

## Abdominal Examination

<b>Introduction</b>
Wash your hands and wear PPE if appropriate.
Introduce yourself to the patient including your name and role.
Confirm the patient's name and date of birth.
Briefly explain what the examination will involve using patient-friendly language.
Gain consent to proceed with the examination.
The patient should be in supine position.
Ask if the patient has any pain before proceeding.
<b>General examination</b>
Appearance, Body built, Color, Distress, and environment.
<b>The hands (Clinical years)</b>
Temperature, Color, Nail, Palmar erythema, Dupuytren's contracture, clubbing, leuconychia, koilonychias, flapping tremor.
<b>Head (Clinical years)</b>
sclera, pupils, malar rash, mouth, tongue, salivary glands, palate, dentition, central cyanosis, and lymphadenopathy.
<b>The chest</b>
<b>Inspection:</b> Scars, shape and symmetry, Deformities: barrel chest, pigeon chest (pectus carinatum), funnel chest (pectus excavatum), Harrison's sulcus, kyphosis, scoliosis.
<b>Palpation:</b> apex beat, tracheal position, expansion, vocal fremitus (vocal fremitus is no longer part of routine physical examination due to major inter-observer variability).
<b>Percussion:</b> Different areas of the lungs including axilla, compare between sides.
<b>Auscultation:</b> Breath sounds: Type (vesicular, bronchial), intensity, added sound (crackles or wheeze) Vocal resonance: No longer, part of routine physical examination due to major inter-observer variability).
<b>The abdomen (Exposure: from the nipples to the symphysis)</b>
<b>Inspection:</b> contours, any obvious distension, localized masses, scars, and skin changes
<b>Palpation:</b> Palpate with the palmar surface of your fingers whilst sitting or kneeling beside the patient.
<b>Light palpation</b> - Begin by examining the segment furthest away from any pain or discomfort and systematically palpate the four quadrants and the umbilical area. Look for tenderness, guarding, and any masses.
<b>Deep palpation</b> - Describe and localize any masses.
<b>Palpation of the organs:</b> Liver, Gallbladder, Spleen, Kidneys, and Aorta.
<b>Special Tests:</b> Rebound tenderness, Rovsing sign, Psoas sign, and Obturator sign.
<b>Percussion:</b> Liver, Spleen, Urinary bladder, and ascites.
<b>Auscultation:</b> Bowel Sounds, Aorta, renal arteries.
<b>Groins and genitalia</b>
Examine for hernial orifices and testicular torsion
<b>Digital rectal examination (DRE)</b>
For anal tone, masses, tenderness, and bleeding per rectum
<b>After examination</b>
Ensure patient comfort, cover and thank the patient.
Provide explanations, address questions, and discuss the management plan with the patient.
Dispose of waste material following infection control standards.
Do not forget to wash your hands.

Reference: Browse's Introduction to the Symptoms & Signs of Surgical Disease 6th Edition.  
Macleod's Clinical Examination - 15th Edition

