

## “Abdominal Pain”

### **OSCE STEM**

You have 2 MINUTES reading time.

THIS IS AN 8 MINUTE STATION.

Stem:

You are a medical student on your general surgery rotation. Your registrar has asked you to see Mr Adamson, a 65-year-old patient who has recently presented to the ED in the context of abdominal pain.

Tasks:

1. You are required to take a thorough history.
2. Answer any relevant questions about examination and investigations.

**DO NOT TURN THE PAGE. ANSWER SCHEME BELOW.**

## PATIENT SCRIPT

### HPC

- COVID neg: swabbed today
- Diffuse, constant pain that is present “all over my abdomen”
- Never experienced pain like this before
- If asked: 9/10 severity, hurts to walk or bend
- If asked: no changes to diet, no take-out, no sick contacts, no changes in medications or lifestyle, cannot establish what could have brought on the pain
- If asked: pain is worsening, started as a 4/10 about 8 hours ago
- Pain is not alleviated by anything including Panadol and Nurofen
- Associated features:
  - Nausea
  - Vomited once today: brown, bad odour
  - Feels bloated
  - Bowels not opened in 3 days, has not passed wind either
- Bowel habit has been changing- feels more bloated, going to the bathroom less, didn't think much of it
- Some constitutional symptoms: loss of appetite, loss of weight (down from 70kg to 60kg in the last 2 months- unintentional)
- No infective or urinary symptoms

### PMHx + PSHx+ Mx

- Diabetic patient on insulin and empagliflozin/metformin: non-adherent
- Diagnosed with hypertension: on amlodipine/perindopril: non- adherent
- Has received the “poop test” in the mail, never completed it
- No previous surgeries including scopes
- No hx of IBD, celiac or diverticulitis
- No allergies
- Not taking any medications, incl no opioids

### FHx

- Mother passed away from metastatic colon cancer at 80
- Father had AMI
- Has a sibling who has “some camera test done to remove something from intestines”

### SHx

- Drinks a bottle of red wine with dinner every day
- Smoked pack a day for 40 years, has now quit
- Works as a chef, long days with little exercise
- Been stressed at work recently
- Lives at home with partner

## EXAMINER BRIEF

Please give the student 7 minutes to take a history and summarise their findings.

After this, please ask the following questions:

1. Briefly describe how you would examine this patient
2. What is your differential diagnosis and how would you investigate it? If required, prompt the student for at least two differentials.
3. What is your initial management?








**Refer to marking criteria to provide feedback.**

## TIPS AND TRICKS

- A simple mnemonic for a pain hx is SOCRATES- site, onset, context, radiation, associated symptoms, time course, exacerbating/alleviating factors, and severity.
- For each associated symptom, you should explore and aim to characterise it.
- At the start of each history, you should be able to identify 3-5 ddx, and use guided questioning to narrow your differentials.
- The most common causes of large bowel obstruction include: adhesions, inflammatory bowel disease, tumours and hernias.

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## MARKING CRITERIA

Introduction	<p>Uses appropriate introduction, including:</p> <ul style="list-style-type: none"> <li>• Greets patient and introduces self</li> <li>• Hand washing</li> <li>• Obtains consent</li> <li>• Observes COVID protocols e.g., don PPE, ask about COVID status</li> <li>• Starts with open-ended questions</li> </ul>	
HPC	<p>Establishes abdominal pain as main presenting complaint</p> <ul style="list-style-type: none"> <li>• Identify site</li> <li>• Identify onset</li> <li>• Identify context</li> <li>• Ask for radiation</li> <li>• Identify associated features</li> <li>• Establish time and associated nausea, vomiting, obstipation and weight loss</li> <li>• Identify exacerbating and alleviating factors (if any)</li> <li>• Ask for severity</li> </ul>	
PMHx	<p>Asks about PMHx including:</p> <ul style="list-style-type: none"> <li>• Cancer incl FOBT</li> <li>• Diverticulitis, IBD</li> <li>• Malabsorptive disorders e.g. celiac</li> <li>• DM, HTN</li> <li>• Hernias</li> </ul>	
PSHx	<p>Asks for previous surgeries, especially laparoscopic/ open abdominal procedures, and scopes</p>	
FHx	<p>Establishes family history of bowel cancer</p>	
Medications and allergies	<p>Establishes non-adherence with medication Asks for opioid and anticholinergic medications (pseudo-obstruction)</p>	
SHx	<p>Establishes diet, exercise and drug history</p>	

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<p>Questions</p>	<p><i>The following points are not exclusive, and are intended as a guide only.</i></p> <p>Examination:</p> <ul style="list-style-type: none"> <li>• Primary survey: how sick is this pt? Includes general observations and vital signs.</li> <li>• Secondary survey – uses a look/feel/move approach, which includes looking for:             <ul style="list-style-type: none"> <li>• Dehydration/ fluid volume status</li> <li>• Mouth ulcers, surgical scars, rebound tenderness</li> <li>• Obvious abdominal distension, pain upon light +/- deep palpation</li> </ul> </li> </ul> <p>Differential:</p> <p>LBO likely secondary to adenocarcinoma</p> <ul style="list-style-type: none"> <li>• Investigate with abdo CT/AXR (establish air-fluid levels), bloods including electrolyte levels and lactate</li> <li>• Other answers include tumour markers, urinalysis</li> </ul> <p>Management</p> <ul style="list-style-type: none"> <li>• Urgent admission</li> <li>• IV access and fluid resuscitation</li> <li>• NG tube</li> <li>• Analgesia</li> <li>• Antibiotics if micro-perforation is suspected</li> </ul>	<p>😊 😊 😞 😞 😞</p> <p>😊 😊 😞 😞 😞</p> <p>😊 😊 😞 😞 😞</p>	
<p>Communication skills</p>	<p>Eye contact, expression, use of open and focused questions</p> <p>Summarises succinctly, including relevant findings</p>	<p>😊 😊 😞 😞 😞</p>	
<p>Additional comments:</p>			
<p>Below expected standard</p>	<p>Borderline</p>	<p>Expected standard</p>	<p>Above expected standard</p>