

*Taking History &
Methods of Physical Examination
for GIT*

*Koray Topgül
Department of Surgery, MD, Prof.*

ALL PATIENTS HAVE A PROBLEM!

HOW TO SOLVE IT?

We can, we should....

- *HISTORY70%*
- *CLINICAL EXAMINATION (history+physical exam..80%)*
- *CLINICAL DIAGNOSIS*
- *INVESTIGATIONS*
- *FINAL DIAGNOSIS*
- *TREATMENT*

IMPORTANT POINTS BEFORE HISTORY-TAKING

- *Introduce yourself*
- *Explain yourself*
- *Full attention (**eye contact** 😊)*
- *Treat with respect*
- *Let patient talk*
- *Guide, not dictate*
- *No leading question*
- *No short-cuts*
- *Try not to write and talk to the patient at the same time*

Different parts of a history

- *PERSONAL DETAILS*
- *PRESENTING COMPLAINT*
- *HISTORY OF PRESENT ILLNESS*
- *SYSTEMIC INQUIRY*
- *PAST MEDICAL/SURGICAL HISTORY*
- *FAMILY HISTORY*
- *HISTORY OF MEDICATIONS*
- *SOCIAL HISTORY*
- *OTHER HISTORY*

PERSONAL DETAILS

- *NAME*
- *AGE*
- *SEX*
- *NATIONALITY*
- *MARITAL STATUS*
- *OCCUPATION*

Record date of history taking and examination

PRESENTING COMPLAINT

- ***What are you complaining of?***
(record in patient's own words)
- ***When more than one complain:***
(record in order of severity)

HISTORY OF PRESENT ILLNESS

- *Full details of the complaint or complaints.*
- *Get right back to the beginning of the trouble.*
- *Each complain- fully analyzed e.g., **pain***
- *Site*
- *Time and mode of onset (sudden, gradual)*
- *Severity*
- *Nature (aching, burning, stabbing, constricting, throbbing)*
- *Progression*
- *Duration*
- *Aggravating/ relieving factors*
- *Radiation*
- *Cause*

SYSTEMIC INQUIRY

of the involved or affected system

Example:

*Chief complaint related to
gastrointestinal system(GI)-
continue with the GIT inquiry.*

SYSTEMIC INQUIRY

GASTRINTESTINAL SYSTEM

- *Weight*
- *Appetite*
- *Dysphagia*
- *Nausea*
- *Vomiting*
- *Heartburn*
- *Haematemesis*
- *Flatulence*
- *Jaundice*
- *Abdominal pain*
- *Fat intolerance*
- *Constipation*
- *Diarrhoea*
- *Melaena*
- *Rectal bleeding*
- *Stool*

SYSTEMIC INQUIRY

RESPIRATORY SYSTEM

- Cough
- Sputum
- *Hemoptysis* *Hemoptysis[a] or haemoptysis is the act of coughing up blood or blood-stained mucus from the bronchi, larynx, trachea, or lungs.*
- Wheeze
- Dyspnoea
- Chest pain
- Smoking

SYSTEMIC INQUIRY

UROGENITAL SYSTEM

- *Loin pain*
- *Dysuria*
- *Nocturia*
- *Frequency*
- *Haematuria*
- *Urinary stream*
- *Incontinence*
- *Urethral discharge*

SYSTEMIC INQUIRY

CARDIOVASCULAR SYSTEM

- *Angina (cardiac pain)*
- *Dyspnoea (rest/ exercise)*
- *Palpitations*
- *Ankle swelling*
- *Claudication*
- *Varicose veins*

SYSTEMIC INQUIRY

Obstetric & Gynecology

- *Vaginal discharge*
- *Vaginal bleeding*
- *Pregnancies*

Nervous system

- *Headache*
- *Fits*
- *Depression*
- *Facial/limb weakness*

SYSTEMIC INQUIRY

MUSCULOSKELETAL

- *Muscular pain*
- *Bone & Joint pain*
- *Swelling of joints*
- *Limitation of movements*
- *Weakness*

SYSTEMIC INQUIRY

METABOLIC/ENDOCRINE

- *Bruising/ bleeding*
- *Sweating*
- *Thirst*
- *Pruritus*
- *Alcohol*
- *Weight*

PAST MEDICAL/SURGICAL HISTORY

- *Rheumatic Fever*
- *Tuberculosis/ Asthma*
- *Diabetes*
- *Jaundice*
- *Operations/ Accident*
- *Blood transfusion*
- *Mental illness*

FAMILY HISTORY

- *Diabetes*
- *Hypertension*
- *Heart disease*
- *Malignancy*
- *Cause of death*

Father/Mother/Siblings/Spouse/Children/Close relatives

HISTORY OF MEDICATIONS

- *Insulin*
- *Steroids*
- *NSAID*
- *Contraceptive pills*
- *Antibiotics*
- *Others*

SOCIAL HISTORY

- *Marital status*
- *Occupation*
- *Travel abroad*
- *Accommodation*
- *Habits (smoking, alcohol)*
- *Dependent relatives*

OTHER HISTORY

- *Psychiatric/ Emotional background*
- *Allergies*
 - Food*
 - Drugs*
- *Immunizations*
 - Tetanus*
 - Diphtheria*
 - Tuberculosis*
 - Hepatitis*
 - Others*

Review and analyse

- *More questions looking for clues?*
 - *Questions*
 - *Questions*
 - *Questions*
 - *Questions*

ABDOMINAL EXAMINATION

GASTROINTESTINAL EXAMINATION

General examination

General inspection

Hands and arms

Face, eyes and mouth

Neck

○ Abdominal examination

- Inspection**

- Palpation**

- Percussion**

- Auscultation**

GENERAL INSPECTION

Nutritional state (wasting)

Pallor

Jaundice (liver disease)

Pigmentation (hemochromatosis)

Mental state (encephalopathy)



FACE, EYES ...

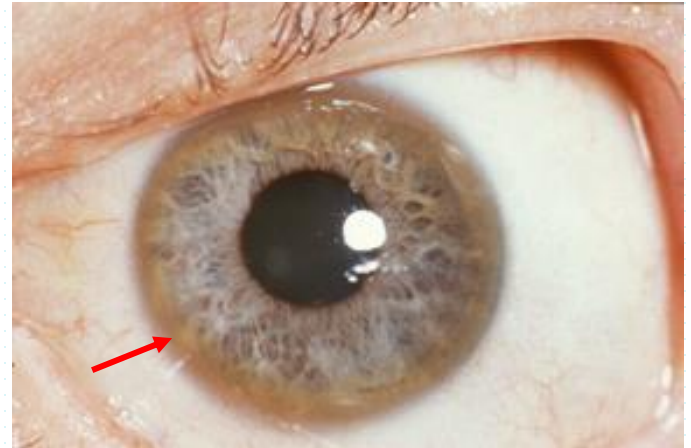
Conjunctival pallor (anaemia)

Sclera: jaundice, iritis

Cornea: Kaiser Fleischer's rings (Wilson's disease)

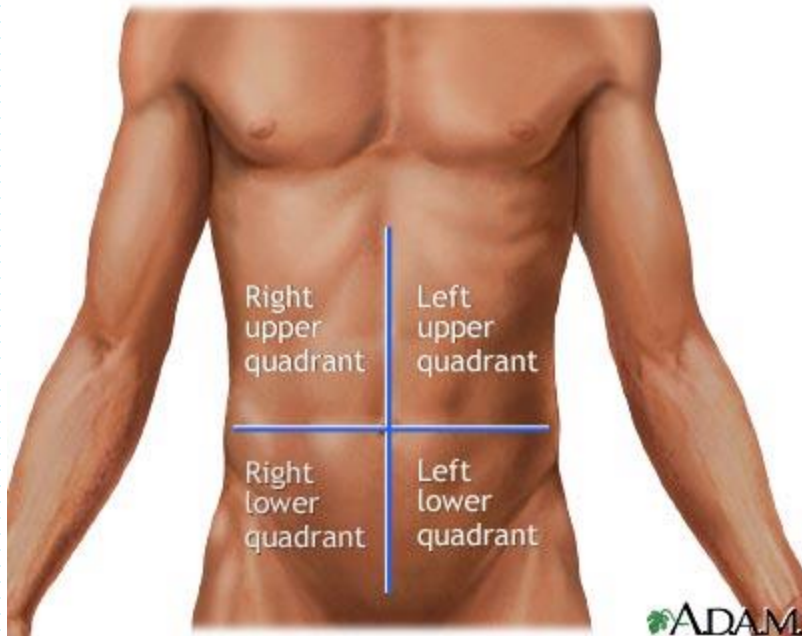
Xanthelasma (primary biliary cirrhosis)

Parotid enlargement (alcohol)



ABDOMINAL EXAMINATION POSITIONING

Abdomen can be divided in four quadrants
Patient should be lying on supine position



ABDOMINAL EXAMINATION

INSPECTION

Shape and movements

Scars

Distension

Localised: mass, organomegaly

Generalized: 5 F's

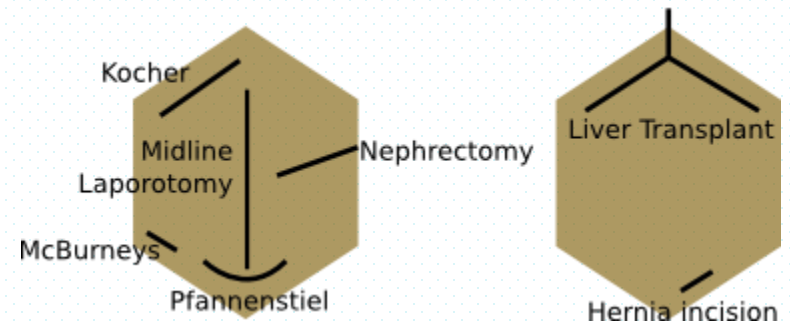
Prominent veins (*caput medusae*)

Striae

Bruises

Pigmentation

Visible peristalsis





Ascitic abdomen

ABDOMINAL EXAMINATION

PALPATION

1. Ensure that your **hands are warm**
2. **Stand** on the patient's right side
3. **Help** to position the patient
4. **Ask** whether the patient feels any pain before you start
5. Begin with **superficial** examination
6. **Move** in a systematic manner through the abdominal quadrants
7. Repeat palpation **deeply**.



ABDOMINAL EXAMINATION

PALPATION

Tenderness: discomfort and resistance to palpation

Involuntary guarding: reflex contraction of the abdominal muscles

Rebound tenderness: patient feels pain when the hand is released

Tenderness + rigidity: perforated viscus

Palpable mass (enlarged organ, faeces, tumour)

Aortic pulsation

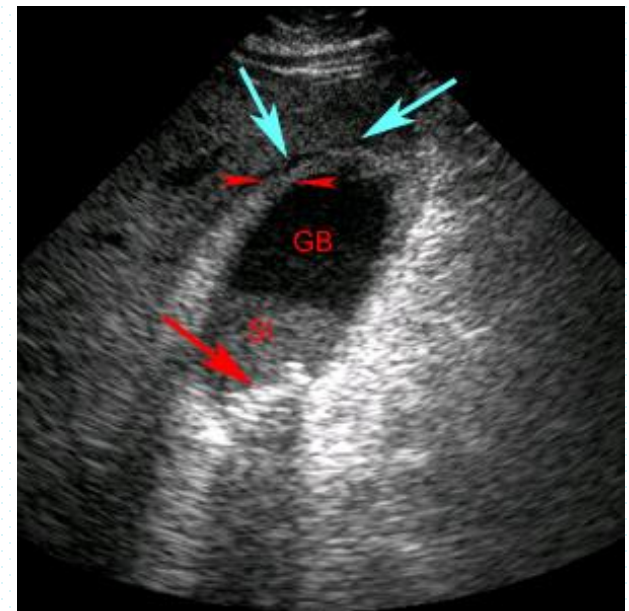
ABDOMINAL EXAMINATION

MURPHY'S SIGN

Pain in RUQ

Inflammation of gallbladder
(cholecystitis)

Courvoisier's law



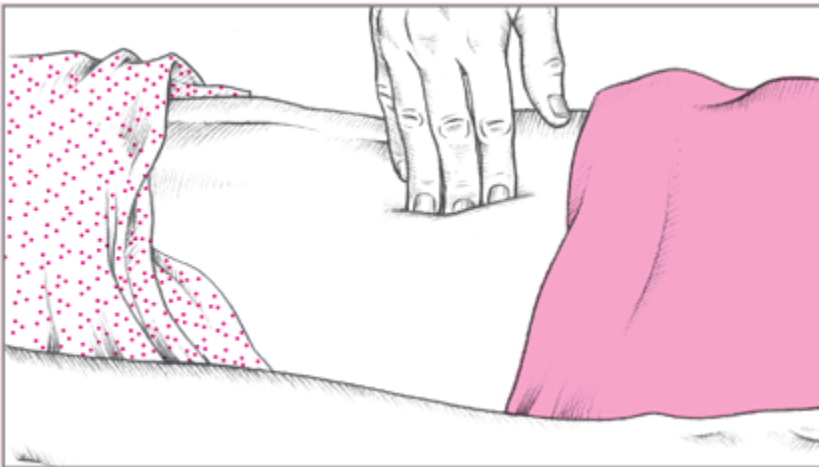
ABDOMINAL EXAMINATION

BLUMBERG'S SIGN

a.k.a. rebound tenderness

Pain upon removal of pressure rather than application of pressure to the abdomen

Peritonitis and/ or appendicitis



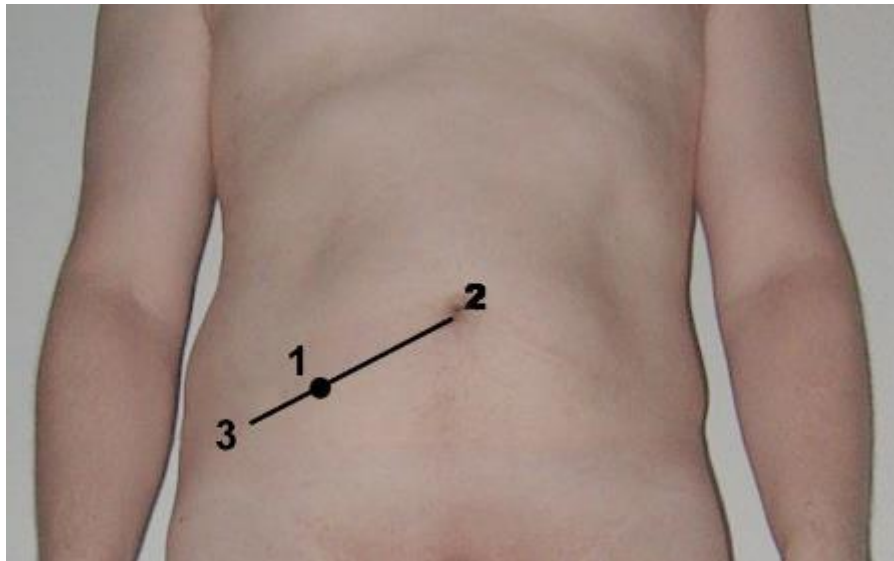
ABDOMINAL EXAMINATION

MCBURNNEY'S POINT

1/3 ASIS to umbilicus

Location of AV in retrocecal position

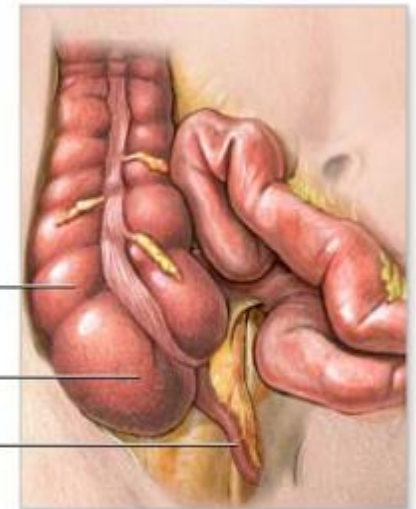
Deep tenderness (= acute appendicitis)



Large intestine

Cecum

Appendix



ABDOMINAL EXAMINATION

FLUID THRILL

- **Place the palm** of your left hand against the left side of the abdomen
- **Flick a finger** against the right side of the abdomen
- Ask the patient to put the edge of a **hand on the midline** of the abdomen
- If a **ripple is felt** upon flicking we call it a fluid thrill = **ascites**



ABDOMINAL EXAMINATION

PALPATION OF THE LIVER

1. Start palpating in the right iliac fossa
2. Ask the patient to take a deep breath in
3. Move your hand progressively further up the abdomen
4. Try to feel the liver edge



ABDOMINAL EXAMINATION

PALPATION OF THE SPLEEN

1. Roll the patient towards you
2. Palpate with your left hand while using your left hand to press forward on the patient's lower ribs from behind
3. Feel along the costal margin

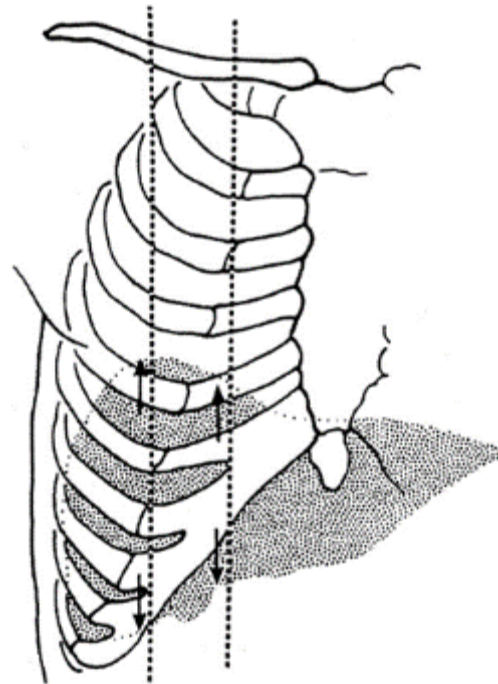


ABDOMINAL EXAMINATION

PERCUSSION

Dull sounds: solid or fluid-filled structures

Resonant sounds: structures containing air or gas



ABDOMINAL EXAMINATION

AUSCULTATION

Place the diaphragm of the stethoscope to the right of the umbilicus

Bowel sounds (borborygmi) are caused by peristaltic movements

Occur every 5-10 sec.

Absence of b.s.: paralytic ileus or peritonitis

Bruits over aorta and renal a. could be a sign of an aneurysm and stenosis

