

**Persistent Abdominal Pain:  
Challenges  
and  
Models of Care**

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Doctor of Philosophy

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## Statement of Originality

*The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository\*\*, subject to the provisions of the Copyright Act 1968.*

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Date: .....

Gena Lantry

## Dedication

It is with gratitude I submit this work, achieving its realisation is the result of:

My parents, Peter and Daphne's unconditional love, support and encouragement, without which I would never have endured the journey.

My Nan, who continues to support and inspire me.

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My sincere gratitude.

## Key to Transcript

The following abbreviations and conventions have been used throughout the presentation of this thesis.

<i>“Italics”</i>	Quoted material from focus group participants (patient, family member/carers and health care professional)
<i>Calligraphy</i>	The researcher’s reflective statements and interpretations
‘emphasis’	Emphasis within comments
...//...	Material edited from transcribed or quoted statements
Block quotation	Material quoted from transcripts of focus group interviews
“Block quotation”	Material quoted from literary sources

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## GLOSSARY OF TERMS

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Acronym	Definition
APS	Acute Pain Service
AUD	Australian Dollar
CBT	Cognitive Behavioural Therapy
CNC	Clinical Nurse Consultant
CNS	Clinical Nurse Specialist
CPS	Chronic Pain Service
CT	Computerised Tomography
CVC	Central Venous Catheter
DRG	Diagnostic Related Group
DSM	Diagnostic and Statistical Manual of Mental Disorders
ED	Emergency Department
GP	General Practitioner
IASP	International Association for the Study of Pain
IBS	Irritable Bowel Syndrome
ICD	International Classification of Disease
IPS	International Pain Summit
ITD	Intrathecal Devices
IVP	Intravenous Pyelogram
LHD	Local Health District
LOS	Length of Stay
MUS	Medically Unexplained Symptoms
NHS	National Health Service (UK)
NMDA	N-methyl-d-aspartate
NPS	National Pain Strategy
NSAID	Non-Steroidal Anti-inflammatory Drug
NSW	New South Wales
NUM	Nurse Unit Manager
PCA	Patient-Controlled Analgesia
PCEA	Patient-Controlled Epidural Analgesia

<b>Acronym</b>	<b>Definition</b>
PEG	Percutaneous Gastrostomy
QLD	Queensland
RN	Registered Nurse
SCS	Spinal Cord Stimulator
TPN	Total Parental Nutrition
VMO	Visiting Medical Officer
WA	Western Australia
WHO	World Health Organization

## ABSTRACT

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**Purpose:** The purpose of this study was twofold: First to assess the impact of persistent (chronic) abdominal pain on patients, carers, health professionals and the health care service within a large tertiary referral hospital in New South Wales (NSW), Australia. Second to examine ways in which the current model of care could be improved.

**Research Design:** The study employed a four-phase sequential, explanatory, mixed methods design. Interpretive description provided a framework for analysis of narrative accounts.

**Participants:** The study involved all major stakeholders: patients, carers and health care professionals. There were a total of 112 participants involved in the study: seven patients, six carers, and 95 clinicians, representing 15 clinical specialities, including 10 general practitioners (GPs) and four health service administrators.

**Outcomes:** Findings from this study highlight the challenges and frustrations experienced by all stakeholders. Preliminary recommendations are made in relation to the broad principles and essential elements that participants considered necessary for a revised model of care to achieve optimal therapeutic outcomes for the patient cohort.

**Conclusions:** The clinical encounter in relation to persistent abdominal pain is fraught with complexities, frustrations and challenges for all stakeholders involved. The acute care system offers little in the way of workable alternatives for patients or clinicians seeking effective and efficient therapeutic outcomes. Subscribing to an acute reactive biomedical model for the management of complex bio-psychosocial phenomena has been well documented to be ineffective and as this study illustrates, in some cases detrimental to good patient outcomes for patients with significant and complex bio-psychosocial issues. Designing a model of care that is concerned with managing the study phenomenon from a life course approach rather than an acute episodic event approach was the preferred model that participant clinicians developed collaboratively. The proposed model could be utilised for delivering care to patients with persistent abdominal pain, both in the acute care setting and the community.