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This study was approved by the IRB committee

**Abstract:**

**Background:** History and physical examination are the foundation for assessing the severity and identification of the underlying etiology, determining the best next step in management<sup>1-4</sup>. A complete physical examination in patients with abdominal pain requires examination of hernial orifices<sup>1,2,4,5</sup>. An inguinal hernia is a common medical condition, and complications deriving from the strangulation of and the existing hernia can be devastating and can potentially lead to death.<sup>1,5</sup>

**Hypothesis:** We hypothesize that the examination of hernial orifices is not performed and documented in every patient with acute abdominal pain as it is suggested by the medical literature.

**Methods:**

This study entails a retrospective chart review of 100 patients from the electronic medical record of our institution that presented in the Emergency Department complaining of abdominal pain.

**Inclusion criteria:**

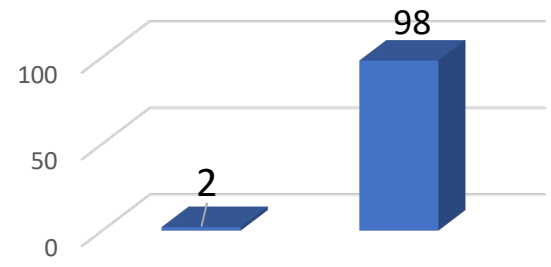
- Patients presented with a chief complaint of abdominal pain in period 2.24.20-5.31.20.
- Both patients that were admitted to the hospital and patients that were discharged from the ED were included.
- Given ED patients >> inpatients all inpatients were included.
- Documentation of physical examination performed by ED, MTS, and specialists ( Gastroenterology and Surgery) was reviewed

**Exclusion criteria:**

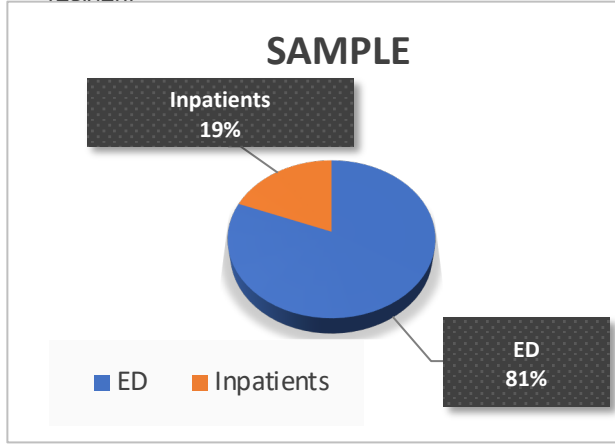
- Patients < 18-years-old
- Examinations performed by the authors of the study
- Patients without abdominal pain as chief complain
- Patients admitted for elective procedures
- Patients with no or incomplete documentation

**Results:**

**Inguinal Hernial examination**



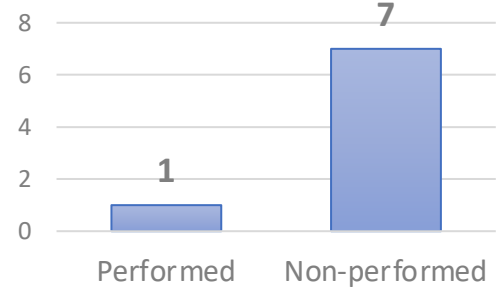
**Figure 1: Total number of examinations of Hernial orifices performed in inpatients and ED patients.** Examination of hernial orifices was performed in one ED case by ED physician and in one inpatient case by MTS resident.



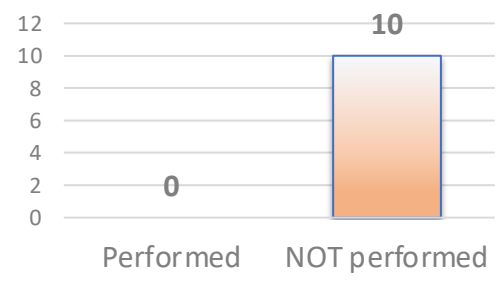
**Figure 2. Sample distribution:** Inpatients and ED patients included: In absolute numbers: 81 ED patients and 19 inpatients ( total 100 patients).

**Results:**

**General Surgery**



**Gastroenterology**



**Figure 3. Examination of hernial orifices performed by Specialists.** A. The general surgery service was consulted in 8 cases. An examination of hernial orifices was performed in one of the cases. B. The gastroenterology service was consulted in 10 cases. Examination of hernial orifices was NOT performed in any of these cases.

**Discussion / Conclusions:**

- Given that the lifetime risk for inguinal hernias is 27% in men and 3% in women, a hernial examination should be performed in every patient complaining of acute abdominal pain<sup>6</sup>.
- Retrospective chart review showed that examination of hernial orifices is rarely performed in cases of acute abdominal pain
- Emergency Doctors, Medicine Doctors, and Specialists should perform and document examination of hernial orifice in every patient encounter with chief complaint of abdominal pain.

**References:**

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