ABDOMEN

Review A & P
Must know anatomic location of organs by quadrant - page 561.

Aging Adult
Fat accumulated in supra pubic area in female due to decrease estrogen
Male - spare tire

Adipose tissue redistributed away from face and extremities to abdomen
and hips.

Salivation decreases, decrease sense of taste
Esophageal emptying delayed
Gastric acid secretion decrease leading to
 pernicious anemia, iron deficiency anemia,
 malabsorption of Ca
Increase incidence gallstones
Decrease liver size - drug metabolism impaired
Increased constipation due to decrease physical activity,
 Inadequate water intake, low-fiber diet, S/E of meds.,
 irritable bowel

Transcultural
Lactose intolerant - 70 to 90% blacks, Native Americans, Asians, etc.

Subjective
1. Appetite
2. Dysphagia - difficulty swallowing
3. Food intolerance, ? lactose
 pyrosis (heart burn), antacid usage
 eructation (belching)
4. Abdominal pain
 Visceral (internal organ), dull, generally poorly localized
 Parietal (inflammation of overlaying peritoneum), sharp,
 precisely localized, aggravated by movement.
 Referred - from disorder in another site
 Aggravating factors.
 Leading factors.
5. Nausea, vomiting
 ? Blood - gastric or duodenal ulcers
 & esophageal varices (hematemesis)
 ? Colicky pain, diarrhea, fever - food poisoning
6. Bowel habits
 tarry - occult blood (melena), GI bleed red - GI bleeding or
localized (hemorrhoids)

7. Past Abdominal history
   ulcer, GB disease, hepatitis, appendicitis, colitis, hernia ?
   past surgeries
   X-rays

8. Medications
   NSAIDS, alcohol, smoking

9. Nutritional assessment
   24 hour recall X 7 days for more accurate picture

Adolescents-
   ? exercise
   ? dieting
   screen for anorexia nervosa in extremely thin teenagers (especially girls)
   -distorted body image
   -hyperactive
   -amenorrhea
   -control issues

Aging Adult-
   nutritional deficit due to limited access to grocery store, limited income,
   limited cooking facilities, physical impairment
   living alone
   24 hour recall

Constipation

Objective Data

Preparation
   Lighting
   Empty bladder
   Supine position with arms at side
   Warm stethoscope
   Examine painful areas last

Inspection
   Examiner on patient’s right
   Determine contour from rib margin to pubic bone - flat, scaphoid, rounded,
   protruberant.
   Symmetry - localized masses or bulges may indicate a hernia
   Sit up without using hands may show hernia, enlarged liver, or spleen
   Umbilical - everted with ascites or mass,
   Umbilical hernia
   Bluish peri umbilical color-
   intra abdominal bleeding (Cullen’s Sign)
Skin-
- redness - inflammation
- glistening and taut - ascites
- striae with ascites
- striae purple-blue with Cushing’s, normally silvery white
- cutaneous angiomas (spider nevi) - portal hypertension or liver disease
- ask about scars
- visible veins- prominent and dilated in portal hypertension, cirrhosis, ascites, vena caval obstruction
- poor turgor-dehydration

Pulsation- aorta especially in thin people, also peristalsis
- larger people- marked aortic pulse with hypertension, thyrotoxicosis, aortic insufficiency, and aortic aneurysm, peristalsis with distended abdomen may indicate intestinal obstruction.

Hair distribution- alterations with endocrine or hormone abnormalities and chronic liver disease

Demeanor- restlessness due to colicky pain of gastroenteritis or bowel obstruction
- knees flexed, etc

Auscultation
- out of order to avoid increase peristalsis from percussion and palpation
- Use diaphragm, start in RLQ (ileocecal valve) working clockwise
- Bowel sounds - high pitched, gurgling, at irregular intervals 5 to 30 times per minute.
- Stomach growling -borborygmus
- Must listen 5 minutes before declaring no bowel sounds

Vascular sound
- bruits - should not be present
- over aorta, renal arteries, iliac and femoral arteries - normally not present

Percussion
- assesses density of abdominal contents, locate organs, screen for abnormal fluid or masses
- Tympany predominates
- -dullness over distended bladder, adipose tissue, fluid, or mass
- -hyperresonance with gaseous distension
- Liver span
- at right midclavicular line down from lung resonance, up from abdominal tympany
- should be 6-13 cm
- enlarged- hepatomegaly
- scratch teat
- Splenic dullness- 9th -11th intercostal space behind left mid axillary line
- -if forward of line, spleen enlarged
Costovertebral Angle tenderness
  sharp pain - inflamed kidney
Special Procedures-
  fluid wave - ascites
  shifting dullness - ascites
  Percuss from mid-abdomen toward examiner and mark at change
  From tympany to dull
  turn client towards examiner and percuss again
  -mark should go up.

Palpation - size, location, consistency of organs, screen for abnormal mass or tenderness.
  Begin with light, depress 1 cm, tender areas last
  Voluntary guarding - client cold, tense, or ticklish, always bilateral,
  -relax during exhalation
  In voluntary rigidity - constant, may be unilateral, acute inflammation of
  peritoneum.
  Bimanual for obese clients
  Liver - if palpated more than 1 to 2 cm below costal margin - enlarged
  Spleen - not palpable, must be 3 times normal size to palpate
  Kidneys - may palpate lower pole of R kidney, L not usually palpable
  Asorta - use thumb and fingers normally 2.5 to 4 cm wide
  Rebound tenderness - if positive, sign of peritoneal inflammation
  Murphy’s sign - inflamed gallbladder
  Iliopsoas muscle test - inflamed or perforated appendix
  Obturator test - perforated appendix.

Abnormal Findings

Pain felt may not be directly over organ’s location – WHY?
Review Jarvis, page 590

Liver –

Esophagus –

Gallbladder –

Pancreas –
Duodenum –

Stomach –

Appendix –

Kidney –

Small intestine –

Colon –
ANUS, RECTUM, AND PROSTATE

Review A & P

Subjective Data

1. Usual bowel routine
   Hard or soft
   Pain? – Hemorrhoid fissure

2. Change in bowel habits
   Loose stool, diarrhea, since when?
   associated with N/V, abdominal pain?
   particular food item?
   eat at restaurant?
   others ill?
   recent travel?
   possible gastroenteritis, colitis, irritable colon, food poisoning, parasitic infection
   Hard stools, since when?

3. Rectal bleeding (melena)
   Black – tarry due to blood from GI bleed
   non-tarry due to iron meds
   Red – bright or dark red
   GI bleed, colon CA, localized
   Clay colored – no bile pigment
   Mucus or pus – excessive fat in stool
   Gas

4. Medications
   Prescribed and OTC
   Laxatives or stool softeners
   Iron
   Enemas

5. Rectal conditions
   Itching, pain, burning, hemorrhoids?
   Fissure or fistula?
   Treatment

6. Family history
   Polyps, colon CA, inflammatory bowel disease, prostate CA
7. Self care behaviors
   Diet containing high fiber
   Last exam, digital, OB, colposcopy.
   PSA

Abnormal Findings

Pilonidal cyst or sinus

Anorectal fistula

Fissure

Hemorrhoid

Rectal prolapse

Pruritis Ani

Abscess

Rectal Polyp

Fecal Impaction

BPH

Prostatitis

Carcinoma