






Abdominal Pain

Patients frequently present to the GP with abdominal pain. The presentation of abdominal pain is often undifferentiated, and the challenge for registrars is managing the uncertainty of a wide range of causes, including potentially serious conditions in the community setting. It is important that supervisors feel confident that their registrars are competent in managing abdominal pain.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Common and serious causes of abdominal pain in General Practice • Key diagnostic features on history and examination • 'Red flag' symptoms and signs of abdominal pain and indications for investigations • Management options for common, non-serious causes of abdominal pain • Indications for referral, including emergency review of acute abdominal pain • Approach to abdominal pain in children • Approach to chronic abdominal pain 						
<p>PRE-SESSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Read the AAFP article on abdominal pain as an overview - Evaluation of Acute Abdominal Pain in Adults • Ask your registrar to reflect on a couple of patients they have seen in the last couple of weeks with abdominal pain, and how they managed the uncertainty 						
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • Taking a good history is essential • Up to one third of cases of abdominal pain have no apparent cause • Always consider non-abdominal causes of abdominal pain e.g. anxiety/depression, AMI, pneumonia, PE, lumbar spine pelvic pathology, as well as medical causes • Consider mesenteric artery occlusion and leaking AAA in the elderly patient with vascular disease • Always exclude pregnancy • Consider an atypical presentation of appendicitis in children and the elderly 						
<p>RESOURCES</p> 	<table border="1"> <tbody> <tr> <td data-bbox="323 1491 430 1697">Read</td> <td data-bbox="430 1491 1493 1697"> <ul style="list-style-type: none"> • Gastroenterological Society of Australia - Clinical Updates and Recommendations • Abdominal Pain in Children - RCH Guidelines • Acute Abdomen Patient UK - Excellent article which discusses things not to be missed and pitfalls in presentations • NPS Medical Tests and Imaging in Chronic Abdominal Pain </td> </tr> <tr> <td data-bbox="323 1697 430 1818">Listen</td> <td data-bbox="430 1697 1493 1818"> <ul style="list-style-type: none"> • GI Podcasts American GI Society - this is a suits of podcasts on GIT • Abdominal Pain in children - also has an attached summary of causes of abdominal pain in children </td> </tr> <tr> <td data-bbox="323 1818 430 1881">Watch</td> <td data-bbox="430 1818 1493 1881"> Abdominal Pain Clinical Presentation and Examination from Emergency Medicine and Training </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • Gastroenterological Society of Australia - Clinical Updates and Recommendations • Abdominal Pain in Children - RCH Guidelines • Acute Abdomen Patient UK - Excellent article which discusses things not to be missed and pitfalls in presentations • NPS Medical Tests and Imaging in Chronic Abdominal Pain 	Listen	<ul style="list-style-type: none"> • GI Podcasts American GI Society - this is a suits of podcasts on GIT • Abdominal Pain in children - also has an attached summary of causes of abdominal pain in children 	Watch	Abdominal Pain Clinical Presentation and Examination from Emergency Medicine and Training
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<p>FOLLOW UP & EXTENSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Chronic Abdominal Pain in Adults – When is Imaging indicated? – An online course from NPS MedicineWise • Undertake the Clinical Reasoning Challenge case under exam conditions (7 minutes) • Role play a patient presenting with recurrent episodes of acute abdominal pain related to (undiagnosed) anxiety • Registrar to complete a session with a dietician 						



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Clinical Reasoning Challenge

Frances Doherty is an 81 year old woman who presents to your practice with acute abdominal pain. The pain has been present for about five hours and is increasing in severity. It is central and persistent. She has vomited twice and looks unwell. Past medical history is of IHD, AF and hypertension. She has abdominal tenderness and no audible bowel sounds.

QUESTION 1. What are the MOST IMPORTANT diagnoses to consider. (List up to SEVEN.)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

QUESTION 2. What is the most important immediate step in management? (List ONE step.)

- 1 _____

Abdominal Pain

ANSWERS

QUESTION 1

What are the MOST IMPORTANT diagnoses to consider. (List up to SEVEN.)

- Appendicitis
- AMI
- Ruptured AAA
- Dissecting AAA
- Mesenteric artery occlusion
- Bowel obstruction
- Sigmoid volvulus
- Perforated viscus
- Pancreatitis

QUESTION 2

What is the most important immediate step in management? (List ONE step.)

- Transfer to hospital.