

Laparotomy/Adhesiolysis

I. Consent

- Awareness of indications for surgery (eg non-resolving SBO, features of ischaemia)
- Awareness of various outcomes (eg need for bowel resection if ischaemic)
- Awareness of common complications (eg bleeding, iatrogenic injury, wound dehiscence)
- Awareness of recovery (laparoscopic versus open)

II. Pre operation planning

- Awareness of the urgency of the case and concept of triaging based on clinical threat
- Aware of clinical indications
- Aware of significant co-morbidities - obesity, renal disease etc
- Knows relevant results
- Has reviewed relevant imaging

III. Pre operative preparation

- Understanding of laparotomy versus laparoscopy options and planning
- WHO Safety check and team time out
- Consideration of DVT prophylaxis and antibiotic prophylaxis
- Ensures specialised equipment available as required
- Patient is positioned appropriately
- Prepares and drapes appropriately

IV. Exposure and closure

- N/A

V. Intra operative technique: global (G) and task-specific items (T)

- Appropriate incision – location and size
- Careful dissection through layers
- Safe entry into the peritoneal cavity to minimize iatrogenic injury
- Careful handling of bowel
- Checks bowel for any evidence of ischaemia (reversible/non reversible)
- Checks all organs in abdomen to rule out secondary injury or unrelated pathology
- Checks continuity of intestinal flow once obstruction is cleared
- Rules out any potential for ischaemic insult
- Protects the bowel while closing
- Appropriate suture for fascial and skin closure and appropriate dressings

VI. Post operative management

- Clear operative documentation

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