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GIT Examination: The Basics

Major Symptoms/Presenting Complaint (Talley & O'Connor pp 143)

Some of the major symptoms your patient could present include:

- Abdominal pain
 - Freq + duration (e.g.: acute/chronic), site + radiation (e.g.: localised), character + pattern (e.g.: colicky), aggravating + relieving factors (e.g.: antacids → peptic ulcers)
- Patterns of pain
 - Peptic ulcer disease: dull/burning of epigastrium, episodic, relieved by food/antacids
 - Pancreatic pain: steady epigastric pain, relieved by leaning forward, radiates to back + vomiting
 - Renal colic: steady pain, superimposed colicky pain of renal angle radiating to groin
 - Bowel obstruction: colicky pain, small bowel (2-3mins), large bowel (10-15mins), associated with vomiting, ab distension, constipation
- Appetite of weight change:
 - Loss of appetite and anorexia are important signs of GIT. Presence of both could mean → malignancy.
- Nausea & Vomiting:
 - This is an important sign which can be caused by a range of GI problems, refer to pg 145
 - Always ask about contents of vomit: bile (open duodenum/stomach connection), blood (ulceration), old food (obstruction).
- Heart burn:
 - Problems with lower gastro-oesophageal sphincter
 - Waterbrash → excessive secretion of saliva into mouth, should not be confused with regurgitation
- Dysphagia (difficulty in swallowing)
 - Difficulty in swallowing, can be painful/non-painful. Painful → inflammation of oesophagus, difficulty initiating swallowing → pharyngeal problem. For more info: pp 146
- Diarrhoea:
 - ↑ frequency of stools, loose or watery texture to stool, acute (usually infectious in nature) vs chronic. For different types pp 147
- Constipation
- Mucus
- Bleeding (haematemesis, malaena, haematochezia)
- Jaundice:
 - Presence of excess bilirubin being deposited in sclera or skin
 - Ask about colour of urine + stools: pale stools, dark urine is obstructive jaundice, abdominal pain → jaundice due to gall stones
- Pruritus:
 - Indication of cholestatic (stoppage or obstruction of bile flow) liver disease
- Abdominal swelling:
 - Ascites, maybe associated with ankle oedema
- Lethargy

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Treatment: NSAIDs?, what drugs at present, how often, how much, route taken? IV drug use? Spironolactone use for ascites, if any?

Past History: Surgical procedures (e.g.: jaundice, hypoxaemia, damage to bile duct)? abdominal pain, chronic disease?

Social History: occupation (e.g.: health)?, toxin exposure?, alcohol?, sexual history?, tattoos (i.e.: hepatitis etc)

Family History: similar problems?, any other major problems?

THE GASTROINTESTINAL EXAMINATION (Talley & O'Connor pp 151)

Positioning the patient

Lying the patient flat with only one pillow

General appearance

Watch for the following signs before beginning the examination:

- Jaundice: yellow discolouration of sclerae + skin → hyperbilirubinaemia
- Weight & Wasting: record weight! cachexia? (malabsorption, malignancy, alcoholic cirrhosis), muscle bulk may be due to steroid use?
- Skin:
 - *Pigmentation*: generalised skin pigmentation → haemochromatosis
 - *Peutz-Jeghers syndrome*: freckle like spots (brown/black) around mouth/buccal mucosa, fingers/toes? → all associated with hamartomas of small bowel.
 - *Acanthosis nigricans*: brown black lesions of epidermis (raised, axillae/back of neck)? Associated with GI carcinoma.
 - *Hereditary haemorrhagic telangiectasia (Rendu-Osler-Weber syndrome)*: red lesions in mouth, lips and tongue (telangiectasiae) → autosomal dominant condition
 - *Porphyria cutanea tarda*: red vesicular lesions due to photosensitivity heal by scarring → alcoholism, hep C, liver disease.
- Mental State: hepatic encephalopathy → due to CLF, ALV. Draw 5 star shape?

Hands

- Nails: leukonychia (opacity of nail beds? due to chronic liver disease resulting in hypoalbuminemia), clubbing? (cirrhosis, IBD, CD)
- Palms: palmar erythema? (thenar/hypothenar eminences → CLD), anaemia? (GI bleed, haemolysis, CLD, malabsorption), Dupuytren contracture? (palmar fascia thickening, palpable → alcoholism, manual work).
- Hepatic flap (asterixis)? → inflow of proprioception to reticular formation in brain stem affected → hepatic encephalopathy,

Arms

- Bruising? (clotting abnormalities → 2nd to hepatocellular damage, obstructive jaundice), petechiae? (alcoholics, hypersplenism), scratch marks → pruritus (2nd to obstructive/cholestatic jaundice), spider naevi? (arms, neck, chest wall → 2nd to alcoholic cirrhosis), axillae lymphadenopathy?

Face

- Sclera: jaundice?, conjunctiva: anaemia?

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- Kayser-Fleischer rings?: brownish green rings at periphery of sclera (↑ Cu deposition), Xanthelasma? (1° biliary cirrhosis), periorbital purpura? (black eye → 2nd to amyloidosis)
- Salivary glands: parotidomegaly? (clinch teeth, post to masseter muscle, alcoholism), tender? (parotitis), submandibular glands → enlargement? (calculi) – **wear gloves!**
- Mouth: dentition? (false → remove), fetor?, aphthous ulceration?, angular stomatitis? (cracks at corner of mouth).
- Tongue: lingua nigra (black tongue)?, leucoplakia? (white thickening of mucosa), glossitis? (smooth tongue, loss of papillae)
- Candidiasis: white patches in mucosa of mouth?

Neck & Chest

- Supraclavicular nodes: gastric/gastro-intestinal malignancy, lung cancer, spider naevi?
- Gynecomastia: CLD, tender? (alcoholic cirrhosis, CA hepatitis)

Abdomen (Inspection, Palpation, Percussion, Auscultation)

- **Inspection:**
 - Scars?, laproscopic surgical scars? (umbilicus area), ab distension? (fat, fluid, foetus, flatus, faeces, tumor → shape of umbilicus gives clue), local swellings?, hernia?, prominent veins (caput medusae, ob of IVC)? (flow direction), pulsations of aorta? (aneurysm), visible peristalsis?, skin lesions? (herpes zoster), striae?, slow deep inspiration at eye level to see asymmetry due to organomegaly?
- **Palpation (warm hands, bend knees if need be):**
 - Light palpation (metacarpophalangeal joints, **look at patient's eyes**): tenderness?, lumps?,
 - Deep palpation (metacarpophalangeal joints, **look at patient's eyes**): tenderness?, masses/lumps? Guarding, (voluntary: anxiety, involuntary: peritonitis), rebound tenderness? (slow compression, rapid release produces pain → peritonitis?)
 - **Liver:** hepatomegaly?, smaller liver? (tender, pulsatile, emphysema), with each expiration ascend 1-2cms!
 - **Gall Bladder (usually inpalpable):** palpating hand perpendicular to costal margin, feel for bulbous/round mass, Murphy's sign (only for acute cholecystitis), and Courvoisier's law?
 - **Spleen (enlarges inferomedially):** left hand posterolaterally to left lower ribs, right hand placed below umbilicus parallel to right costal margin, compress left hand as right hand approaches closer, spleen moves during end of inspiration (attached to diaphragm), if inpalpable → repeat procedure at right lateral decubitus position.
 - **Kidneys (right described):** back of patient rests on left hand heel, metacarpophalangeal joints flexed to push ab contents anteriorly, right hand firmly placed on right upper quadrant (feel for kidneys gently hitting the right hand upon flexion). **Same with left kidney, but opposite hand usage!**
 - **Aorta:** arterial pulsations? (epigastrium area, measure diameter using two fingers parallel to palpable edges)

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- **Other organs:** enlarged bladder (urine retention), pancreas mass (pancreatic pseudocyst), enlarged sigmoid colon (severe constipation), testes (testicular atrophy → 2nd to haemochromatosis, alcoholic LD).
- **Percussion**
 - **Liver (12cms):** percuss up and down for liver span
 - **Spleen:** percuss over lowest intercostal space along left anterior axillary line during inspiration/expiration. If dull in expiration → splenomegaly
 - **Kidneys:** only percuss (right/left subcostal mass) when masses are evident (renal mass → resonant, hepatic/splenic mass → dull)
 - **Bladder:** dullness over suprapubic area
 - **Ascites:** dull if fluid accumulates, test at flanks and move towards umbilicus, shifting dullness? (mark point of dullness, repeat percussion after patient rolled, check for resonance?), fluid thrill? (place patient's hand over umbilicus, flick one side, palpable thrill present in massive ascites?), ankle oedema.
- **Auscultation**
 - **Bowel Sounds:** diaphragm below umbilicus (intermittent), obstructed bowel sounds? (louder/high pitched), loud gurgle sounds? (intestinal hurry).
 - **Bruits:** aortic aneurysm, renal artery stenosis, hear over liver?

Other tests/examination which you may perform (or tell the examiner):

- Hernias: inguinal?, femoral?
- Rectal examination
- Proctosigmoidoscopy (only for anorectal, large bowel symptoms)
- Inspect patient's faeces (malaena, haematochezia, steatorrhea, 'toothpaste' stools)
- Inspect patient's vomitus ('coffee ground', haematemesis (bright red), yellow/green (bile), faeculent vomiting (offensive smell)).
- Urine analysis (liver disease)