<u>Instructions to Candidates</u> - 8-minute station

You are a Foundation doctor working in a GP practice.

Your next patient is Mr Michael Wilcox, a 49-year-old man who is complaining of central abdominal pain.

Please take a history and formulate your differential diagnoses.

At 6 minutes the examiner will ask you a few questions.

Name: Michael Wilcox

Age 49

C/O: Abdominal pain

HOPC:

You have been experiencing central abdominal pain for the past 3 days. It is generalised and feels crampy. There is no radiation or worsening factors. You feel as though your tummy is becoming bigger and you are unsure why. You do feel bloated and slightly nauseous but have not vomited since this started. Your last meal was last night, and your appetite since has been poor, having only sips of water today. No recent weight loss. You had takeout food yesterday but nobody else in your family who had the food is ill.

Only if asked about bowels, you have not opened your bowels for 5 days now and you have not noted passing any flatus. Your normal is going every other day. No rectal bleeding.

You have been suffering some backache due to work and been taking codeine prescribed by your GP. You have no urinary symptoms. You are otherwise well. No fever/ cough / flu/ shortness of breath.

PMH:
Haemorrhoids, Diverticular disease, hypertension

PSH: Nil

DH:
Ramipril
Allergy: NKDA

FH: Crohns disease.

SH (LOST):

Living situation:
You live with your partner and two children.

Occupation:
Retired railroad worker.

Social: Smoking, Alcohol, Recreational drugs, Exercise
Smokes daily ~10/day. Drinks a few pints of beer every day after work. No recreational drugs. You are normally independent and mobile. Rarely exercises.

Travels: N/A

I: You do not know what might have caused this.
C: Worried that the pain will get worse.
E: Expect some medical treatment.

Questions:

1. What are your differential diagnosis?
Bowel obstruction secondary to possible diverticular disease, constipation secondary to opiates, IBS.

Which is your top diagnosis? Bowel obstruction

2. What investigations would you like to request for this patient? And why?
Bloods: FBC, U&E, LFT, CRP (baseline bloods/ pre op baseline bloods including most importantly RBC, coagulation screen including INR)

Erect CXR (check for air under diaphragm), Abdominal XR (signs of enlarged bowel diameter), CT abdomen pelvis (to outline site of obstruction and other possible complications)

3. How will you manage this patient?
NG tube insertion, IV fluids, NBM, depending on findings of CT scan to consider booking and consenting for surgical procedure.

Answer sheet:

Area	**Clear Fail**	**Fail**	**Satisfactory**	**Good**	**Excellent**
C/O & **HOPC**					
PMH					
DH					
SH					
FH					
ICE					
Differential dx					
Investigations					
Rapport/ Comm skill					
Overall					

Question	**No elements mentioned**	**Some elements**	**Most elements**	**All elements**
1				
2				
3				
Overall	Fail	Low pass	Pass	Excellent

Feedback
There are many causes to constipation. One of the most important situations is when a patient has bowel obstruction. In this case, this patient may well have diverticulitis or an underlying cancer causing this obstruction. A CT abdo-pelvis will be able to confirm the diagnosis. In confirmed case, senior doctors should be informed whilst keeping the patient stable. Most patients will need an NG tube and IV fluids whilst they are kept nil by mouth; this is called 'drip and suck'. Patients with working ileocaecal valves will need urgent surgery because the bowels are impeding perforation (imagine a closed box taped all around the corners with no opening to relieve the pressure!)