

Gastrointestinal

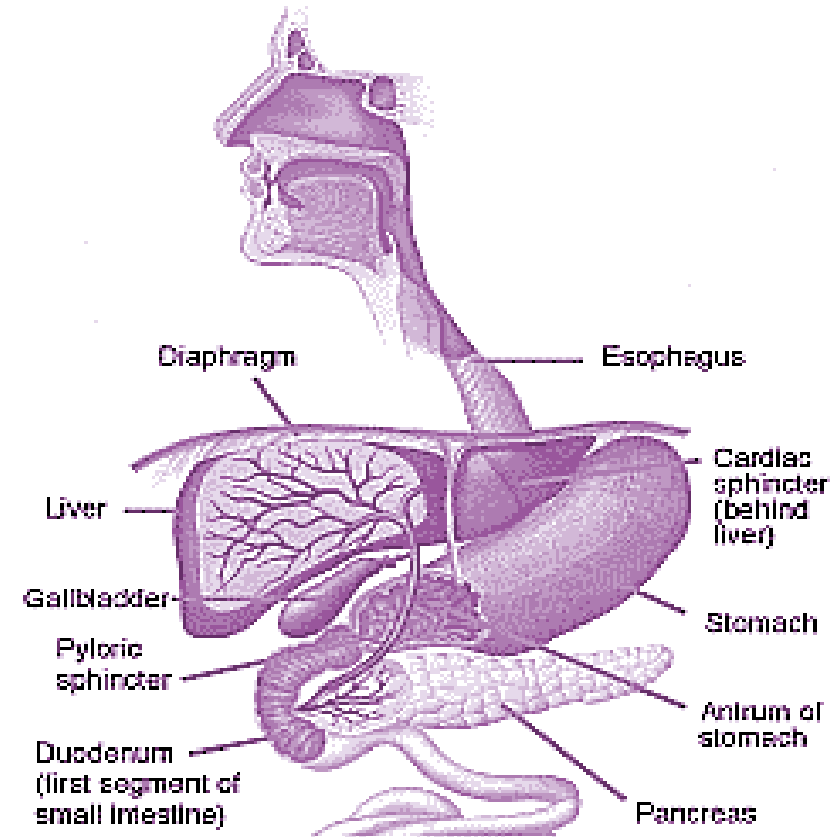
Symptoms & signs



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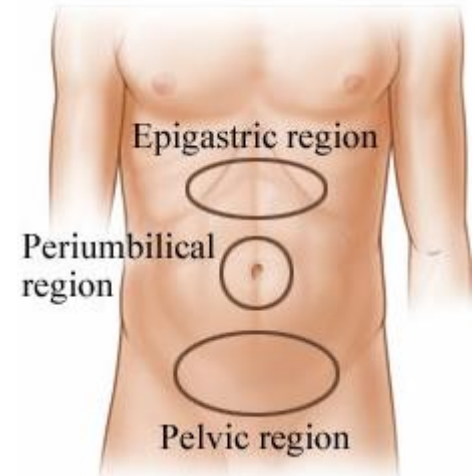
Symptoms point to upper alimentary tract :

1. Pain
2. Nausia and vomiting
3. Heart burn
4. Difficulty in swallowing
5. Regurgitation
6. Hematemesis
7. Appetite and anorexia
8. Loss of weight



I. The pain :

- 1. site**
- 2. Duration**
- 3. character**
- 4. onset**
- 5. severity**
- 6. localized or difuse**
- 7. Radiation**
- 8. continious or interrupted**
- 9. relation to meal.**
- 10. Does it wake him up at night**
- 11. Agravating or relieving factor**



2. Nausea and vomiting

Nausea : is the sensation of feeling sick.

Vomiting : is the expulsion of gastric contents via the mouth.

- * Vomiting is usually preceded by nausea, suggest upper gastrointestinal disorders

- * gastric outlet obstruction causes projectile non bile stained vomit.

- * Obstruction distal to the pylorus produces bile-stained vomit

- * Vomiting may be caused by severe pain as renal or biliary colic, myocardial infarction

vomiting , ask about:

1. frequency
2. character
3. relation to pain
4. amount
5. colour
6. presence of blood
7. presence of food residue

3. Heartburn and regurgitation

- * Heartburn : is a hot, burning retrosternal discomfort which radiates upwards
- * regurgitation : effortless return of food, with sour taste in the mouth.
- * Water brash : is the sudden appearance of fluid in the mouth due to reflex salivation as a result of GERD or peptic ulcer disease.

4. Dyspepsia "indigestion"

- * **Dyspepsia** is pain or discomfort centered in the upper abdomen
- * **Belching**: expel gas suddenly from the stomach through the mouth
- * **bloating** : feeling of fullness in the abdomen

5. Dysphagia & Odynophagia

It is difficult swallowing,

Ask about :

a. the site at which the patient feels food sticking

Oral, pharyngeal, esophageal

b. Relation to type of food :for liquids or solids

c. duration,

d. progression.

Is it neuromuscular disorder or mechanical obstruction (cancer, peptic stricture).

*

odynophagia :Pain on swallowing , it can be present with or without dysphagia

May Indicate active esophageal ulceration or esophageal candidiasis

6. Appetite , anorexia , loss weight

Appetite : has it Increased or dec. or unchanged

Anorexia : is loss of appetite and/or a lack of interest in food.

Weight loss : Unintentional weight loss

how many Kg and over how long period of time ?

the loss of more than 5 percent of usual body weight over 6 to 12 months or less.

7. Haematemesis

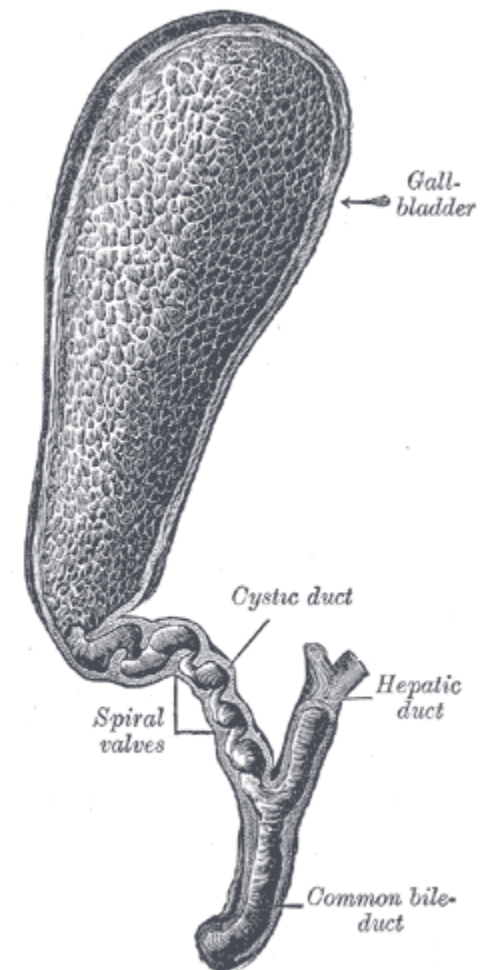
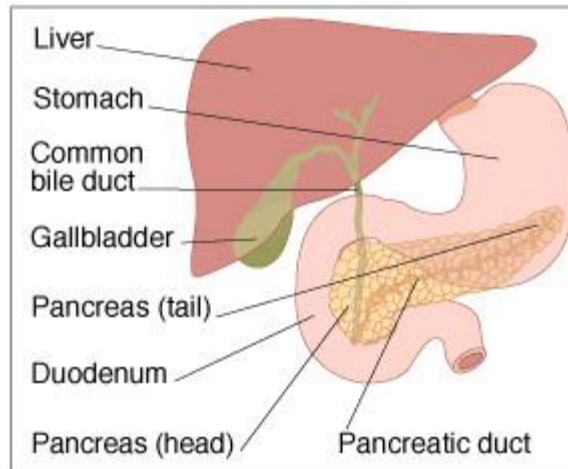
Haematemesis is vomiting a blood

Ask about :

- Is it fresh and red in colour
- Is it coffee grounds, dark brown
- The frequency,
- The amount

liver , gall bladder and pancrease

Symptoms & signs



Liver and gall bladder disease symptoms

1. Pain
2. vomiting
3. Shivering and rigor
4. Flatulence , indigestion
5. Yellowish discoloration of skin and sclera”

Jaundice

Yellow discoloration of the sclera, mucus membranes & skin

Due to increase serum bilirubin concentration in body fluids

Normal values : 5-17 micro

0.3 –1.0mg/dl

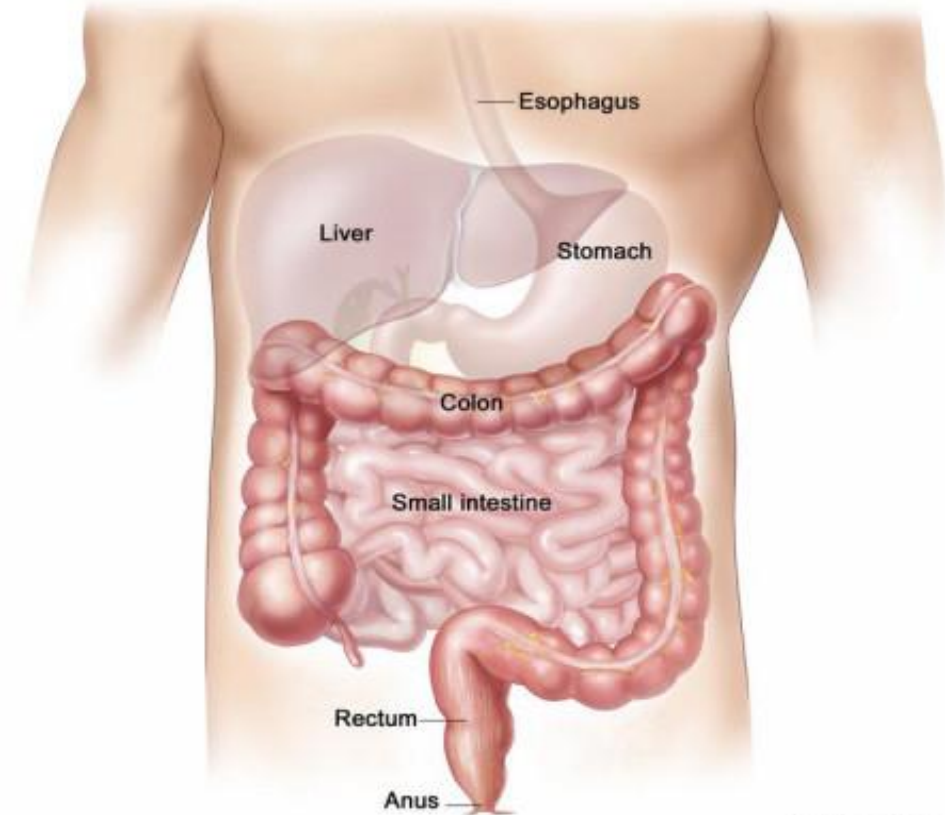
- there is clinical jaundice and sub clinical jaundice

we need to ask about :

- a. Any change in colour of urine or stool
- b. skin discolouration
- c. skin itching
- d. Its onset, progressive or fluctuant
- e. history of contact or injection
- f. history of previous B. transfusion

Symptoms point to lower alimentary tract

1. Pain
2. Abdominal distension
3. constipation
4. Diarrhoe
5. Alteration of bowel motion
6. Tenesmus
7. Melena
8. Bleeding per rectum



2. Abdominal distension

It is a visible increase in abdominal girth

The Causes:

- a. gas : I.O., SIBO
- b. Faeces : fecal impaction , i.o
- c. Fluid : ascitis
- d. fat

3. Constipation

- Infrequent passage of hard stools
- defined as having a bowel movement fewer than three times per week
- may be due to impaired colonic motility or physical obstruction,

Absolute constipation “obstipation” :
means no gas or bowel movements



4. Diarrhoea

Diarrhoea is the frequent passage of loose stools.

Normal bowel movement frequency ranges from three times daily to once every 3 days.

Ask about :

- no. of motions
- stool consistency
- presence of blood
- Does it contain mucous
- Tenesmus associated

Bloody diarrhoea may be due to inflammatory bowel disease, colonic ischaemia

5.Alteration of bowel motion

Change in the frequency and/or consistency of bowel
b.movement

Sudden and noticeable change in bowel habit may suggest an underlying health issue

Red flags in bowel movement :

- a.Abdominal cramps or pain
- b.Bloody stool
- c.Weigh loss
- d.Bloating
- e.presence of mucus

6.Tenesmus

Persistent and painful desire to evacuate the bowel despite having an empty rectum

Due to irritation of rectal mucosa by inflammatory. Bowel dis. or malignancy

7. Melena

Melena is the passage of black tarry semisolid shiny stool with a characteristic odour,
due to upper G.I. bleeding

8. Rectal Bleeding “hematochesia”

Passage of fresh blood per anus in or mixed with stool

Usually fresh rectal bleeding indicates a disorder in the anal canal, rectum or colon

Haemorrhoids, Anal fissure, Colorectal polyps, Colorectal cancer

Inflammatory bowel disease, Ischaemic colitis

Diverticular disease, Vascular malformation

Ask about :

- The colour
- The amount
- mixed with stool or seperated
- presence of clot
- Presence of pain
- associated dizziness

The signs in gastrointestinal diseases

General physical examination

Head :

Sclera, conjunctiva , mouth , tongue , skin

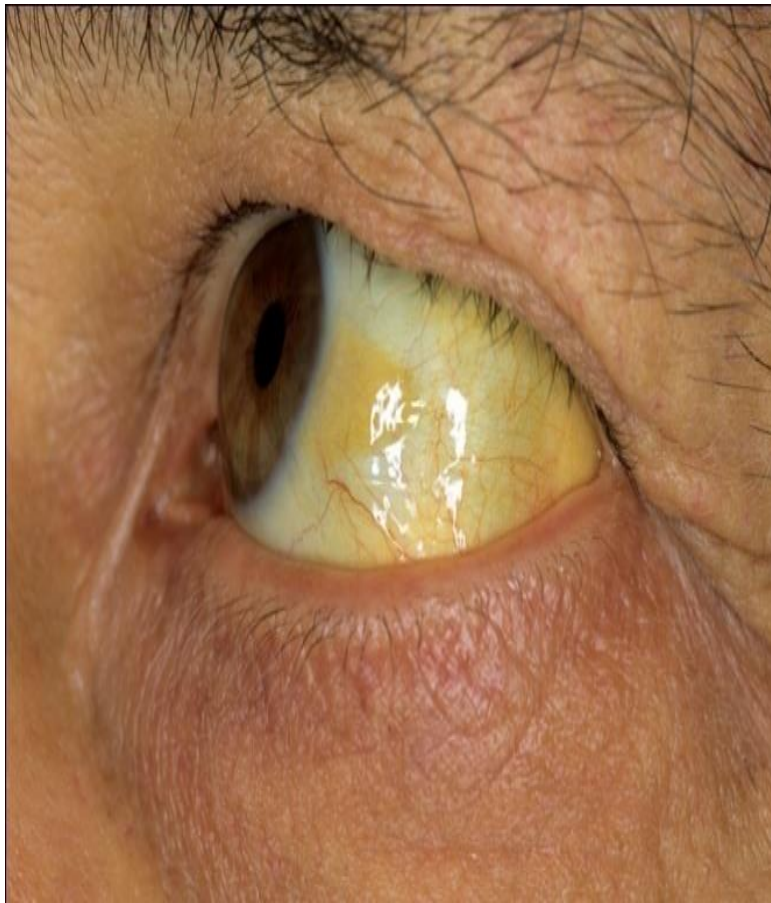
- 1.Looking for anemia : Where ?
- 2.Looking for dehydration : Where ?
- 3.Looking for jaundice

Neck : Lymph adenopathy

Hands palmar erythema , flabby tremor, koilonychia:

vitals: pulse, B.P , Temp. , Resp. rate.

leg : edema



Jaundice





Pitting edema

Abdominal examination

Inspection

Palpation

Percussion

auscultation

Inspection

Start by standing at the foot of the bed

1. Look for contour of the abdomen

Is it flat ,distended or scaphoid ?

2. Symmetry of abdomen

From right side of bed:

1. umbilicus: position, shape

2. Hair distribution

3. Movement of abdominal wall with respiration

4. Any visible peristaltic waves

5. obvious aortic pulsation

Other physical findings

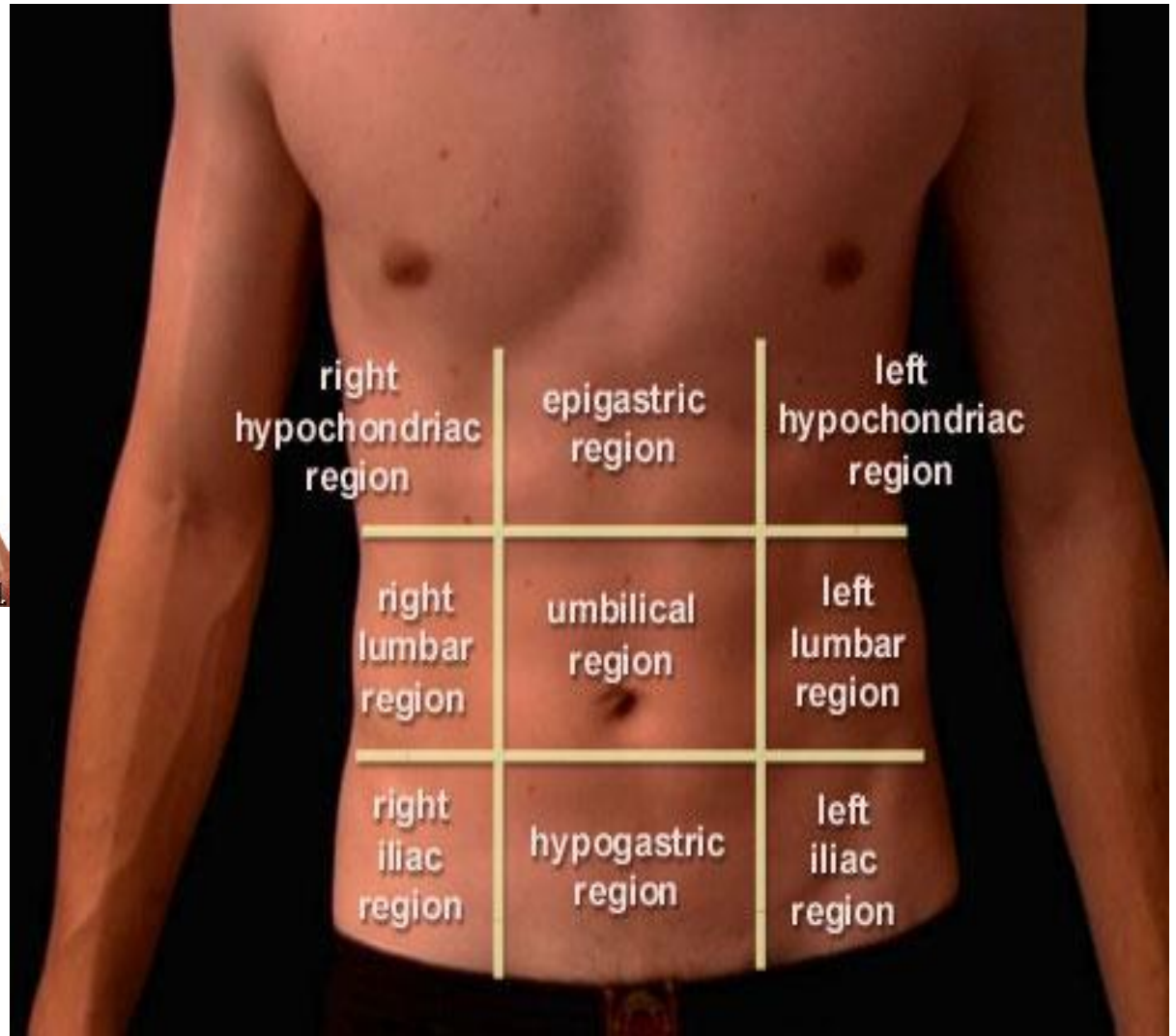
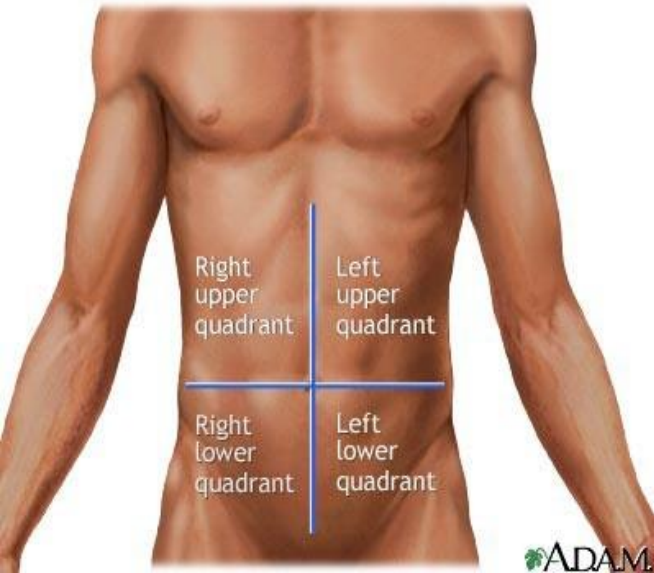
6. Scars from previous operation
7. Striae
8. Skin discoloration “ echymosis “
9. Venous & cap. Patterns ”Caput medosa, spider nevi”
10. Bulge or swelling

*Ask the patient to cough :

look for cough impulse at the hernial orifices

*Ask the patient to sit up against resistance :

looking for divercated recti





Abdominal
distension



Caput medosa



Visible peristalsis

Contour



palpation

Ask the patient whether there are any painful areas in the abdomen, this is the last of the four quadrants which should be palpated.

Never palpate the tender area first

* start from the left lower quadrant



Superficial palpation

- 1. Consistency of abdominal wall**
“the muscle tone”
- 2. areas of tenderness:**
the site,
mild or sever
- 3 superficial masses**



Examination for tenderness



Rebound tenderness

II. Deep palpation

Examine for :

- 1 - Deep tenderness
- 2- deep masses
- 3 - organomegally

Percussion

1. Percuss in all four quadrants .

2. Categorize what you listen :

- * Resonant : intestine contains air
- * Dull : Organs, fluid and feces
- * Tympanitic : distended bowel

Auscultation

1. Bowel sounds :

Place the diaphragm of your stethoscope lightly on the abdomen and listen for bowel sounds.

when ? where ? For how long ? What ?

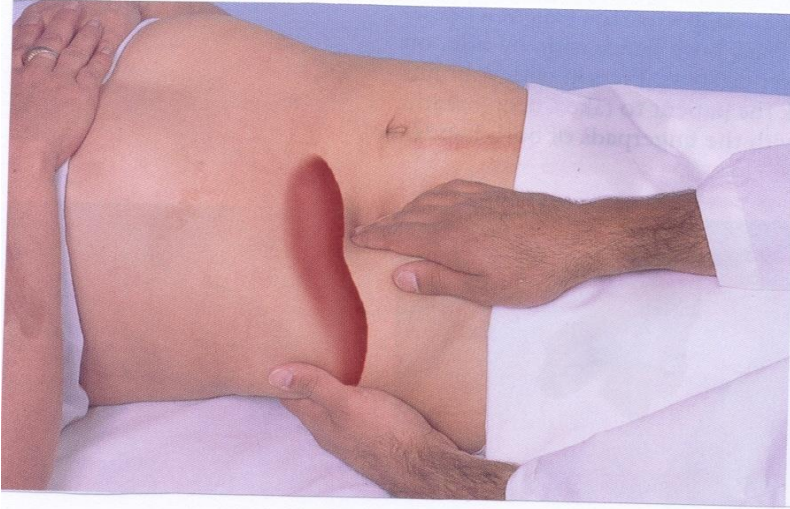
Are they :

normal, increased, decreased in frequency/character, or is it absent?

Normal gut sounds 5 to 8 per minute

2. Bruit :

Place the bell and listen for bruits over the renal arteries, iliac arteries, and aorta.



Examination for liver enlargement



Examination for splenic enlargement