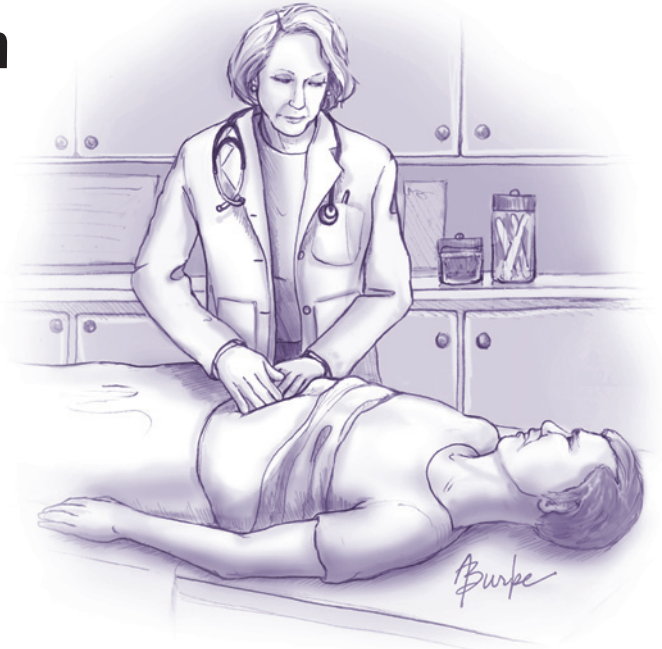


# Acute Abdominal Pain

**A**cute abdominal pain has a sudden onset, can persist for several hours or days, and may be caused by a variety of conditions or diseases. This type of abdominal pain is a common physical complaint and prompted more than 7 million emergency department visits last year in the United States. Sometimes abdominal pain stems from constipation or overeating and goes away without medical treatment. In other cases, however, the pain may be a warning sign of something more serious. Accompanying symptoms of nausea, vomiting, or fever along with certain physical indications (see below) suggest abdominal problems that could require surgical treatment. It is this situation that doctors often refer to as an **acute abdomen**. There are also special and additional concerns when abdominal pain occurs in infants, children, women, and elderly persons.

The October 11, 2006, issue of JAMA includes an article about the use of pain medications and how they may affect the evaluation of patients with acute abdominal pain.



## INDICATIONS OF AN ACUTE ABDOMEN

- Abdominal pain
- **Guarding** (contraction of abdominal muscles and discomfort when the doctor presses on the abdomen)
- **Rigidity** (hardness) of abdominal muscles
- **Rebound tenderness** (an increase in severe pain and discomfort when the doctor abruptly stops pressing on a localized region of the abdomen)
- **Leukocytosis** (increase in white blood cell count)

## DIAGNOSTIC TESTS FOR EVALUATING ABDOMINAL PAIN

- Laboratory examinations of blood and urine specimens
- X-rays of the chest and abdomen
- **Ultrasound** (evaluation of abdominal organs and spaces with sound waves)
- **CT scans** (x-ray technique using computer programming to provide detailed images)
- Endoscopy (a tube passed into the mouth to inspect the upper gastrointestinal tract or inserted into the rectum to view the lower gastrointestinal tract)
- **Angiography** (dye studies exploring major blood vessels)
- **Radionuclide scans** (injected dyes that identify sources of intestinal bleeding)

## CONSULT YOUR DOCTOR IF

- The pain is severe, recurrent, or persistent (lasting more than 6 hours)
- The pain gets worse and stops you from eating or from moving
- Your abdomen is swollen and tender
- The pain is associated with inability to urinate, move your bowels, or pass gas

Sources: American College of Surgeons, American Academy of Family Physicians

John L. Zeller, MD, PhD, Writer

Alison E. Burke, MA, Illustrator

Richard M. Glass, MD, Editor

The JAMA Patient Page is a public service of JAMA. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JAMA suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, call 203/259-8724.

## SEEK EMERGENCY HELP IF

- The pain is accompanied by shortness of breath, dizziness, vomiting, or high fever
- Pain radiates to your chest, neck, or shoulder
- You vomit blood
- You have vaginal bleeding along with the pain
- You find blood in your stool or urine

## FOR MORE INFORMATION

- American Academy of Family Physicians  
[familydoctor.org/527.xml](http://familydoctor.org/527.xml)
- American College of Surgeons  
[www.facs.org](http://www.facs.org)

## INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page Index on JAMA's Web site at [www.jama.com](http://www.jama.com). Many are available in English and Spanish.

**JAMA**  
COPY FOR  
YOUR PATIENTS