Abdominal Pain: Observation, Investigation, or Operation?

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I have no FINANCIAL DISCLOSURES
Outline

- Epidemiology
- H&P
- Lab Studies
- Imaging
- OR
- Case Presentations
Teaching Points

1. Most abdominal pain is **benign**.

2. **Not** every pain needs investigation.

3. **Repeat** complaints warrant study.

4. **Flatus** is a good thing.

5. Sometimes the safest place is **the OR**.

6. When in doubt – perform a stellar **H&P**.
Where do **YOU** see Abdominal Pain?

- Office
- Endoscopy suite
- ICU
- ER
- OR
- Clinic
- Urgent Care Center
- Nursing Home
- Telephone
- Your living room
Reassuring Findings

• “Yes, I have been farting.”

• “Yes, I would like a cheeseburger.”

• “Yes, this pain always goes away with pills.”
Concerning Findings

• “It woke me from sleep.”

• “My bowels are not working.”

• “I am afraid to eat.”

• “Yes, I have lost weight.”
Rare Diseases

• Spherocytosis
• Acute Intermittent Porphyria
• Pancreas Cancer
• Hepatic Adenoma
• Typhlitis
• Cecal Bascule
• HIV, transplant patients, CMV
• Meckel’s, lymphoma, AAA,...
Observation

- H&P
- Hernia
- Indigestion
- Gas
- Kidney stones
- Pneumonia
- Musculoskeletal

- Pregnancy
- Constipation
- Diarrhea
- Viral infection
- Post-op pain
- Procedural pain
- Cholelithiasis
- Known disease
Investigation

- Hemorrhage
- Trauma
- Crohns
- CUC
- Hernia
- Appendicitis
- Pancreatitis
- Cholelithiasis
- Kidney stones
- Cystitis
- Shingles
- Cirrhosis
- PUD
- PID
- Colitis
- Ischemia
Operation

- Perforation
- Obstruction
- Ischemia
- Bleeding
- Inflammation
- Malignancy
- Pain
Non-Operative

• Splenic Injury
• Post-op pain
• Post procedure pain
• Appendicitis
• Pancreatitis
• Diverticulitis
• Perforated Bowel
• AAA

Operative

• Splenic Injury
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Teaching Points

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2. **Not** every pain needs investigation.
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History

• What’s wrong?
• What happened?
• What makes it worse? Better?
• Pain Score?
• Intermittent vs. Continuous?
• What do you think is going on?
• Ever had this before?
• Tell me about your bowels? N/V/D/C?
• Are you hungry? Last meal? Medications?
Peritonitis

• 0-10 Scale: Farmer >2. Wimp = 10.
• Doesn’t want to move
• “Potholes on the car ride in were brutal”
• Exam: Hands in your way
  Guarding
  Rigid
Perforation

- Sudden onset
- Stomach
- Duodenum
- Jejunum, Ileum
- Appendix
- Colon
- Rectum
Case 1 – Telephone Call

- 43 year old female
- Lap Chole POD #2
- Abdominal distension
- Right shoulder pain
- Vitals fine
- No N/V. + Flatus
Case 2 – Nursing Home

- 85 year old male
- Right groin pain
- Bulge
- Recent Stent Placement
- Previous Left IH repair
- Abdominal discomfort and bloating
Case 3 – Urgent Care Center

- 56 year old male
- LLQ Pain and fever
- Tender LLQ abdomen
- ? Peritonitis
- WBC 15K
Case 4 – Emergency Room

- 40 year old female
- 10/10 pain
- Wakes up from sleep
- PE tender RUQ
- CBC normal
Case 5 – Living Room

- 17 year old female
- RLQ pain
Case 6 – Ortho Surgery Floor

• 78 year old woman

• POD#2 Left TKA

• Acute onset epigastric pain
Case 7 – County Fair

• 65 year old male
• Intermittent abdominal pain & distension
• Usually resolves in 24 hours
• Current spell is 36 hours old
• 3 out of 10 pain score
Case 8 - ICU

• 85 year old female
• Fell. CHI-Subdural Hematoma
• New abdominal pain & distension
• Obtunded & ill
• Tachycardic
• Tympanitic
Case 9 - PACU

- 50 year old male
- Screening Colonoscopy
- 2 polyps removed
- 1 polyp coagulated
- Distended
- Passing gas
- Diffuse Abdominal Pain
Case 10 - Clinic

- 17 year old woman
- Epigastric Pain
- Funny Hair style
Summary

1. History
2. Vital Signs
3. PE
4. Abdominal Exam
5. Labs
6. Imaging
7. OR
Teaching Points

1. Most abdominal pain is benign.
2. Farting is good!
3. Not every pain needs investigation.
4. Repeat complaints warrant study.
5. Sometimes the safest place is the OR.
6. Best option is always... “IT DEPENDS”
IT DEPENDS

“The safest place for patients is the OR.”

“Not everybody needs another scar.”

Do **NOT** be afraid to consult a surgeon.