

## Gastroenterology – Abdominal Distension: What You Need to Know

### Whiteboard Animation Transcript

with David Peretz, MD

The approach to a patient with abdominal distention needs to be viewed in the appropriate clinical context. I can't emphasize enough the importance of a good history which will determine your level of concern in working your patient up.

As a gastroenterologist, many patients who see me in clinic have chronic gastrointestinal complaints, most notably abdominal bloating and often related to irritable bowel syndrome. Hence the clinical context of how these patients present will help focus your attention on whether the complaint constitutes a benign condition or something which can be catastrophic if not addressed in a timely manner.

We can generally approach the complaint of abdominal distention by considering the 6 F's:

- Fluid
- Flatus
- Feces
- Fetus
- Fat
- Fatal Tumour

By fluid, we refer to abdominal ascites often due to **liver disease** but sometime **congestive heart failure**. The absence of flatus may signify a mechanical small or large bowel obstruction or possibly intestinal pseudo-obstruction.

"Feces" alerts one to consider simply being "backed up" i.e constipation or certain malabsorption conditions such as carbohydrate intolerance or celiac disease and if negative, by exclusion IBS.

The last three F's are self explanatory and easily excluded by a pregnancy test and imaging when indicated.

An appropriate physical exam is then performed paying attention to the level of distress of your patient. Direct your attention to identifying a fluid wave shift or shifting dullness which would indicate the presence of ascites. Look for peritoneal signs which would direct you to obtain an urgent surgical assessment, such as rebound tenderness, pain on percussion and involuntary guarding.

Complete your assessment with appropriate blood work and likely imaging by way of abdominal ultrasound if looking for ascites or abdominal x-ray and maybe a CT scan if you are concerned with a possible bowel obstruction or perforated viscus.