

Abdominal Pain (COLON-10)

Goal of evaluation for abdominal pain is differentiate benign functional abdominal pain vs serious pathology (such as colon cancer, IBD, GI bleeding, obstruction) that might require urgent intervention. Diagnostic evaluation will depend on the suspected etiologies and severity based on thorough history and physical. Alarm symptoms such as family history of colorectal cancer, rectal bleeding, and unintentional weight loss, night symptoms, change in bowel habits

Initial work up (noninvasive) includes labs helps to differentiate benign from organic pathology- CBC, electrolytes, inflammatory markers, stool calprotectin, LFT's, lipase, Iron labs, Celiac labs which might help indicate alarm features such as anemia, iron deficiency, elevated inflammation markers.

In patients over 45 years of age, by virtue of their increased risk of malignancy, will likely benefit from screening colonoscopy if it has not been performed yet.

Although colonoscopy is useful in establishing diagnosis and intervention, serious adverse are rare (approximately 3 per 1000 screening colonoscopies) but possible. Those include adverse events of sedation, related to the preparation, bleeding, and perforation. Older patients have higher rate of serious adverse events.