

Session 2: Examination of Male Genital System

OBJECTIVE: To correctly perform a complete examination of the male genital system and identify variations in normal anatomy as well as abnormal physical signs in relation to the etiology of common conditions.

MATERIALS: Proper Light equipment, clean gloves, lubricant, and tissues for cleanup.

D: Appropriately done PD: Partially done ND: Not done/Incorrect

		D	PD	ND
	Preparation			
1.	Introduce yourself to the patient and confirm his ID.			
2.	Explain the procedure, reassure the patient and get his consent. Explain that he may feel little discomfort and that the examination should be over fairly quickly.			
3.	The patient should be exposed from the waist down.			
4.	The examination is easier to perform with the patient standing while you are seated in front of him. In this position, it is easier to examine the testes, evaluate for inguinal hernias and perform the rectal exam. However, if the patient is unable to stand, it can be performed while they lie on the exam table.			
	Examination			
5.	Inspection: Wash your hands, put on clean gloves and observe for any bulges or scars in the inguinal region or any obvious skin abnormalities on the penis, scrotum, or surrounding areas. Note if there are any bulges or scars in the inguinal region, consistent with current or past hernias. Any obvious penile or scrotal abnormalities? Any obvious skin abnormalities on the penis, scrotum, or surrounding areas?			
6.	Examination of the Penis: Examine the glans (i.e. the head) of the penis. If the patient is uncircumcised, draw back the foreskin so that you can look at the glans in its entirety. Observe any superficial lesions and palpate any obvious lesions for induration and tenderness. Compress the glans anteroposteriorly between the thumb and forefinger to open and inspect the meatus and terminal urethra.			
7.	Examination of the Scrotum: The scrotum is examined by inspection and palpation. Transillumination is readily performed; it is most informative for examining the scrotal contents.			
8.	Examination of testes: Gently feel the testes, palpating the tissue between the thumb and next 2 fingers of your examining hand. Each should be of the same consistency and size. Examine for any discrete lumps or bumps within the body of the testis.			

9.	Examination of the Epididymis: Locate each epididymis by palpating the smooth testis to find a vertical ridge of soft nodular tissue beginning at the upper pole and extending to the lower pole. Usually, the epididymis is behind the testis.			
10.	Examination of the Spermatic Cord: With the thumb in front and the forefinger behind the scrotum, gently compress the cord, then have the patient bear down to increase the intra-abdominal pressure. The normal vas deferens is felt as a distinct hard cord, which can be separated from other cord structures. Compare the spermatic cords by simultaneously grasping each at the neck of the scrotum.			
11.	The hernial orifice examination should be performed on all male patients, regardless of whether you suspect any underlying abnormality. Before palpating this region, have the patient cough while you look at the inguinal region.			
12.	Full abdominal exam including rectal/prostate exam: This will be covered with the PR examination.			
After the Procedure				
13.	Summarize your findings and offer a differential diagnosis if needed.			
14.	On completion of the examination, provide tissue to the patient and ask them to get dressed.			
15.	Thank the patient, ensure that he is comfortable, discuss further management, answer any questions and concerns.			