

Forenames

Lastname

Hospital No.

D.O.B.

SDEC management of non-specific abdominal pain

The diagnosis of non-specific abdominal pain (NSAP) comprises 13-40% of all surgical admission with abdominal pain.

It is generally defined as acute abdominal pain of

- less than seven days duration,
- where no diagnosis is reached after examination and baseline investigations.

Causes include

- gynaecological conditions,
- irritable bowel syndrome (IBS),
- gastroenteritis and
- abdominal wall pain.

The use of early diagnostic laparoscopy in the diagnosis of such patients has been advocated by some, and such an approach will reduce the frequency of NSAP to around one in five and facilitate early discharge¹.

However general anaesthetic and laparoscopy are associated with a small risk of complication and performing this procedure specifically for the diagnosis of a non-surgical condition is controversial.

Up to 40% of such patients with NSAP fit strict criteria for IBS².

Appropriate history taking and counselling of those with functional bowel disorders may avoid unnecessary laparoscopy³.

Care must be exercised in a diagnosis of NSAP in the over 50 years age group, as the frequency of intraabdominal malignancy in this group is 10% , & CT is advisable in this group and surgical follow up is advisable.

¹ Decadt B, Sussman L, Lewis MP, Secker A, Cohen L, Rogers C, Patel A, Rhodes M. Randomized clinical trial of early laparoscopy in the management of acute non-specific abdominal pain. Br J Surg 1999;86(11): 1383-1386.

² Heaton KW. Diagnosis of acute non-specific abdominal pain. Lancet 2000;355(9215): 1644.

³ de Dombal FT, Matharu SS, Staniland JR, Wilson DH, MacAdam WA, Gunn AA, Allan WR, Bjerregaard B. Presentation of cancer to hospital as 'acute abdominal pain'. Br J Surg 1980;67(6): 413-416

