* Abdominal Examination * Lecture 2

local

- Inspection, Percusion, palpation, Auscultation
- Femoral hernias is below & lateral to pubic tubercle

- No abdominal examination is complete without PR (Rectal examination) → put your Finger.

- PR
  back
  hernial orifices
  Femoral pulse
  left supra clavicular LN
  genitalia.

  } No abdominal Exam. without them

- In Exam You have to look Facial expression of the patien, his breath. (Smell) Emp

* Palpation — Superficial (tenderness, hotness, to gain patient confidence) / Deep

* pining area examine the last.

* Landmarks of abdominal exam:

• Umbilicus = midline between xiphoid process & symphysis pubis.

↳ If the umbilicus pushed up → mass (Fibroid leiomyoma in uterus / Pregnancy / Ovarian cancer)

↳ mass pushed down (pancreatic cancer)

• linea alba = 5 cm above the umbilicus

2 Recti — Divarication

Pregnancy — tumor — Intra abdominal Pressure — ascites / Fluids.

* Divarication of Recti → abnormal → exercise

• linea semilunaris: lateral border of Rectus abdominis muscle

curved line → pubic tubercle

9th CC ← Fundus of gall bladder

* Rectus muscle

Female

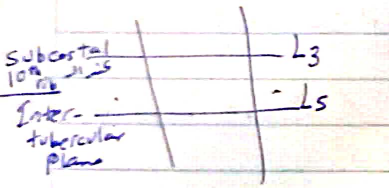
Passive inspection / Active inspection

transpyloric plane

(Xiphoid و Umbilicus)

* what the organ that located at the transpyloric plane ??

- 9th rib
- Fundus of GB



* 2 vertical lines *
mid-clavicular
mid-Inguinal point.

Rt/Lt Flank → Kidneys.
Rt. hypochondrium ⇒ gallbladder , liver
left " ⇒ spleen , Fundus of stomach.
Epigastric region → pancreas
Umbilical region → Small intestine
Rt. groin → cecum / appendix / Rt. ovary
Lt groin → sigmoid colon / Rectum / Lt. ovary

mid-point of Inguinal lig → Deep Ring

- Inguinal ligament :
pubic tubercle ASIS
mid-Inguinal point ← symphysis pubis ASIS

Femoral pulse

* Deep Ring = 1.5 inch lateral & 1.5 inch above the Femoral pulse

* opening in Fascia transversalis.

- True abdomen → below costal cartilage
- Thoraco : → Ribs
liver / Fundus of stomach / spleen

- Tendinous intersection → Clinikaly important
Posterior Rectus Sheath — ant. Rectus Sheath

• Pancreas → at Junction between T_1 & T_2

• what organs have 1.5 inch (≈4cm) long ?
Inguinal canal , anal canal (surgical) , Female urethra
Part of Bile duct. , ___

anal canal < anatomical 3cm / surgical 4cm

• things longs 45 cm ?
spinal cord , Femus , vasdeferens

• write short nodes on the appendix ?
• " " " " Rectum ?
• " " " " Portal vein ?
• " " " " Blood supply of the stomach?
• Difference between ileum & Jejunum ?

* aortal ends at L_3-L_4 level & bifurcate into Rt & lt iliac a. at L_4-L_5.

* IVC starts at L_4-L_5 (Right to aorta)

* Eyes of patient < close → not in pain. / open → In pain. (Mostly)

* Ticklish = بتزغزغ.
الي عاملين يا إما ديا
بتحط علاية ع بطنه
أو بتستخدم ايده هو
وحط ايدك فوقيها.

• Urinary bladder → Pelvi abdominal organ

ازاي اكتشف عنز إذا كانت هاي الـ mass عبارة عن Full UB
• it's a pelviabdominal swelling.
• you can't reach it's end آخرها.
• Dull on percussion.
• when patient avoid → will remove. (صرّوح)
• pressure on it → desire to micturate.

* General inspection = General Examination
* %80 of GE is done by inspection
hand الكاهة الوحيدة التي بتمسكها الـ

General inspection = GE

passive inspection = by vision, ~~feel~~ بالنظر

Active = If you ask to do something

* nutritional status → obese, overweight, (BMI)

* classes of hemorrhage : I, II, III, IV

* If level of consciousness disturbent in bleeding person, that's mean the lost ٪40 of his blood & he is going to die

* RTA, MVC motor vehicle condition

* If patient is dirty → he can't clean his self (sick)
→ his Family don't care of him (neglect)

* patient's liver/spleen hypertrophy
it is not

① Contour of abdomen
↳ scaphoid, Flat, distension, umbilicus

② Demeanor :

③ Types of Respiration

④ Skin :
Rash (septicemia,
scratch marks (scabies disease,
scars (upper/lower abdomen)

Big Surgeon, small incision

* Operative History → length of operation
How long you still in Hospital

* What is the commonest cause of small bowel obstruction ? ① adhesions ② hernia

Pervious operation ٪85

Inflammation ٪12-13

Congenital ٪2

Stretch marks

* Stria of pregnancy ⇒ (Stria gravidarum)

↳ Stretch of skin → destruction of yellow elastin fiber

Rapid gain of weight

↳ old → white / silver >9 mo.

↳ recent → pink

↳ +++

↳ purple

↳ cushing $

most common cause in Females ∴ pregnancy.

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