GASTROINTESTINAL EXAMINATION

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Setting

- Introduction, ask for permission and chaperone
- Wash hands, ensure privacy, warmth and illumination
- **Exposure** ideally from the nipples to mid thigh but for cultural concerns exposure from xyphoid process to symphysis pubis.
- **Position:** lying flat with head rested on pillow 20° above horizontal, ask patient to put hands by his side and stretch his legs.
- To relax the abdominal muscles if tense, flex hip joint 45° and flex knee joint 90°.

First off

- Conscious, oriented (place, person, time)
- Not in pain
- Looks well
- Cachectic or obese
- Skin redundancy
- **Vital signs**
  - Pulse
  - BP
  - RR
  - O2 sat
  - Temperature
  - **BMI, waist circumference, distribution of weight** (truncal or generalized)

Hands

- Nails (clubbing, koilonychia, leukonychia)
- Tar stain
- Dupuytren's contracture
- Muscle wasting
- Palmar erythema
- Crease pallor
- Fine and flapping tremors
- Temperature
- **Arms:** needle tracks, tattoo, paucity of axillary hair

Chest

- Spider nevi
- Scratch marks
- Hair distribution
- Gynecomastia (male)
- Breast atrophy (female)

Face

- Jaundice (sclera and under tongue) and pallor (conjunctival)
- Angular stomatitis
- Atrophic glossitis (pale, smooth)
- Beefy, raw tongue
- Aphthous ulcers
- Dental hygiene
- Bilateral parotid swelling
- Fetor hepaticus, uremia, ketones, alcohol smell
- Spider nevi
- **Lymph nodes:**
  - Cervical
    - Troisier's sign (Lt. supraclavicular LN)
  - Axillary
  - Inguinal

Abdominal Exam:

Inspection:

Foot of the bed

- Symmetrical, flat or scaphoid (contour), not distended.
- Abdominal respiration (abdomen moves with respiration (diaphragmatic) + breathing pattern)
- Umbilicus in the midline and inverted

Right side of patient

- Scars, striae, stoma, spider nevi, skin lesions
- Bruising, masses, dilated veins (caput medusa), hair distribution
- Visible peristalsis and pulsation
- Ask patient to cough (to his left side) > look for hernial orifices (no visible cough impulse), and observe his facial expresions for pain
- Ask patient to raise his head and look for divarication of recti

Palpation: Ask for any area of pain, sit on a chair, or kneel besides the bed, warm your hands, maintain eye contact. Keep your right hand flat and in contact with the abdominal wall, palpate the nine abdominal segments, and ask the patient to report any tenderness.

Superficial palpation

- Superficial masses, tenderness, guarding.
- "Soft lax abdomen, no rigidty"

Deep palpation

- Deep masses, tenderness.
- Mention that you will "test for rebound tenderness".

Percussion: Do **general percussion** of the entire abdomen (Normal **tympanic** percussion note), then percuss from the umbilicus downwards for **suprapubic (bladder) dullness.**

Enlarged Organs testing: (Notice that we **palpate all organs with deep inspiration,** and we percuss from above with the patient holding his breath in full expiration).

RIF = right iliac fossa

Liver

- **Palpation:** Start from RIF and start going upwards 1 cm at a time until you reach the liver edge or the costal margin. If you find the edge then describe it, if you dont then you have to percuss upwards until you find liver dullness, ask the patient to hold his finger there.
- **Percussion:** From the 2nd right ICS MCL, until you reach liver dullness.
- Measure **liver span** (8-12cm).

Spleen

- Start **palpation** from the RIF and go upwards diagonally 1 cm at a time until you reach the left costal margin, tell the patient to roll towards you and with your left hand pull his ribcage outwards while palpating with your right hand. (Normally not palpable)
- **Percussion** for splenic dullness from umbilicus diagonally. And then left mid-axillary line below 9th–11th ribs (normal dullness).

Kidneys

- Remember to test **both kidneys.**
- Always put your right hand above and your left below the patient.
- **Palpation:**
  - Bi-manual test
  - Ballotable
- Test for **renal angle tenderness** with palpation first then light percussion with a closed fist. (remember to observe the patient's face)
- While patient is sitting up examine **sacral edema.**

Ascites test:

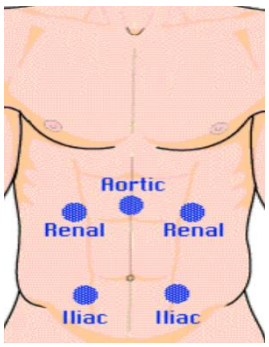
Shifting dullness

- Percuss to find most tympanic point anteriorly, then percuss laterally to find dullness, ask the patient to roll away from you, wait for 10 seconds and percuss the same area, if the dullness stays dull then there is no shifting dullness

Fluid thrill

- Place the palm of your left hand flat against the left side of the patient's abdomen and ask the patient to place the edge of his hand on the midline, and flick a finger of your right hand against the right side of the abdomen, if you don't feel a ripple against your left hand, then there is no fluid thrill

Auscultation: Use your **diaphragm.** 1) RIF for **bowel sounds** (say you need to listen for 2 minutes) 2) Listen above the umbilicus for **aortic bruits.** 3) Listen above and lateral to umbilicus (3 cm) for **renal arteries bruits** [Y]. 4) Listen down and lateral to umbilicus (3cm) for **iliac arteries bruits** [^]. 5) Listen over the liver and spleen for **bruits and friction rub.**



"Normal gurgling bowel sounds, no aortic bruits, no renal bruits, no iliac arteries bruits, no liver or spleen bruits or friction rub."

Finish your examination by saying:

"I'll test for succussion splash, and I need to do digital rectal examination. I'll examine the external genitalia and hernial orifices. I'll examine the back, and I'll examine Virchow's LN. I'll examine the lower limbs for edema, loss of hair, pyoderma gangrenosum and auscultate for bruits above the femoral artery."