

Acute Abdomen

Notes from Mr Currie's lecture to the ESSS

Pain, onset under 1 week and serious enough to warrant hospitalisation

General Management:

History and Exam

- A- Talk? Stridor? Grunting? Obstructed (pt would be "see-sawing")
 - O₂, 15l NRB Bag and Mask
- B- Chest Inspection, RR, Sounds in chest
 - Deal with immediate problems- eg. Tension Pneumo (needle 2nd ICS, Mid Clav line, then chest drain)
- C- Pale? Hand cold? Pulse and BP?
 - IV access:
 - 1. Anticubital fossa
 - 2. Fem Vein (NAV Y-fronts)
 - 3. Long Saph Vein Cut down (Medial Malleolus- 2cm anterior and 2cm superior)
- Pain- Patterns of pain; relate to Fore/Mid/Hind-gut (D2/3 Ampulla; 2/3 TC)
 - Localisation of Pain
- Exam- by 9ths, and be aware of what is under each segment in DDx

Liver Gall bladder Hepatic Flexure R Kidney?	Stomach, Head Pancreas Duodenum Liver AAA TC	Spleen, Tail Pancreas L Kidney Splenic Flexure
Ascending Colon	Small Bowel	Descending Colon
Appendix Caecum Ileum Meckel's	Bladder Pelvic stuff	Sigmoid Colon

Peritonitis makes exam difficult- purpose of light palpation

AAA- need to be aware of it (deep palpation, two hands, below renal arteries)

Investigations (start simple and immediate)

- Temp
- BP
- BM
- O₂ Sat
- Urinalysis
- Preg Test
- ECG
- Bloods and ABG
- CXR/AXR
- Special- CT/USS/Contrast Scan

Immediate Management

Definitive Management

ABDO EXAM

Bed:

- Bed side (inhalers, walking aids, etc)
- Bed End (obs sheet)
- Bed Sides- are sides up? Anything hanging?
- Bed head- colour pt, emotional tone, orientation
 - O2 mask
 - IVI- what is in drip?
 - Dressings/wounds/scars?

Hands:

- Leukonychia- hypoalbuminaemia
- Koilonychia- iron deficiency anaemia
- Clubbing- lose nail bed angle, nail bed fluctuation, increased curvature
- Beau's Lines
- Nail-bed Vasculature- vasculitis
- Dupuytren's
- Temp and Colour

Wrist:

- Pulse- very briefly
- Asterixis (CO₂ retention, or encephalitis 2ndary to liver)

Face:

- Spiders (SVC Distribution)
- Pallor
- Pigmentation

Eyes:

- Xanthelasma
- Conjunctivae (Jaundice, Anaemia, KF Rings- need slit lamp)

Mouth:

- Angular Stomatitis- Red corner mouth, Iron Deficiency Anaemia
- Lip Freckling- PJS
- Microstomia- Systemic Sclerosis
 - CREST (Calcinosis, Raynaud's, oEsophageal dysmotility, Sclerodactyly, Telangiectasia)
- Mucosal ulceration- Crohn's

Neck- Virchow's Node

Ask patient to lift head off bed- Hernias

Chest:

- Spiders
- Gynaecomastia

Lay pt flat on bed and expose

- Obs- scars? Stoma?
- Are you sore anywhere?
- Gentle palp (peritonism)
- Deep palp- masses

Liver: top of liver in 5th ICS

Kidneys

AAA

Percuss- shifting dullness

Bladder

Ausc sounds and bruits: renal art stenosis, iliac, liver (HCC)

Hernial Orifices and PR

Summarise

(written up by James Blackmur, ESSS Publicity Secretary 2008/09)