

ROLE OF LAPAROSCOPY IN UNDIAGNOSED CHRONIC ABDOMINAL PAIN

Thesis

Submitted in fulfillment of M.Sc. degree
Of
General Surgery

By

HAITHAM RAFIK NAWWAR
M.B.B.Ch

Supervisors

Prof. GAMAL MUSTAFA

Professor of general surgery
Faculty of medicine, Cairo university

Prof. AHMED FARAG

Professor of general surgery
Faculty of medicine, Cairo university

Dr. MOTAZ ABUL AZM

Professor of general surgery
Faculty of medicine, Cairo university

**FACULTY OF MEDICINE
CAIRO UNIVERSITY
2009**

"بسم الله الرحمن الرحيم" و به نستعين

I would like to dedicate this work to my Father, who was the first to introduce me to surgery and helped me gain the courage and confidence inside the operating theatre, in dealing with patients and in every aspect of life, and to my mother, who was and still is my biggest supporter and encourager all my life through thick and thin, and my sister who although younger than me but was still a role model in unconditional love, dedication, accountability and support.

Finally, to my daughter who changed my life and made me want to become the best person I can, I love you so much and I will always be there for you.

THANK YOU

ACKNOWLEDGEMENT

I would like to express my deepest gratitude for the continuous help and encouragement offered by Professor Dr. Gamal Mustafa, Professor of general surgery, Cairo university, for his continuous help and his guidance in supervising and making this work in the present picture.

I would like to express my deepest gratitude for my mentor Professor Dr. Ahmad Farag, Professor of General surgery, Cairo University, for his continuous help and support and for never holding back his wide knowledge in making this work in the present picture, in general surgery in general and in all aspects of life.

I would like to express my deep appreciation for Professor Dr. Moataz AbulAzm, Assistant professor of general surgery, Cairo University, for his precious help and continuous encouragement .

ABSTRACT

Patients with chronic abdominal pain can undergo numerous diagnostic tests with little change in their pain. This study was undertaken to assess the utility of laparoscopy in patients with chronic abdominal pain for longer than 3 months.

A retrospective randomized study, it was conducted in Kasr EL Ainy hospital and other private hospitals It included fifteen (15) patients with different ages & different sexes). The patients data, length of time of pain, diagnostic studies performed before surgery, intraoperative findings and follow-up were determined.

RESULTS: In follow-up (46.7%) had complete resolution, (33.3%) experienced improvement in their pain,(13.3%) had no change in their pain and one patients condition deteriorated due to complications. There were no mortalities. **CONCLUSION:** Laparoscopy has a significant diagnostic and therapeutic role in patients with undiagnosed chronic abdominal pain. With careful selection of patients laparoscopy leads to substantial pain relief and improves quality of life in about 80% of cases and should be considered if other diagnostic tests are negative.

Key word: chronic_ laparoscopy

List of Contents

Subject	Page
1. Introduction	1
2. Aim of Work.....	4
3. Chronic Abdominal Pain	5
4. Management of Chronic Abdominal Pain in Clinical practice	22
5. Subjects and Methods	39
6. Results	43
7. Discussion	55
8. Summary	62
9. References	64
10. Arabic summary.....	

Table index

Subject	Page
Table 1: Causes of chronic abdominal pain.....	6
Table 2: evaluation of the patient with suspected functional abdominal pain.	24
Table 3:Chronic pain features suggestive of structural or organic disease.	26
Table 4: Age groups and duration of pain.	43
Table 5: Sex.	44
Table 6: Site of pain.	45
Table 7: Complete blood picture.	47
Table 8: Urine analysis.	47
Table 9: Liver function tests.	48
Table 10: Kidney functions.	48
Table 11: Abdominal U/S.	49
Table 12: CT abdomen.	50
Table 13: Colonoscopy.	51
Table 14: Previous surgeries.	52
Table 15: Type of previous surgeries.	52
Table 16: Outcome.	54

Abriviation index

GI	Gastrointestinal
UTI	Urinary tract infection
IVU	Intravenous Urography
PID	Pelvic Inflammatory disease
RLQ	Right Lower Quadrant
RUQ	Right Upper Quadrant
SBFT	Small Bowel Follow-Through
EEG	Electro Encephalogram
IBS	Irritable Bowel Syndrome
CBC	Complete Blood Count
LFTs	Liver Function Tests
ESR	Erythrocyte Sedimentation Rate
TSH	Thyroid Stimulating Hormone
ERCP	Endoscopic Retrograde Cholangio-Pancreatography
CAWP	Chronic Abdominal Wall Pain
NSAIDs	Non-Steroidal Anti-Inflammatory Drugs
EUS	Endoscopic Ultrasound
GBEF	Gall Bladder Ejection Fraction
CI	Confidence Interval
NPO	Nil Per Oral

INTRODUCTION

INTRODUCTION

Adults with chronic abdominal pain remain a poorly defined population, despite the debilitation and depression associated with this therapeutically challenging condition. (Townsend, 2005) As a result of being an overlooked and poorly defined population, adults with chronic abdominal pain might not receive adequate pain management treatment. Learning more about the physical and emotional functioning of patients with long-standing abdominal pain can increase recognition of the needs of and improve treatment for this population. (Townsend et al, 2005)

Evaluation of abdominal pain requires an understanding of the possible causes (benign or malignant) and recognition of typical patterns and clinical presentation. Abdominal pain has multiple causes, associated signs and symptoms may aid in the diagnosis. Remember that some patients will not have a textbook presentation, and unusual causes for pain must be considered. Decision making is based on reasonable expectations of survival, treatment-related success, performance status, and goals of care. Quality of life will

be enhanced by appropriate symptom management. (Bicanovsky et al, 2006)

Since the early part of the 20th century, diagnostic laparoscopy has become an important tool in the armamentarium of surgeons and gastroenterologists alike. Its indications have expanded from initial attempts at tamponading internal hemorrhage to avoidance of unnecessary laparotomies with accurate staging of malignancies, treatment of a multitude of intra-abdominal pathologies, and even as a resource for evaluating blunt abdominal trauma and chronic abdominal pain. Its accuracy has been demonstrated in the evaluation of chronic liver diseases, in comparison with other diagnostic modalities. Many further technical advances have been introduced in recent years. (Parra & Reddy, 2004)

Laparoscopy has a significant diagnostic and therapeutic role in patients with chronic abdominal pain. With aggressive indicated therapeutic laparoscopy, including adhesiolysis, appendectomy, cholecystectomy, or hernia repairs, more than 70% of patients can have improvement in their pain. (Onders & Mittendorf, 2003)

Invasive laparoscopy in chronic pelvic pain pertains to one of the most important examination procedures for its high specificity and sensitivity.

Laparoscopy can reveal organic causes of pelvic pathology in 60% of Cases with the possibility of following treatment. (Szunyogh et al, 2005)

Laparoscopy is a useful tool for the diagnosis and treatment of conditions associated with chronic pelvic pain. In the evaluation of chronic pelvic pain, laparoscopic techniques vary from conservative procedures, such as pain mapping, excision, and nerve ablation, to more extensive procedures like oophorectomy and hysterectomy. (Lamvu et al, 2004)

AIM OF WORK

Aim of work

The aim of this study is to evaluate the efficiency of the use of laparoscopy as a diagnostic and therapeutic tool in patients complaining of chronic abdominal pain that may be difficult to diagnose with conventional methods or to save time as regards to hospital stay, therapeutic delay and convalescence.

.

CHRONIC ABDOMINAL PAIN

CHRONIC ABDOMINAL PAIN

Chronic abdominal pain is defined as intermittent or continuous abdominal pain or discomfort for longer than 3 to 6 months. It is a difficult disorder to manage, its persistence often leaves the patient and physician unsure of how much diagnostic certainty to pursue. This dilemma reflects concern about missing a treatable disorder and diagnosing a functional gastrointestinal (GI) disorder. (Mold & Stein, 1986) The functional disorders, by definition, lack any clear physiologic or structural markers, although recent studies about increased nociception are challenging traditional notions of organic vs. functional illnesses. Many patients with chronic abdominal pain undergo repeated surgery and its accompanying risks . Given the high prevalence of functional disorders, an emerging consensus is that physicians should seek a positive diagnosis rather than rely only on a diagnosis of exclusion.