

# Abdominal Pain

Patients frequently present to the GP with abdominal pain. Abdominal pain is commonly 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 assessing and managing abdominal pain.

<p><b>TEACHING AND LEARNING AREAS</b></p> 	<ul style="list-style-type: none"> <li>• Common and serious causes of abdominal pain in general practice</li> <li>• Key diagnostic features on history and examination, including 'red flag' symptoms and signs</li> <li>• Management options for common, non-serious causes of abdominal pain</li> <li>• Indications for referral, including emergency review of acute abdominal pain</li> <li>• Approach to abdominal pain in children</li> <li>• Approach to chronic abdominal pain</li> <li>• <a href="#">Approach to abdominal pain the in the elderly</a></li> </ul>						
<p><b>PRE- SESSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• Read <a href="#">Evaluation and management of acute abdominal pain in the emergency department</a></li> <li>• 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 any diagnostic uncertainty</li> </ul>						
<p><b>TEACHING TIPS AND TRAPS</b></p> 	<ul style="list-style-type: none"> <li>• Taking a good history is the key to diagnosis</li> <li>• Up to one third of cases of abdominal pain in general practice have no identifiable cause</li> <li>• Always consider non-abdominal causes of abdominal pain e.g. anxiety/depression, AMI, pneumonia, PE, lumbar spine pelvic pathology, as well as medical causes</li> <li>• Consider mesenteric artery occlusion and leaking AAA in the elderly patient with vascular disease</li> <li>• Always exclude pregnancy</li> </ul>						
<p><b>RESOURCES</b></p> 	<table border="1"> <tbody> <tr> <td data-bbox="323 1518 432 1686"><b>Read</b></td> <td data-bbox="432 1518 1497 1686"> <ul style="list-style-type: none"> <li>• <a href="#">Abdominal Pain in Children</a> - RCH Guidelines</li> <li>• <a href="#">Acute Abdomen Patient UK</a> - Excellent article which discusses things not to be missed and pitfalls in presentations</li> <li>• <a href="#">NPS Medical Tests and Imaging in Chronic Abdominal Pain</a></li> </ul> </td> </tr> <tr> <td data-bbox="323 1686 432 1749"><b>Listen</b></td> <td data-bbox="432 1686 1497 1749"> <ul style="list-style-type: none"> <li>• <a href="#">MJA Podcasts 2017 Episode 71: Fast-tracking acute abdomen</a></li> </ul> </td> </tr> <tr> <td data-bbox="323 1749 432 1809"><b>Watch</b></td> <td data-bbox="432 1749 1497 1809"> <ul style="list-style-type: none"> <li>• <a href="#">Abdominal Pain – ED Diagnostic Challenge</a> (44 minutes)</li> </ul> </td> </tr> </tbody> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• <a href="#">Abdominal Pain in Children</a> - RCH Guidelines</li> <li>• <a href="#">Acute Abdomen Patient UK</a> - Excellent article which discusses things not to be missed and pitfalls in presentations</li> <li>• <a href="#">NPS Medical Tests and Imaging in Chronic Abdominal Pain</a></li> </ul>	<b>Listen</b>	<ul style="list-style-type: none"> <li>• <a href="#">MJA Podcasts 2017 Episode 71: Fast-tracking acute abdomen</a></li> </ul>	<b>Watch</b>	<ul style="list-style-type: none"> <li>• <a href="#">Abdominal Pain – ED Diagnostic Challenge</a> (44 minutes)</li> </ul>
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<p><b>FOLLOW UP &amp; EXTENSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• <a href="#">Chronic Abdominal Pain in Adults – When is Imaging indicated?</a> – An online course from NPS MedicineWise</li> <li>• Registrar to undertake the clinical reasoning challenge case</li> <li>• Role play a patient presenting with recurrent episodes of acute abdominal pain related to (undiagnosed) anxiety</li> </ul>						



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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 \_\_\_\_\_



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## ANSWERS

### QUESTION 1

What are the MOST IMPORTANT diagnoses to consider.

- 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?

- Urgent transfer to hospital