

# Improving assessment of acute abdominal pain

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Surgical admissions for people with abdominal pain to Wellington Hospital's department of general surgery have nearly doubled over the past decade, a University of Otago, Wellington (UOW) study has found.

The research, led by Dr Kirsten de Burlet of the Department of Surgery and Anaesthesia, at UOW is published in the *New Zealand Medical Journal* this week.

"Acute abdominal [pain](#) accounts for five to 10 per cent of all emergency department visits, and can be caused by a variety of diseases ranging from mild and self-limiting, to life threatening.

"We are looking at ways of improving and managing the assessment and treatment of [acute abdominal pain](#).

"Around 10 to 15 [patients](#) per day are assessed on to the surgical ward, and approximately 90 per cent of the acute surgical admissions in Wellington Hospital are patients presenting with abdominal pain," she says.

Rapid and accurate diagnosis is critical. In the past decade, increased use of computed tomography (CT) scans and the introduction of surgical short-stay units have changed the way these patients are managed.

The aim of this study was to evaluate the effects of these changes on patient management. The project assessed the diagnostic pathway of

these patients over the past decade and showed that the number of surgical admissions nearly doubled, while Wellington's population over the same period has only increased about 10 per cent.

The clinical study was retrospective and included all patients admitted with abdominal pain under [general surgery](#) in the years 2004, 2009 and 2014. Two hundred patients from each of the three years were randomly selected and their care was reviewed, Dr de Burlet says.

"We found that CT scans are used more frequently to aid early diagnosis for patients presenting with [abdominal pain](#). We are doing further research to examine the use and appropriateness of CT scans for this patient group.

"The increase in the number of admissions is partially due to an increasing proportion of patients being admitted with self-limiting problems (for example, a stomach bug or constipation) some of whom may not require [admission](#).

"This is likely the case in most district health boards in New Zealand. If we can reduce unneeded surgical admissions then we can improve the efficiency of our health system," Dr de Burlet says.

Provided by University of Otago

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