

CAP2 Abdominal Swelling, Mass & Constipation

The trainee will be able to undertake assessment of a patient presenting with abdominal swelling, mass or constipation to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan		
Knowledge	Assessment Methods	GMP Domains
Define the different types of abdominal mass in terms of site, aetiology and clinical characteristics	E, C, Mi, ACAT	1
Recall the preponderance of functional causes of constipation including constipation with overflow and the investigation and management of faecal incontinence	E, C, Mi, ACAT	1
Describe the appropriate investigations-radiologic, surgical, endoscopy	E, C, Mi, ACAT	1
Identify the causes of hepatomegaly and splenomegaly, abdominal swelling and constipation	E, C, Mi, ACAT	1
Recall abdominal wall pathology as possible causes of distension, including divarification of the recti	E, C, Mi, ACAT	1
Know the pathophysiology of portal hypertension and bowel obstruction	E, C, Mi, ACAT	1
Know the important steps in diagnosing the cause of ascites, including imaging and the diagnosis of spontaneous bacterial peritonitis and malignancy	E, C, Mi, ACAT	1
Skills		
Elicit associated symptoms and risk factors for the presence of diseases presenting with abdominal mass, ascites and co-existing signs. Elicit and interpret important physical findings to establish likely nature	Mi, C, D	1
Order and interpret appropriate diagnostic tests	Mi, C	1
Practise safe management of ascites: including the use of diuretics, fluid and salt restriction, and ascitic tap	Mi, C, D	1
Select appropriate second-line investigations of constipation when indicated: including blood tests imaging and endoscopy	Mi, C	2

Following diagnosis of the cause of constipation prescribe bulk or osmotic laxatives or motility stimulants as necessary	Mi, C	1
Provide review of medications in patients with constipation in the context of multi-system disease	Mi, C	1
Behaviour		
Involve specialists promptly when appropriate: surgery, gastroenterology, radiology, palliative care	ACAT, C, Mi	3
Discuss with patient likely outcomes and prognosis of condition	ACAT, C, Mi	3, 4