

## Module 2.04: Acute abdominal pain

### SCENARIO

#### *Acute abdominal pain*

Miss Daisy Lize, a 35-year-old legal secretary, was feeling 'stressed' that she had missed her period, but now she was also experiencing yet another episode of abdominal pain - this time much worse than previously, even though she thought that she had been eating less fatty food lately. *"I salivate just thinking of cheese, but I had no extra cheese on that pizza! I don't want another gallbladder ultrasound"*. Her friend Mrs Polly Birch, a health correspondent for the local newspaper, asked her if it was *"stress or colic again or something you're taking? Is it 'IBS'?"*. Miss Lize skipped her evening meal, took paracetamol with a milky drink, and went to bed early, only to wake from fitful sleep, feeling sick, hot, and anxious, with severe abdominal pain.

Mrs Birch drove Miss Lize to the local Accident & Emergency Department, despite Miss Lize's protestations that the hospital did not do well in 'league-tables' of post-operative complication rates. Mrs Birch said, *"We have to go there now, and anyway I'm not debating 'case-mix' with you at 1 o'clock in the morning!"*. Mrs Birch waited outside the cubicle trying not to hear Dr Thornton's loud voice asking about possible problems at home or work, about her lifestyle and diet, her *"waterworks"*, her last period, and *"any discharge down below?"*. Dr Thornton found a high pulse rate, low blood pressure, and a tender abdomen, particularly in the right iliac fossa (with guarding and rebound tenderness). He asked her to cough when palpating her lower abdomen, and this hurt her. *He organized his thoughts about major causes of abdominal pain using an 'aetiological (surgical) sieve'*, ordered blood tests including a full blood count, 'CRP', urea and electrolytes, liver function tests, and a serum amylase (explaining his rationale later to the on-call consultant). He also asked the nurses to *"do a ward-test urine"*. He was aware of the possibilities of misdiagnosis in this situation, and admitted Miss Lize as she might require surgery. If she did have surgery, he thought that he might ask her to participate in the randomized controlled trial of post-operative pain relief (or check her suitability for the case-control study about patient factors associated with admissions for the 'acute abdomen'). She would be in the audit of blood conservation strategies anyway.

When she was more comfortable, he reassured her over her continuing concerns that this was not a good hospital for an operation, explaining in 'lay terms' that confounders such as case-mix are relevant, and that standardized rates comparing 'like with like' showed that surgical outcomes were similar to other hospitals in the area.

A week later, when Miss Lize was recovering from her operation, Mrs Birch was thinking that patients' participation in therapeutic and non-therapeutic research might be a good topic for her next health article – *"Daisy, how much information did you receive about that study? Health researchers must comply with strict research ethics principles and guidelines. Was it research or audit? Show me your patient information-sheet"*.