4.7
<b>Findings at surgery (5 most common)</b>		
Adhesions	7,088	30.1
Perforation – small bowel/colonic	4,881	20.7
Intestinal ischaemia	2,878	12.2
Colorectal cancer	2,163	9.2
Abscess	2,097	8.9
<b>Surgical approach</b> (excludes 1 patient with missing data)		
Open	17,904	76.0
Laparoscopic	2,859	12.1
Laparoscopic assisted	418	1.8
Laparoscopic converted to open	2,378	10.1
<b>Stoma formation</b> (excludes 1 patient with missing data)		
Yes	8,552	36.3
No	15,007	63.7
<b>Direct admission to critical care postoperatively</b>		
All <sup>4</sup> (N=23,560)	12,908	54.8
≥5% risk group (by parsimonious risk score) <sup>5</sup> (n=10,025)	8,194	81.7
All high-risk patients (regardless of method) <sup>6</sup> (n=12,390)	9,615	77.6

<b>Died prior to discharge from theatre complex</b>	27	0.1
<b>Discharged from theatre to receive end of life care</b>	272	1.2
<b>Unadjusted in-hospital mortality overall</b>	1,989	8.4
Unadjusted in-hospital mortality—England	1,846	8.4
Unadjusted in-hospital mortality—Wales	143	9.2

<sup>1</sup>High-risk includes those denoted as high-risk on the NELA risk calculator, or frailty score (CFS  $\geq 5$ ), or by clinical judgement, or when risk has not been documented

<sup>2</sup>Urgency recorded at the time of booking of case (Question 3.22); excludes 12 patients with missing data

<sup>3</sup>Analysis includes both elective and non-elective patients.

<sup>4</sup>The denominator for the 'All' category is all patients. The numerator is all patients who were admitted to critical care postoperatively and did not die prior to discharge from theatre complex and were not receiving end of life care.

<sup>5</sup>The denominator for the ' $\geq 5\%$  risk group (by parsimonious risk score)' is those patients who are considered high-risk by parsimonious risk score ONLY, who did not die prior to discharge from theatre complex, and were not receiving end-of-life care.

<sup>6</sup>The denominator for the 'All high-risk patients (regardless of method)' is those patients who are considered high-risk by clinical judgement, parsimonious risk score or missing risk score, or frailty score, did not die prior to discharge from theatre complex, and were not receiving end-of-life care.