

the crew

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REPORT



Abdominal Pain

With a high concentration of vital organs in the abdomen it is advisable to arm yourself with some basic knowledge of the potential causes of pain in this region. Robb Leigh MD looks at understanding and managing this pain.

They say good things come in small packages – or in the case of your abdomen, in compact packages. Did you know that your abdominal cavity is home to your gastrointestinal (GI) system? The abdomen includes the distal oesophagus, stomach, liver, gall bladder, pancreas, small and large bowels and the appendix. Several other organs are in or near the abdominal cavity as well, including the bases of the lungs, the heart, the reproductive system, the spleen, kidneys, ureters, the aorta and adrenal glands.

With this many hidden organs and possible causes for abdominal distress, how can you assist a guest or crewmember complaining of abdominal pain?

First, it is helpful to know that the abdominal cavity is divided into quadrants with two imaginary, perpendicular lines (horizontal and vertical) intersecting at the belly button (umbilicus). The epigastric area is the central area above the belly button and the suprapubic area is just above the pubic bone. The sides are called the flanks.

Good knowledge of the patient's symptoms will also help you in providing proper assistance and goes a long way in separating trivial from serious causes of abdominal pain. A land-based physician who can assist remotely with the onboard consultation will benefit from knowing the following details:

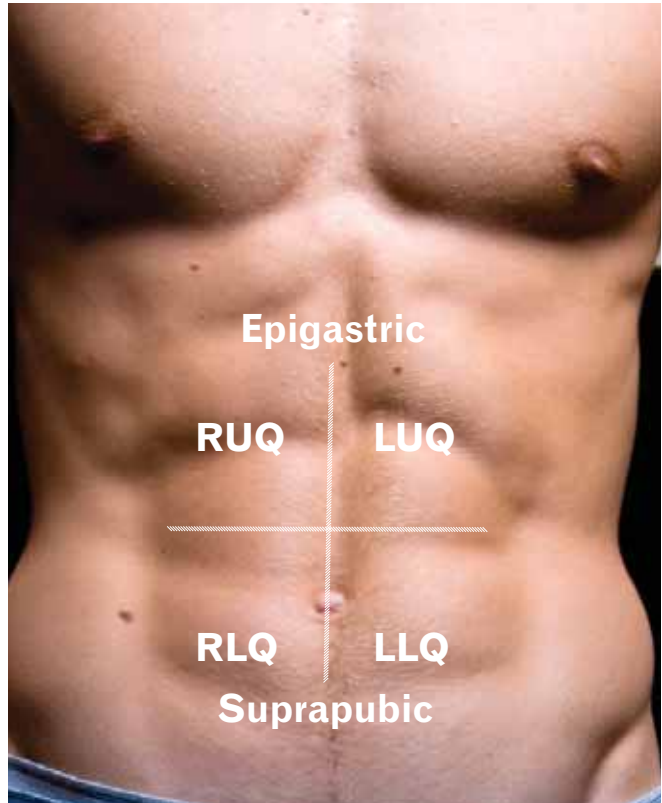
- Time of onset of pain
- Progression of pain since the onset
- Location of pain
- Character and type of pain (sharp, shooting, intermittent, etc.)
- Associated symptoms (shortness of breath, nausea, vomiting, sweating)
- Relieving/exacerbating factors (what makes it feel better or worse?)

The chronological order of symptoms is very important as most intra-abdominal processes progress over time. Understanding the causes behind abdominal pain can also help a first-responder provide additional details to medical personnel.

Pneumonia and heart attack Processes such as pneumonia in the lower lung field or a heart attack involving the lower parts of the heart may both present with upper abdominal pain.

Gall bladder attack and stomach ulcer Gall bladder attacks and pain from stomach ulcers can be mistaken for heart attack, as the pain can be present in the lower chest area. Differentiating among them may be difficult, as the presenting symptoms and the location frequently overlap.

Appendicitis, kidney stone, ovarian or testicular problems May present with right lower quadrant abdominal pain. Appendicitis, however, usually begins with an ill-defined pain around the umbilicus that moves to the right lower quadrant



after four to six hours, when the pain becomes more localised and defined. In addition to pain, local tenderness, lack of appetite, low-grade fever and nausea are common.

Gastrointestinal infections May present with diffuse, cramping abdominal pain and be associated with vomiting and diarrhoea.

Aortic aneurysm Severe, ripping pain in the abdomen or flank in a person with a history of atherosclerosis (fatty deposits in the arteries) and high blood pressure can be due to a rupturing aortic aneurysm – a true medical emergency which will require immediate shoreside support.

When dealing with guests or crewmembers who have significant abdominal pain, one should make the person comfortable. Avoid giving food/fluids until a reasonable diagnostic possibility is known, take vital signs and try to obtain as much information as possible in a concise and clear fashion to relate to the medical professional as soon as help is available.

If the crewmember is otherwise healthy and the symptoms resolve completely, it is acceptable to resume the diet and activities gradually, as long as the symptoms do not recur. Any abdominal pain of significance should be evaluated by a shoreside physician as soon as feasible.

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Ask the Doc

Q: Is taking antibiotics for a cold or flu a good idea?

A: No. Indiscriminate use of antibiotics has led to the development of highly resistant bacteria, some of which can be deadly. Antibiotics were developed to fight bacterial infections but as bacteria are increasingly exposed to antibiotics, resistance tends to occur, rendering them ineffective.

The longer and more frequent the exposure to antibiotics, the more chances bacteria have of developing resistance. Though most antibiotics are initially very effective against certain bacteria, they often lose effectiveness over time, and new antibiotics must be developed to replace them.

Moreover, antibiotics do not work against viruses, which are the cause of the common cold and the flu. They also offer questionable benefit in infections such as sinusitis or bronchitis. Therefore, resisting the urge to take (or ask for) antibiotics will help reduce multi-drug resistant bacteria from emerging.

The best solution for addressing the flu and colds is rest, plenty of fluid intake and judicious use of over-the-counter medicines to alleviate fever and congestion.

Have a medical question? Email Dr Leigh at info@thecrewreport.com and his response to your question may appear in a future issue of TCR.

Surgical Stapler and Staple Remover

A surgical stapler is a simple yet ingenious apparatus to bring wound edges together for laceration repair. The advantages to conventional suturing are that it achieves similar results in a fraction of the time and requires less skill. It is most useful for wounds in locations where cosmetics are not a big issue such as the scalp, the trunk, and lower extremities (especially in males). If the cut is small, it might make more sense to place a staple or two alone instead of injecting local anesthetics beforehand, as the discomfort felt by the patient might be smaller with two staples than injection of anesthetic.

Staples are not indicated for wounds on the face (for obvious aesthetic reasons) or delicate structures such as an earlobe or tip of a finger/toe.

The duration of stay is similar to sutures and depends on the location, depth and length of the cut.



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