

Acute Abdominal Examination

General Inspection

- General appearance
- Is patient lying still on the bed? Are they writhing in pain? Foetal position?
- Vital Signs
 - Red flags: Tachycardia, postural hypotension, tachypnoea, vasoconstriction, sweating

Inspection

- Look for lack of movement with respiration, with splinting of the abdominal muscles
- Abdominal distention
- Visible Peristalsis
- Lumps or masses (including hernias and groin region)
- Scars
- Bruising

Palpation

- Gently, starting away from pain
- Assess for peritonism (light percussion or rebound tenderness)
- Palpate slowly and carefully
- Continue to deep palpation if possible
- Palpate abdominal aorta

Percussion

- Light percussion over areas of tenderness

Auscultation

- Louder, more frequent, higher pitched bowel sounds: Bowel obstruction
- Absent: Ileus or Bowel ischaemia

Special Tests

- **Rovsing's sign:** cross tenderness (Appendicitis, specificity 58-96%; sensitivity 22-68%)
- **Psoas Sign:** Pain with extension of hip (Retro-caecal appendix, spec. 79-97%; sens. 13-42%)
- **Obturator Sign:** Pain with internal rotation of the hip (Appendicitis, spec. 94%; sens. 8%)

Completing The Examination

- Hernia Examination
- DRE
- Urinalysis
- Other systems
 - Consolidation in lower lobes of lungs due to pneumonia (can cause upper abdominal pain)
 - Irregularly irregular pulse (Atrial Fibrillation can cause embolisation to mesenteric arteries)
 - Spinal disease or Herpes Zoster can cause back pain that may confuse diagnosis