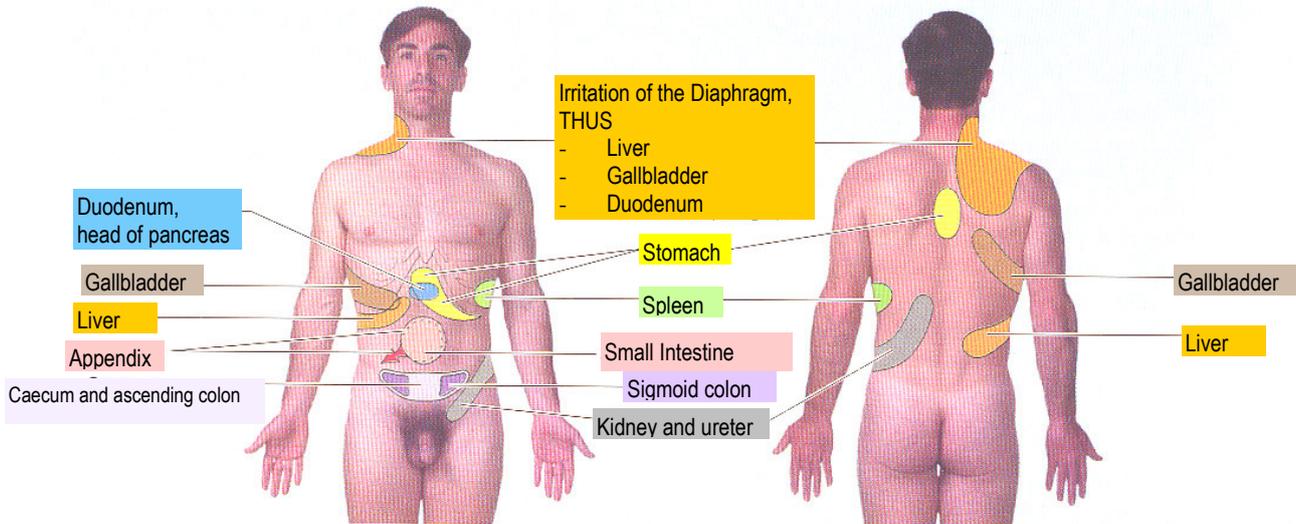


# GASTROINTESTINAL HISTORY

## PRESENTING SYMPTOMS:

- **ABDOMINAL PAIN: Acute or chronic?**  
**How often? Daily pattern?**
  - Point to where it hurts:



## ABDOMINAL DISTENTION

The 7 Fs:

- FAT
- FLUID
- FOETUS
- FLATUS
- FAECES
- FILTHY BIG TUMOUR
- PHANTOM PREGNANCY

## APPETITE and WEIGHT CHANGE

		APPETITE	
		Loss	Gain
WEIGHT	Loss	Malignancy Depression LIVER DISEASE lots of other stuff	Thyrotoxicosis MALABSORPTION
	Gain	Hypothyroid	Cushings Hypoglycaemia Hypothalamic disease

\* Hepatitis causes smoking cessation

?? HOW MUCH WEIGHT LOSS OVER WHAT PERIOD ??

## NAUSEA +/- VOMITING

TIMING IS EVERYTHING:

Eg. 1 hour after meal = gastric outlet obstruction

Acute with retching = ? small bowel obstruction  
 = ? infection

Chronic = rule out PREGNANCY and DRUGS

EARLY MORNING VOMITING could be

pregnancy, alcoholism or

!! increased intracranial pressure !!

→ CONSIDER ALSO...

- \* Peptic ulcer with gastric outlet obstruction
- \* Gastroparesis after surgery
- \* acute hepatobiliary disease
- \* Bulimia nervosa
- \* psychogenic vomiting

→ CONTENTS? Eg. bile, old food, faeces?

## RADIATING?

Localised = ? parietal peritoneal inflammation

## COLICKY OR STEADY?

Colicky = gut or ureter obstruction

## AGGRAVATING FACTORS:

After meals: ulcer or ischaemic gut

## RELIEVING FACTORS:

Vomiting = ulcer or reflux

Antacids = ulcer or reflux

Defecation = colonic disease

Writhing / rolling = colicky pain

Staying perfectly still = peritonitis

Sitting + leaning forward = pancreatic

## PATTERN:

**Peptic** = dull, burning, epigastric  
 episodic, waking at night

**Bilious** = epigastric, severe, constant

**Pancreatic** = constant, vomit-inducing,  
 radiating to back, relieved by  
 sitting + leaning forward

**Renal** = colic on a background of  
 constant renal angle pain,  
 radiating to groin

**Bowel** = colicky;

Umbilical every 2-3 min if small bowel,  
 Anywhere every 10-15 min if large bowel  
 ++ distention, vomiting, constipation

### **REFLUX is aggravated by:**

- Alcohol
- Chocolate
- Caffeine
- Fatty meal
- Theophylline
- Anticholinergic drugs
- Calcium channel blockers

### **DIARRHOEA:**

#### **FIRST: what do they mean by "diarrhoea"?**

- = small but frequent passing of formed stool does not make diarrhoea
- = **local rectal or psychological disturbance**

#### **SECOND: is it ACUTE or CHRONIC?**

- Acute = infective**
- Chronic = any damn thing**

#### **SORTING BY PATHOLOGY:**

##### **SECRETORY**

- High volume
- **PERSISTS WITH FASTING**
- **No pus, no blood, not fatty**
- Staph A, E. Coli, V. Cholerae, VIPoma, or gastrin-secreting tumour (Zollinger-Ellison syndrome), or villous adenoma

##### **OSMOTIC**

- **DISAPPEARS WITH FASTING**
- Large volume, related to meals
- Lactose intolerance, gastric surgery, or magnesium antacids

##### **MALABSORPTIVE**

- Classic **STEATORRHOEA**:
- Pale, stinking, unflushable fat-filled (over 7 grams per 24hrs)
- **NUMEROUS CAUSES**

##### **ABNORMAL MOTILITY**

- Thyrotoxicosis
- Irritable bowel syndrome

##### **EXUDATIVE**

- Small volume
- Frequent
- **Blood and mucus!!**
- = **inflammatory bowel disease**
- = **colon cancer**

### **IRRITABLE BOWEL SYNDROME:**

Alternating diarrhoea and constipation  
... Abdominal pain ...

#### **PLUS 2 or more of the following:**

- Abdo pain relieved by defaecation
- Looser or more frequent stools with the pain
- Mucus in rectum
- Feeling of incomplete emptying
- Visible distension of abdomen

### **HEARTBURN + INDIGESTION:**

**Typically:** burning retrosternal pain radiating to neck

- Relieved by antacids
- Aggravated by stooping and lying down
- Worse after meals

**WATERBRASH:** = uncommon = excess saliva secretion  
= **symptom of peptic ulcer or oesophagitis**

### **DYSPHAGIA + ODYNOPHAGIA:**

= **Difficult vs. Painful** swallowing;

#### **MUST FIND OUT WHICH IT IS!!**

→ When swallowing is **PAINFUL** there's inflammation somewhere:

- eg. oesophagitis,
- oesophageal perforation,
- peptic ulcer of the oesophagus

→ when swallowing is **DIFFICULT TO INITIATE** and results in **WATER GOING UP THE NOSE** and all kinds of **CHOKING**

= **means it's a PHARYNX ISSUE**  
= **do neuro exam of CN 9, 10, 12**

#### **!! TIMING IS ALL-IMPORTANT !!**

→ **INTERMITTENT** with first few swallows being the worst =  
= lower oesophageal ring or oesophageal spasm

→ **CHRONIC PROGRESSIVE** =

= carcinoma, achalasia, or stricture.

→ **BOTH SOLIDS AND LIQUIDS STICK IN THE THROAT?**

= motor disorder more likely eg. achalasia or diffuse spasm

→ **Can the patient localise the area of blockage?**

Is it accompanied by heartburn? = **stricture**

### **CONSTIPATION:**

- **What exactly do they mean?**

= infrequent, more solid, or more difficult to excrete?

- Acute or chronic?
- Most often due to habitual neglect of defecation impulse

- **CONSTIPATION DRUGS:**

- **opiates,**
- **antidepressants,**
- **aluminium or calcium antacids**

- **Due to Metabolic or Endocrine disease:**

- Hypothyroidism,
- Hypercalcaemia
- Diabetes mellitus
- phaeochromocytoma
- porphyria
- hypokalemia

- **NEURO DISORDERS eg.**

- Agangliosis
- Hirschsprung's disease
- Autonomic neuropathy of diabetes
- Spinal cord injury
- Multiple sclerosis

- **Due to OBSTRUCTION: by faeces, malignancy, etc.**

# **BLEEDING IN THE GIT: !! ASK ABOUT THE DRUGS !! Warfarin, Aspirin, etc**

Gotta find the cause for the puncture / ulcer / coagulopathy

## **HEMATEMESIS**

! make sure its from the GUT !!  
not tooth socket or nose  
= **blood must be coming from the duodenum up**

**“coffee grounds”** =  
stomach contents, slow bleed

### **Frank Red: Varices**

(oesophageal portosystemic shunting)

### **Mallory-Weiss tear:**

- after repeated vomiting;
- first clear gastric contents,
- then great volumes of blood

## **MELENA**

Upper GI bleed passing  
through whole of GIT  
= jet black stool, foul stench

= could also be ingestion of  
charcoal, liquorice, iron tablets or  
bismuth- **BUT NOTHING  
SMELLS AS BAD AS BLOOD**

## **HEMATOCHEZIA**

**Bright red blood per rectum,  
not mixed with faeces: =  
HAEMORRHOIDS**  
(portosystemic shunt → rectum)

**IF MIXED WITH FAECES =  
= MUST BE COLON !!**

## **JAUNDICE**

- The eyes are first to go.

**ASK ABOUT THE COLOUR OF URINE AND STOOL:**

**JAUNDICE WITHOUT DARK URINE OR PALE STOOL**  
means **HAEMOLYSIS** (unconjugated bilirubin released @  
circulation, thus not water soluble and cannot be excreted by  
kidneys)

**JAUNDICE WITH DARK URINE AND PALE STOOLS** means  
**OBSTRUCTIVE JAUNDICE**

### **With PRURITIS: “itchy jaundice”**

= biliary obstruction (bile salts cause itching)

With **ASCITES** (→ shifting dullness ←)

= look for portal hypertension signs / symptoms

## **MEDICATIONS: want to know about ... ALCOHOL, mainly**

- NSAIDs → GI bleed

- Halothane

- Phenytoin

- Chlorothiazide

- chlorpromazine

- sulphonamides

- sulphonylureas

- phenylbutazone

- rifampicin

- nitrofurantoin

- anabolic steroids

- oral contraceptive

- **ALCOHOL**

- tetracycline

- valproic acid

- amiodarone

- paracetamol

**Acute Hepatitis**

**Cholestasis**

**Steatosis (Fatty Liver )**

**Fulminant Necrotic Hepatitis**

## **Allergies:**

**lactose intolerance, phenylketonuria or gluten restriction may be described as allergies by the patient**

## PAST HISTORY

### !! SURGERY !!

- might have **directly damaged the bile duct**
- might have had a length of **GUT REMOVED**
- **ANAESTHESIA causes JAUNDICE** (i.e halothane)

**PAST HISTORY OF INFLAMMATORY BOWEL DISEASE**

**PAST HISTORY OF HYPERSENSITIVITY TO FOODS**

## FAMILY HISTORY

- Inflammatory bowel disease
- Anaemia
- splenectomy
- Liver disease, particularly HEPATITIS
- Anybody in the family suffering from the same complaint?
- 

## SOCIAL HISTORY

- smoking, drugs and alcohol
- **AMOUNT IS VERY IMPORTANT**
- **!! INTRAVENOUS DRUGS ARE VERY IMPORTANT !!**
- **?? CONTACT WITH A YELLOW JAUNDICED PERSON ??**
- RECENT TRAVEL
- SEXUAL LIASONS
- **Blood transfusions, tattoos, dental treatment, basically anything invasive**

## Occupational History:

**!! HEALTH CARE WORKERS !! Ask about NEEDLE STICK INJURIES**

- Toxin Exposures:
  - carbon tetrachloride, vinyl chloride (textile/dye manufacture)  
(chronic liver disease)