۞ بسمِ اللّـه الرّحمـنِ الرّحـيمِ ۞

اللّهم صلّ على سيدنا محمد الفاتح لما أُغلق، والخاتم لما سبق، ناصر الحقّ بالحق، والهادي إلى صراطك المستقيم، وعلى آله حقّ قدره ومقداره العظيم.

GI examination :

★ General :

- ☐ 10 general
- ☐ position : 15° w pillow stretched hands
- ☐ Exposure : symphis sternum >>> Symphis pubis abdomen for now

- ☐ Alert ,Cons , Oriented to : 1, 2,3
- ☐ Normal breathing no tachypnea or distress
- ☐ General appearance (obese > metabolic syndrome / cachexia > severe muscle wasting)
- ☐ Stress
- ☐ Color : cyanosis,jaundice pallor, bruises (pigmentation in gi)
- ☐ Spider nevi
- ☐ Odours : fetor hepaticus , ketones > dka , alkohol

- ☐ Vitals (almost skip) :

➢ o2-sat , HR , BP , R.R , BMI , temp.

- Face :

- ☐ Sclera (jaundice , pallor) > (watch out for peduncular and pterygium , (FYI)
- ☐ Fundoscopy for HTN and DM complications
- ☐ Parotid gland swelling (always mention).
- ☐ Salivary glands: sialadenitis(inflammation / sialadenosis (systemic)
- ☐ Spider naevi > telangiectasia (elevated estrogen {pregnancy/ women}

- Mouth :

- ☐ Angular stomatitis
- ☐ Atrophic glossitis
- ☐ Beefy tongue
- ☐ Angular cheilitis
- ☐ Jaundice on the frenulum of the tongue
- ☐ Aphthous ulcers (cilia , IBD)
- ☐ Odours : ketones , alcohol ,fetor hepaticus (odour of death) , uremia , melena odours
- ☐ Rashes ?

- Chest :

- [ ] Spider naevi
- [ ] Gynaecomastia / breast atrophy
- [ ] Scratch marks
- [ ] Striae (purple > pathological or white > physiological)
- [ ] Hair distribution

- Hands :

- [ ] Tremors (flapping , fine)
  👇 مد ايدك بعديها اقلبها
- [ ] Nails : clubbing , Kolonychia , leukonychia
- [ ] Palmer erythema
- [ ] Spider nevi
- [ ] Dupuytrin contractures
- [ ] Muscle waisting
- [ ] Tarr staining
- [ ] **Needles mark !! imp**.
- [ ] **AV-fistula !!imp**.

- Neck :

- [ ] No scars
- [ ] No masses
- [ ] No dilated veins
- [ ] LN >> (virchow's node) left supraclavicular swelled LN >> troisier sign >> gastric ulcer
- [ ] Watch out for trousseau's sign> hypocalcemia /// malignant trousseau's syndrome

STIGMATA for CLD :

1) General :
   - [ ] Skin pigmentation
   - [ ] Loss of body hair
   - [ ] Bruising
2) Abbove the Umbilicus
3) Eyes :
   - [ ] Jaundice
4) Chest :
   - [ ] Gynaecomastia (men)
   - [ ] Breast atrophy (women)
5) Hands :
   - [ ] Leuconychia
   - [ ] Palmer erythema
   - [ ] Clubbing

6) Abdomen :
   - ☐ Splenomegaly
   - ☐ Hepatomegaly
   - ☐ Dilated collateral
7) Genitalia :
   - ☐ Testicular atrophy
8) Legs :
   - ☐ Edema
   - ☐ Hair loss

Findings may be masked by :

1. Glucocorticoids , NSAIDs or immunosuppressants
2. Alcohol intoxication
3. Altered level of consciousness

★ Abdomen examination (focused GI) :

I need a chair for the physical examination

I. INSPECTION :

Foot of the bed :

- ☐ Symmetry > Symmetrical bilateral abdominal movement. / >>> Watch for : 5 F's (fat , fetus , fluid , faeces , flatus)
- ☐ Shape (contour) > Flat /Schaphoid/proteubeurant (distended)
- ☐ Umbilicus > centrally located and inverted ////// sunken(obese) / flat (mild ascites , pregnant) / everted (ascites).
- ☐ Umbilical hernia

Right side :

5 S's :

- ☐ Scars (Mercedes scar > access to upper gi > liver / abdomen / pancreas).

Upper lower midline bowel resection > rt. paramedial hemicolectomy // renal transplantation >> macbrenny's to appendectomy lan's also
Cohlysectitib cohors scar suprapubic for scesarian

- ☐ Stria
- ☐ Scratch
- ☐ Stoma >>> surgical open for feces like ileostomy(fluid) / loop colostomy (mucous stool) and end colostomy(stool). (content / location) 6.11 fig
- ☐ Skin lesions >>> seborrheic keratosis /// (hemangiomas / Campbell morgan spots / cherry angiomas). all in old skin
- ☐ Spider naevi

4 V's :

- ☐ No visible dilated veins (caput medusa vs. IVC obstruction)
- ☐ No visible pulsation
- ☐ No visible peristalsis
- ☐ No visible masses
- ☐ Normal hair disruption
- ☐ No bruises (bleeding disorders)

< Grey Turner's sign (flank areas) >> retroperitoneal hemorrhage , cullen's sign (centrally) >> acute hemorrhagic pancreatitis

Hernial orifice : 〈 epigastric / inguinal (direct or indirect) / incisional / umbilical/ femoral 〉

Manoeuvres :

- ☐ Cough impulse >>>
  1. Inguinal hernia
  2. (Dumphy's sign > increase pain in peritonitis)

{Comment} : no Inguinal hernia, no pain upon Dumpy's sign

- ☐ Raise head > divarication of recti (rectus diastasis)

{Comment} : no divarication of recti

II. PALPATION :

MARKS ON

- ☐ **EYE-EYE contact .**
- ☐ **PAIN (if , then go farthest from the site .**
- ☐ **WARM CLEAN HANDS .**
- ☐ **PERMISSION w/ explanation .**
- ☐ **KNEEL BESIDE HIM .**

There is superficial and deep PALPATION in GI :

Superficial

Start from RIF horizontally for the 9 regions

- ☐ Soft lax abdomen
- ☐ No guarding or rigidity (does the guarding come from anxiety?? >>>> Voluntary , involuntary (upon pain due to inflammation) and board like rigidity (generalized peritonitis)
- ☐ No superficial masses or tenderness

Deep :

Palpate hard from RIF horizontally for the 9 regions

- ☐ No deep masses or tenderness
- ☐ No rebound tenderness (peritoneum irritation or perforation). Not required just mention it

Acute appendicitis manoeuvres :

- ☐ 1- mackberne's point

(⅔ from Umbilicus to anterior superior iliac spine(⅓ from it) > mackberne's point >> most sever pain in acute appendicitis)

- ☐ 2- Rovsinge sign on palpation of LIF

The pt. Feels the pain in right

- ☐ 3- Psoas sign > 2 approaches

Dr's one : Lay the pt. To the Left side Hyperextension for the rt. Leg

Flexion of the Hip and extension of the knee (book's one)
And ask pt. To resist u

- ☐ 4- Obturators sign :

Flex his HIP and lateral rotate his Knee

- ☐ 5- Murphy's sign :

RH/ RUQ
Take breath when he is doing it palpate forcefully if he is out of breath then it's positive
acute cholangitis 30%
Or acute cholecystitis 100% (for intro)

If there is a mass u must talk about : (or spacespit)

- ☐ Inspection : 4 S's : skin , site , shape and size
- ☐ Palpation : 3 T's : temperature, tenderness , transillumination
- ☐ Consistency (soft , firm , hard)
- ☐ Attachment (mobile , fixed)
- ☐ Surface(smooth, nodular) and Edge (regular/defined , irregular, ill-defined)
- ☐ Palpitation (pulsatile , thrill)
- ☐ Fasciculation

Auscultation : for bruit

III. PERCUSSION (almost skip) :

FOR 9 AREAS : Dullness OR Tympanic

Examination for each organ (organomegaly) :

1- **Palpation**

2- **Inspection**

➢ **LIVER** :

- PALPITATION from RIF to costal angle (خذ نفس وطلع بمشي سم واحد في كل مرة)

{Comment} :

- ☐ Liver edge is not palpable
- ☐ No hepatomegaly
- ☐ No tenderness
- ☐ Murphy's sign (do it always (once))

- PERCUSSION: FROM Rt. 5th ICS (mid clavicular line) (breath > 1 CM > percussion when he exhales)

To the coastal margine < u will feel Dullness at this site (below liver) > .

THEN MEASURE WITH THE TAPE (Normally 8 - 12 CM)

{Comment} : Normal distance

➢ **SPLEEN** :

- PALPATION :

RIF > diagonally with breathing > to the Lt. Coastal margine

{Comment} :

- ☐ Spleen is not palpable
- ☐ No splenomegaly
- ☐ No tenderness

there is manoeuvre for reassuring it :

Ask him to lean towards u (rt. Side and re do the palpation)

- PERCUSSION : 9 , 10 , 11 percussion on the ICS and there is Dullness (just on the lateral -mid axillary line-).

Percussion to the bladder

From Umbilicus towards the bladder (1 cm at a time)

(U can do it with the general percussion for the 9 regions)

➢ **KIDNEY** (WITH GI) :

- PALPATION :

☐ 1- Bimanual exam : sandwich him with ur hands 😂

☐ 2- Balloting exam : same sandwich and flap your post. Hand to his back

For both , {comment} :

☐ Not palpable kidney
☐ No tenderness

3- Below the costal margin in the post. Chest (hit him with your hand gently)
{Comment} :

☐ No Renal angle tenderness (عليها علامة قطعا)

ممكن تنقل الاسايتس تيستس لقبل ما تعمل بالبيشن وبيكرشن لكل اورقان (اورقانو ميقالي) بس غالبا علامات الاسايتس تيستس اقل فاعملها بالاخر مشان اذا لا سمح الله ما كفى الوقت

➢ **Ascites tests** :

☐ Shifting dullness

Percussion from Umbilicus towards the left then ask him to lean towards u to the r.t side wait for 10 sec.
(Dulness dulness dulness then after leaning to the rt. the fluids will move there and i will hear Tympanic sound)

☐ Fluid thrill :

Ask him to put his hand on Umbilicus as a knife vertically
Put your hand in the RIF and tap with the other hand on LIF

{Comment} :

☐ No shifting dullness
☐ No fluid thrill

Mention this test for ascites

☐ Succussion splash

خض بطن المريض فبتسمع صوت مي 😄
بس اذكره ما بنعمل

IV. AUSCULTATION for GI :

- ☐ Hear the bowel sound on the RIF for 2 min. (طبعا رح يحكيلك سكيب)
- ☐ Aortic bruit : Umbilicus >> above it slightly for aortic bruit
- ☐ Renal bruit : Umbilicus > 3cm above 3cm lateral >> renal bruit (on both sides)
- ☐ Liver (Hepatic) bruit in RUQ

{Comment} :

- ☐ Normal bowel sound (gurgling sounds) every 5 to 10 sec.
- ☐ No bruit (when making each one)

End ur exam with »
I will check for :

- ☐ Inguinal LN for hernia
- ☐ Femoral a. Stenosis bruit
- ☐ Genitalia (testicular atrophy in men)
- ☐ Per rectal examination
- ☐ Sacral , lower limb and pulmonary EDEMA
- ☐ JVP + HEART SOUNDS
- ☐ Thank your patient and smile 😄

اللهم صلِّ وسلم على من كان في الجهاد ذروةَ سنامه،
وفي الشجاعة أعظمَ قدوته وأعلى مقامه.

اللهم صلِّ وسلم عليه في الأولين وصلِّ وسلم عليه في الآخرين
وارزقنا حبّه واتباعه واملأ قلوبنا بعزيمته وشجاعته
اللهم كما نصرت عبدك محمداً ﷺ، فانصر المجاهدين الصادقين في أرض غزة
المرابطين في سبيلك الذين باعوا الدنيا واشتروا الآخرة
وثبتهم كما ثبت نبيك في بدر وأحد والخندق
وأيدهم بجند من عندك وانصرهم نصرا عزيزا مؤزرًا