

Acute Abdominal Pain Red Flags



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Surgery Made Simple

Quick review for more than 200 Diseases in General Surgery



Abdominal pain

- ▶ Very common
 - ▶ Between ribs & pelvis
- ▶ Acute abdominal pain in primary care
 - ▶ Identify red flags
 - ▶ Exclude severe cases
 - ▶ Decision – Home vs. ED vs. outpatient



Primary Care Work-Up

- ▶ If stable
 - ▶ FBC, renal function
 - ▶ LFT / Lipase for upper abdominal pain
 - ▶ MSU
 - ▶ CRP...
 - ▶ Consider imaging
- ▶ Transfer to ED if unstable



KNOW YOUR ABDOMINAL PAIN

RIGHT

GALLSTONES
STOMACH ULCER
PANCREATITIS

KIDNEY STONES
URINE INFECTION
CONSTIPATION
LUMBAR HERNIA

APPENDICITIS
CONSTIPATION
PELVIC PAIN (GYNAE)
INGUINAL HERNIA

HEARTBURN/G.E.R.D.
INDIGESTION
STOMACH ULCER
PANCREATITIS
EPIGASTRIC HERNIA

PANCREATITIS
EARLY APPENDICITIS
INFLAMED BOWEL
UMBILICAL HERNIA

URINE INFECTION
DIVERTICULAR DISEASE
INFLAMED BOWEL
PELVIC PAIN (GYNAE)

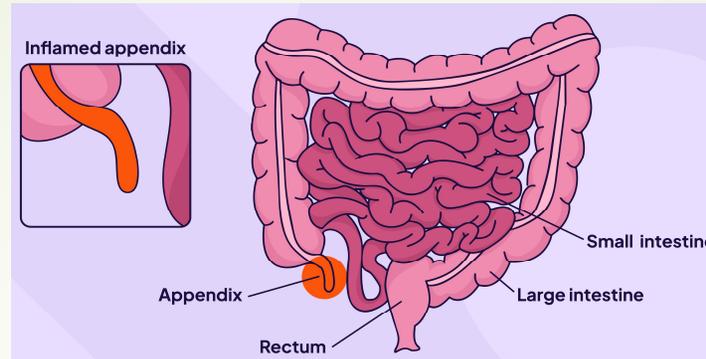
LEFT

STOMACH ULCER
DUODENAL ULCER
BILIARY COLIC

KIDNEY STONES
DIVERTICULITIS
INFLAMMATORY BOWEL

DIVERTICULITIS
PELVIC PAIN
INGUINAL HERNIA

Appendicitis



- Inflammation of appendix
 - Blockage of appendix, commonly by faecolith or parasites
- “Textbook” presentation
 - Migratory pain from central to RIF
 - Loss of appetite, nausea/vomiting, fever
- Caution in pregnant woman or children

Appendicitis

- Red flags...
 - Severe acute pain
 - Very high fever ($> 39^{\circ}\text{C}$)
 - Dehydration
 - Altered mental state
 - Particularly older patients
 - Rigid/swollen abdomen
 - Sudden relief of pain followed by severe pain
- **Important to know duration of pain**



Appendicitis

- ▶ Treatment
 - ▶ Antibiotics vs. surgery
 - ▶ If delayed presentation (> 5 days) or collection
 - ▶ Antibiotics +/- percutaneous drainage
 - ▶ Colonoscopy
 - ▶ Delayed appendicectomy to be discussed

Gallstone Issues

- Biliary “colic”
 - Right upper quadrant pain ~6 hours
 - Reported to be worse than childbirth
- Cholecystitis
 - Generally pain lasts longer than 6 hours
 - Associated with fever, anorexia, nausea
- Cholangitis
 - Severe pain associated with fever
 - **Jaundice!**

Gallstone Issues

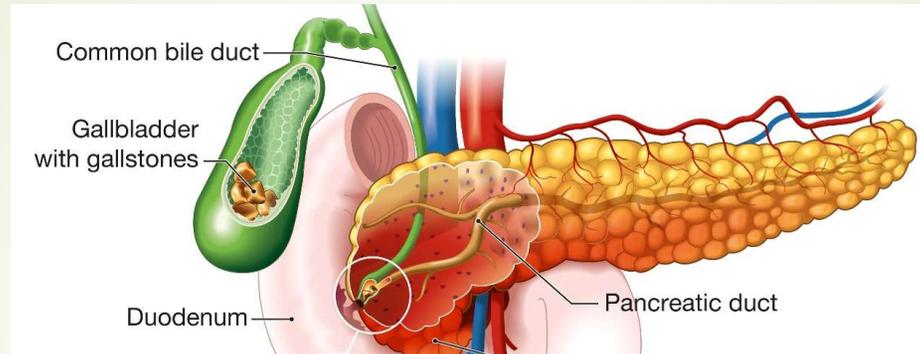


- Red flags...
 - Unrelenting pain >6 hours
 - Fever
 - Severe nausea/vomiting
 - ****Jaundice****
 - Change in sclerae / stool / urine colour
- Be cautious of patients with diabetes
- Charcot's Triad -> RUQ pain, fever and jaundice
 - Reynold's Pentad -> Add altered mental status & sepsis

Gallstone Issues

- Treatment
 - Analgesia
 - Surgery (cholecystectomy)
 - For biliary colic / cholecystitis
 - Biliary drainage for cholangitis
- If severe sepsis or significant comorbidity
 - Percutaneous cholecystostomy for cholecystitis
- If unable to access biliary tree (ERCP)
 - Percutaneous transhepatic cholangiopathy (PTC)

Pancreatitis



- Inflammation of pancreas
 - Acute vs. chronic
- Various aetiology
 - Acronym “GET SMASHED”
- Diagnosis: **2 out of 3** (Clinical, biochemical, radiological)

Pancreatitis

- ▶ Textbook presentation
 - ▶ Epigastric pain radiating to back
 - ▶ Variable associated symptoms
- ▶ Acute episodes are generally in hospital
 - ▶ Spectrum of disease
 - ▶ Mild to severe (~15-30% risk of mortality)
 - ▶ Surgical intervention rarely indicated...

Pancreatitis

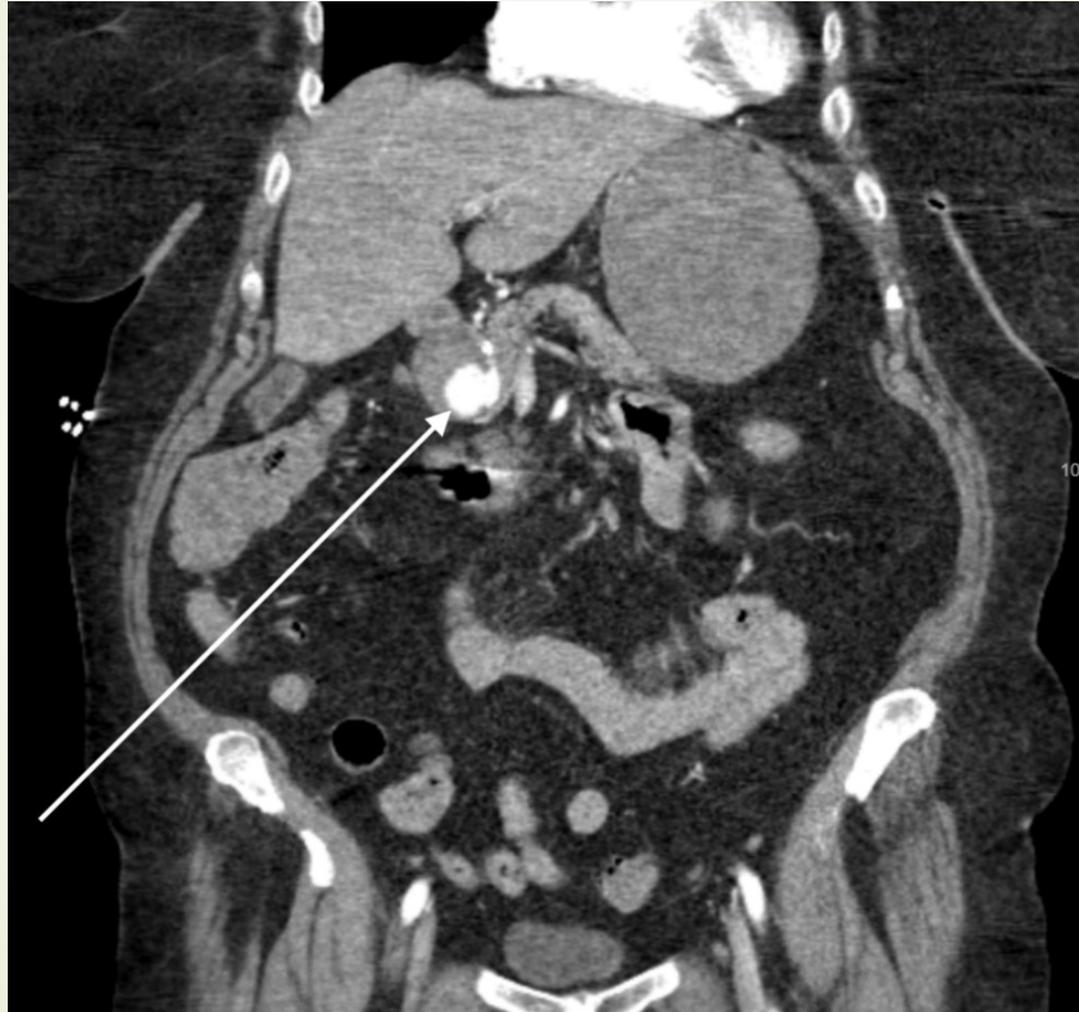


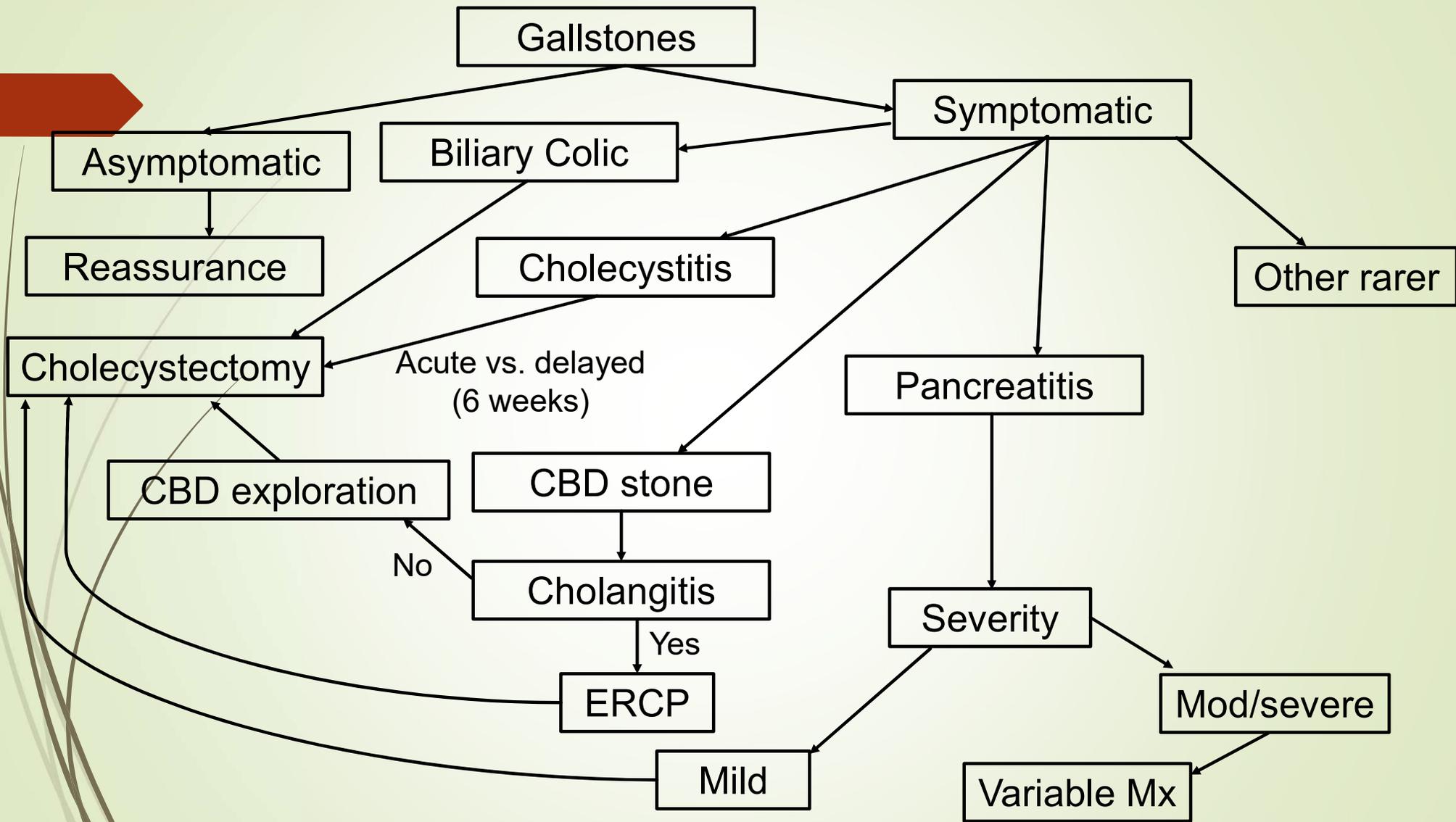
- Red flags...
 - Severe upper abdominal pain
 - Dehydration
 - Jaundice
 - Systemic distress (HR, BP, RR, Temp)
 - Symptoms of shock

Pancreatitis

- ▶ Treatment
 - ▶ Supportive (IVF, analgesia...)
 - ▶ Find cause of pancreatitis
 - ▶ Deal with complications as they arise...
 - ▶ Localised vs. systemic
 - ▶ Can be mild such as ileus
 - ▶ Catastrophic...

Pancreatitis





Diverticulitis

- Presenting complaint
 - Left iliac fossa pain
 - Associated symptoms
 - “Generally” not associated with PR bleeding
- Spectrum of severity
 - Uncomplicated – Mild inflammation
 - Complicated
 - Abscess
 - Purulent vs. faecal peritonitis
 - Fistula

Diverticulitis



- Red flags...
 - Severe pain
 - High fever
 - Signs of sepsis
 - Symptoms of bowel obstruction

Diverticulitis

- Treatment
 - Antibiotics
 - In certain well patients, can even avoid antibiotics
 - Percutaneous drainage
 - Acute surgery
 - Would typically be Hartmann's operation

- Follow-up
 - If uncomplicated diverticulitis, no surveillance
 - Complicated diverticulitis -> Colonoscopy

Summary

- ▶ Most abdominal pain is benign but red flags matter
 - ▶ Severe unremitting pain
 - ▶ Unable to keep adequate oral intake
 - ▶ High fever
 - ▶ Signs of sepsis
- ▶ Outliers to think of
 - ▶ Lower abdominal pain in females is more complex
 - ▶ Pregnant woman
 - ▶ Immunosuppression / transplant
 - ▶ Elderly (vague symptoms)

Summary

- If in doubt -> Refer for assessment
- We don't claim to know everything
 - Key is to be safe for patient
- “What would I want done if the patient was my relative?”

