

### Examination of the abdomen

Here is an extract from a textbook description of how to examine the abdomen.

Note if the abdomen is **distended** by fluid or gas. The presence of fluid can be confirmed by demonstrating **shifting dullness**: **percuss**, or tap, first with the patient lying supine – flat on their back; then ask the patient to lie on one side and percuss again. If fluid is present, the dull note heard on percussion moves. **Palpate** each region, feeling for **tenderness** – pain when touched, or **masses** – palpable enlargement of tissue. Note also any **guarding** or **rigidity**, shown by contraction of the abdominal muscles. Guarding may be due to tenderness or anxiety and can be reduced if the patient is persuaded to relax. Rigidity, however, is constant and is due to peritoneal irritation. **Rebound tenderness** is pain when the palpating hand is suddenly removed. It is a sign of peritonitis. Listen for **bowel sounds**.

### The faeces

There are several words for the **faeces**.

Doctors sometimes say:

“There was blood in the **stools**.”

“Have you **passed** black **stools**?”

Patients sometimes say:

“My **motions** have been very loose lately.”

**Bowel movement** is used to refer to defecation:

“Have your bowels moved today?”

“Have you had a bowel movement today?”

**Bowel habit** is a medical expression meaning the pattern of defecation.

“Have you noticed any **change of bowel habit**?”

“How often do you **open your bowels**?”

“Are you **going to the toilet** more often than normal?”

Change in bowel habit could be **constipation**-hard, infrequent stools, or **diarrhoea** – frequent soft or liquid stools.

Normal stools are brown in colour, semi formed, or **formed**. The **consistency**, or degree of hardness and softness, can be shown on a scale:

←-----→  
 hard            formed            semi-formed            soft(loose)            liquid/watery

The colour can vary from black, due to altered blood as in melaena, to yellow, grey, or even white. Melaena stools are often described as **tarry** – like tar, the black sticky substance that is used in road making. The stools may be red when fresh blood is present. Blood that can only be detected with special tests is called **faecal occult blood (FOB)**. When there is a high fat content,

the stools are pale, and are sometimes described as **clay-coloured**. Stools that are large in volume are described as **bulky**. A bad smell is described as **foul** or **offensive**.

**Complete the case report.**

Case 14  
Physical examination revealed a thin girl with slight pallor. She was not obviously dehydrated. The temperature was 38 C, pulse 100/min, blood pressure 110/80 mmHg. Examination of the rest of the cardiovascular and respiratory systems was normal. The abdomen was not (1) \_\_\_\_\_. There was generalized (2) \_\_\_\_\_, which was most marked in the right lower (3) \_\_\_\_\_ and was associated with (4) \_\_\_\_\_ but not (5) \_\_\_\_\_. There was no rebound (6) \_\_\_\_\_ and no (7) \_\_\_\_\_ were felt. (8) \_\_\_\_\_ sounds were reduced.

**Match the descriptions of the stools (1-6) with the conditions most likely to cause them (a-f), using your medical knowledge.**

**Type of stools**

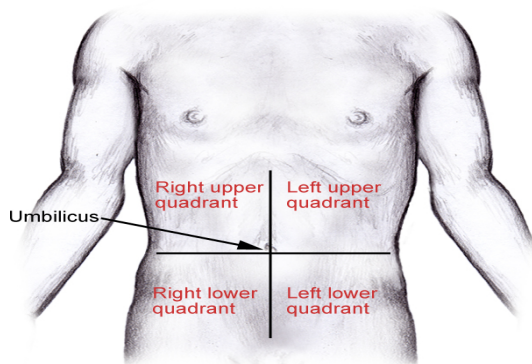
- 1 loose, bloody
- 2 loose, pale, bulky
- 3 clay-coloured
- 4 black, tarry
- 5 small, hard
- 6 clear, watery with mucus

**Condition**

- a gastric ulcer
- b irritable bowel syndrome
- c ulcerative colitis
- d cholera
- e coeliac disease
- f obstructive jaundice

**Match the features (1-7) to the doctor's questions (a-g).**

- |                         |   |
|-------------------------|---|
| 1 blood                 | a How often do you open your bowels?                  |
| 2 bowel habit           | b Are you going to the toilet more often than normal? |
| 3 change in bowel habit | c Are the motions hard or loose?                      |
| 4 bulk                  | d Do the motions have an unusual smell?               |
| 5 colour                | e What about the appearance of the stools?            |
| 6 consistency           | f Have you passed black stools?                       |
| 7 offensiveness         | g Is the size or the amount of the stool normal?      |



The abdomen can be divided into four quadrants.

**Express your idea.**

In what other conditions aside from those mentioned above (gastric ulcer, irritable bowel syndrome, ulcerative colitis, cholera, coeliac disease, obstructive jaundice) that you encounter regularly is the appearance of the stools typical? How would you describe their appearance?