



The Acute Abdomen

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Acute abdomen

- Sudden onset of abdominal pain often due to the irritation of the **peritoneum**
- A common complaint
- ***Difficult to diagnose!***
- ***Our job is to:***
- ***Identify life threatening abdominal problems***
- ***Stabilize the patient***
- ***Get the patient to definitive care***



Peritonitis

- Inflammation of the peritoneum from infection, trauma or disease
- Causes paralysis of the digestive system
- Peritoneum – two types:
 - Visceral peritoneum
 - Parietal peritoneum

Visceral peritoneum

- Lines abdominal organs
- Nerves are mainly from the autonomic nervous system
- **Difficult to localize pain** -- "diffuse pain"
- **Referred pain**
- Inflammation usually causes colic – a crampy *intermittent* pain that "comes and goes in waves"

Parietal peritoneum

- Lines the abdominal cavity
- **Many sensory nerves**
- Easy to localize pain

Referred pain

- Pain at a distance from the source of pain
- Due to "communication" between the autonomic and sensory nervous systems
- Example:
- Gall bladder pain in the upper right quadrant is often accompanied by *referred pain* in the right shoulder
- Acute cholecystitis

Common S/S of the acute abdomen

- Retention of gas and solid waste
- Abdominal distention
- Emesis (vomiting)
 - Often the only way to clear abdominal contents
- Anorexia (no appetite)
- Constipation / bloody stools
- Fever?

Common S/S of the acute abdomen

- Loss of fluid into the abdominal cavity leading to:
 - Ascites
 - Hypovolemic shock
 - Guarding, "Boardlike abdomen", patient lies very still
 - Patient tries to avoid further irritation
- S/S of shock
- Rebound tenderness

Survey of abdominal complaints

- We do not attempt to diagnose
- Yet, it's good to know common "presentations" of abdominal problems
- Problems with solid organs often lead to steady pain
- Problems with hollow organs often lead to intermittent, crampy pain

Condition	Appendicitis
Direct Pain Area	Lower right quadrant
Referred Pain	Navel
Comments	May start at the navel and move down and right

Condition	Cholecystitis
Direct Pain Area	Upper right quadrant
Referred Pain	Right shoulder
Comments	"FFF"

Condition	Duodenal ulcer
Direct Pain Area	Upper abdomen/upper back
Referred Pain	
Comments	<ul style="list-style-type: none"> ■ S/S of shock ■ Black tarry stools ■ Coffee grounds emesis

Condition	Diverticulitis
Direct Pain Area	Lower left quadrant
Referred Pain	
Comments	Fever

Condition	Aortic Aneurism
Direct Pain Area	Lower back, right lower quadrant, Mid-abdomen ("AAA")
Referred Pain	
Comments	<ul style="list-style-type: none"> ■ Rapid shock development ■ Pulsating mass ■ DO NOT PALPATE MASS!

Condition	Cystitis/UTI
Direct Pain Area	Genital area
Referred Pain	
Comments	Can rapidly become life threatening in the elderly

Condition	Kidney stone
Direct Pain Area	Flank pain
Referred Pain	Genital area
Comments	<ul style="list-style-type: none"> ■ Intense pain ■ agitation ■ N/V

Condition	"PID"
Direct Pain Area	Lower abdominal quadrants
Referred Pain	
Comments	

Condition	Pancreatitis
Direct Pain Area	Upper abdomen/back
Referred Pain	
Comments	

Condition	Pneumonia
Direct Pain Area	Upper abdomen
Referred Pain	
Comments	<ul style="list-style-type: none"> ■ If lower lung is involved ■ Common in the elderly

Condition	Hernia
Direct Pain Area	Varies with hernia site
Referred Pain	
Comments	<ul style="list-style-type: none"> ■ Reducible ■ Incarcerated ■ Strangulated – can cause infarction of the involved organ – usually the colon

WARNING!

- Any female of child-bearing age with abdominal pain *is assumed* to have an ectopic pregnancy until another cause is found
- In the hospital

Treating the Acute Abdominal Patient

- Don't waste time trying to diagnose
- ABCs
- **Keep patient comfortable – usually supine with the knees-up**
 - Reduces tension on inflamed peritoneum
- **Anticipate vomiting**
 - Be prepared with recovery position, suction
 - ***Slow ride to the hospital!***

Treating the Acute Abdominal Patient

- Oxygen
 - Patient often does not breath deeply
- **NPO**
 - **Patient often needs surgery soon**
- **No pain killers!**
- Treat for shock PRN
- **OPQRST**
- Monitor vital signs often
