

Chronic Lower Abdominal Pain

- Lower abdominal pain may be due to intestinal or retroperitoneal (renal) pathology, as well as disorders of the reproductive organs in females
- Features of intestinal abnormalities include diarrhoea, haematochezia, urgency of stooling and tenesmus
- Urinary symptoms, dyspareunia, dysmenorrhea or vaginal discharge should direct the clinician towards the investigation of extra-intestinal pathology
- The recommendations below apply to lower abdominal pain which is suspected to be of intestinal origin. Investigations should be tailored to the individual patient
- Faecal calprotectin levels have a high sensitivity and specificity for the detection of ileocolonic inflammation in patients suspected to have inflammatory bowel disease

Information Required

- Presence of Red Flags
- Duration of symptoms
- Associated symptoms
- Drugs (NSAIDs)
- Family history of colorectal cancer/polyps
- Rectal and bimanual examinations

Investigations Required

- FBE, EUC, LFTs, CRP
- MSU, urinary HCG and pelvic US if female
- Stool cultures (if accompanied by diarrhoea)
- Faecal calprotectin (if inflammatory bowel disease suspected)

Fax Referrals to

- **Gastroenterology Outpatient Clinic**
Flinders Medical Centre 8204 5555
- **Inflammatory Bowel Disease Clinic**
Flinders Medical Centre 8404 2152

Red Flags

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| <ul style="list-style-type: none">  Progressive symptoms  Fever  Weight loss | <ul style="list-style-type: none">  Change in bowel habit or bloody stools  Abdominal mass  Anaemia |
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Suggested GP Management

Patients aged ≥50yrs

- All patients aged ≥ 50yrs should undergo endoscopic evaluation of chronic abdominal pain

Patients under 50yrs of age

- Perform basic blood investigations and urinary or stool examinations as directed by symptoms
- Perform pelvic US in females
- Consider abdominal CT to assess for intestinal pathology, retroperitoneal pathology or pelvic masses
- Patients without clinical, laboratory or radiological evidence of organic disease are likely to have functional abdominal pain. Guidelines for the diagnosis and management of the irritable bowel syndrome are described below

Patients suspected to have a high suspicion of inflammatory bowel disease should be referred to the inflammatory bowel disease clinic at FMC

Clinical Resources

- [Gastroenterological Society of Australia: Clinical Update on IBS \(2006\)](#)
- [American Gastroenterological Association Medical Position Statement: IBS \(2002\)](#)

Patient Information

- Gastroenterological Society of Australia: Information on IBS.
www.gesa.org.au/files/editor_upload/File/GESA%20Irritable%20Bowel%20Syndrome%20-%203rd%20Ed.pdf
- American Gastroenterological Association. A Patient's Guide to Living with IBS.
http://www.gastro.org/info_for_patients/2013/12/17/irritable-bowel-syndrome

General Information to assist with referrals and the and Referral templates for FMC are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNOutpatients

Version	Date from	Date to	Amendment
2.1	Nov 2017	Nov 2019	Removal of RGH details