Belly Ache in Pregnancy

MAC
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NHS
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NHS Foundation Trust

Belly ache

- Common
- Range severity and detail
- Pregnancy and non-pregnancy causes
- Different diagnoses = different symptoms

- **Not every PAIN IS LABOUR (see MAC 4)**

Belly ache - How to manage

- History details
- Pain details
  - Duration, nature, radiation
  - Severity (scales)
  - Exacerbating / relieving factors
  - Analgesia
  - Associated symptoms

- Location may differ in pregnancy


CAUSES OF ABDOMINAL PAIN BY AREA
Right hypochondrium
Epigastric region
Left hypochondrium
Right lumbar
Umbilical region
Left lumbar
Right iliac region
Hypogastrium
Left iliac region
Hepatitis
Gallstones
Cholangitis
Cholecystitis
Liver Abscess
Peptic Ulcer
Oesophagitis
Pancreatitis
Gastric Cancer
Splenic abscess
Splenic rupture
Splenic infarct
Renal Colic
Pyelonephritis
Early appendicitis
Mesenteric adenitis
Meckel's diverticulitis
Renal Colic
Pyelonephritis
Late appendicitis
Crohn's disease
Ectopic pregnancy
Ovarian cyst
Urinary Tract Infection
Urinary retention
Testicular torsion
Diverticulitis
Ulcerative colitis
Ectopic pregnancy
Ovarian cyst

CAUSES - NOT Pregnancy

Disease	Presenting Symptoms	Investigations/ Management (T/P/BP/RR)
Gastroenteritis	Generalised pain Other GIT symptoms - nausea, vomiting, diarrhoea	Urine FBC, CRP CTG
Urine infection	Suprapubic pain, radiation to flank. Dysuria, haematuria Irriable uterus, PTL	Urine dip and MSU MSU before AntiB FH/CTG
Pyelonephritis	Suprapubic pain, loin/flank pain, tender kidneys	Urine dip and MSU Antibiotics. FH/CTG
Appendicitis	Periumbilical pain Radiating to RIF ??	Urine dip and MSU. FH/CTG Surgical Review.

CAUSES NOT Pregnancy

Disease	Presenting symptom	Investigations
Pancreatitis	Epigastric pain, radiating to back, nausea, vomiting	LFT's, amylase, USS gallbladder, liver and upper abdo
Cholecystitis Gall stones	Fever, shock, RUQ radiating to back Nausea, vomiting	Blood cultures, USS of liver and gall bladder, LFT's
Hepatitis	Nausea, vomiting, upper abdo pain	LFT's, Liver screen
Ovarian torsion	Left/right iliac fossa or loin pain, intermittent, vomiting	USS of ovaries and uterus, CRP, FBC
Fibroids	Pain constant and localised Uterine pain Irritable uterus	USS PTL managment

Pregnancy CAUSES

Disease	Presenting Symptom	Investigations/ Management
Round ligament pain	Pain in either iliac fossa radiating into groin	Reassurance, Analgesia
Constipation	Generalised abdo pain, small stools, difficulty passing stools	Reassurance, Laxatives
Pelvic Girdle pain	Pelvic pain, esp pubic bone, radiating vagina, worse on movement Better with rest and analgesia	Reassurance, Analgesia, Avoidance agg factors Physio
Labour – pre-term **Labour – term**	Period or contraction pain 'show' PROM	Asses cervix FH / CTG Speculum +/- VE, Steroids PRN

Pregnancy CAUSES

Disease	Presenting Symptoms	Investigations/ Management
Reflux	Epigastric pain, burning when supine, hot drinks, worse after food	Reassurance, Gaviscon, Antacids (PPI)
Vasa praevia	Bleeding Painless (less)	Resus PRN Blood / CTG/ Deliver
Placental Abruption	Constant pain Bleeding Contractions	Resus PRN Blood CTG +/-
Uterine rupture / scar pain	Sudden severe pain Decelerations Maternal distress	Deliver if FH+
HELLP syndrome	Upper abdominal pain, oedema, facial swelling Hypertension / PET	PCR FBC, U+E, LFT's, Coag Deliver

Abdo PAIN Red flags

- GIT symptoms
  - Nausea, anorexia, vomiting, diarrhoea
- Billious vomit
- Jaundice!
- Worse on lying on flat
- Shoulder tip pain
- Haematemesis – vomiting blood
- Malaena – altered blood in stool

- Questions

Acute colonic pseudo-obstruction (Ogilvie's syndrome)

- Usually after CS
- 1 in 1500 deliveries
- Abdominal distension < 48 hours CS
- Tenderness, +/-signs perforation or sepsis imply laparotomy necessary

- Incidence of laparotomy (in reported cases) after CS high, but overall mortality low

ACPO (Ogilvie's syndrome)

- Disorder colonic motility
  - enteric and autonomic nervous function
- Median time ~ 6- 48 hours after CS
  - minimal nasogastric aspirates
  - Some bowel function (diarrhoea/ presence of bowel sounds)
  - mild pyrexia or rising CRP level without obvious source
  - difficult to differentiate ileus and ACPO
- ILEUS - tends to present lesser distension, more likely associated with no bowel sounds and no passage of flatus

ACPO treatment

- **Early disease**
  - Conservative, fluids, NBM, analgesia
- **Neostigmine** ?
- **Unprepared colonoscopic decompression**
- **Laparotomy**