

# OSCE Notes

## **BREAST EXAMINATION:**

First you start with ABCD, insuring privacy, permission, wash hand..

You examine the patients in 2 positions: (sitting down and 45 degree)

Inspection: (inspect both breasts)

(Scars, pigmentation, skin, lesions, areolar color, nipple deviation and mention to what side it's deviated,..) (the position here of the patient is **sitting and her hands are on her sides**)

Ask the patient to put **her hand on her waist while she's still sitting** and continue inspecting (deep mass may be more visible in the position)

And last ask the patient to **raise up her hands while she's still sitting** and continue inspecting..

**(the red colored positions are the 3 maneuvers you should do)**

**(dr awadh told us that's it's better to examine the lymph nodes now before asking the patient to lie in 45 degree and redo your inspection and then ask her to sit again and examine the lymph nodes)**

So now examine the lump nodes in the axillary area and don't forget the supra and infra clavicular (both sides always)

After this you put the patient in 45 degree and say I will repeat my inspection..

After that palpate the breast starting with the normal breast to get familiar with its anatomy and then palpate the breast with complaint. (palpate using the palm of your tip fingers) (from out of the breast to inner and don't forget to palpate the axilla for the tail of the breast)

After finishing the breast you palpate the nipples using two fingers (the index and the middle fingers by pressing on the areolar area) if you note any mass or lump, stop palpating and do the lump examination with recording what you found then continue palpating the breast.

If there is discharge you should ask the patient to squeeze the nipples no you!

Finish your examination with examining the spine by pressing with your thumb on it, then examine the base of the lungs with your stethoscope and lastly examine the abdomen for ascites.. (these three places are common for metastases).

## Mass or lesion History taking: (pictures)

- When?
- How progress?
- Discharge?
- Bleeding
- Pain?
- Referred pain
- Similar lesions
- If near eyes or ears ask about vision & hearing?
- What have been done since it happened
- Why pt. come now? (What is the change that let you come to the hospital)?
- PMHx
- PSHx
- Medications

## Cleft palate History taking: (pictures)

- FHx
- Antenatal Hx (during pregnancy: smoking, medication, any problem)
- Feeding of baby
- Child delivery
- Nasal regurgitation
- Weight loss
- Repeated ear infection

## Cleft lip examination:

Primary palate: nose, lip, and alveolus

Secondary palate: hard + soft palate

Cleft lip and palate are either (unilateral, bilateral, midline) (complete, incomplete) (lip, palate, lip and palate)

Complications: (middle ear infection “otitis media”, speech abnormality can’t pronounce certain letters..)

The kid with cleft palate can’t pronounce د+س because their sounds (air) come out from the mouth, so you examine him by telling him to pronounce 2 words (دادي ، سوسون)

The kid with cleft palate can’t

But he can pronounce the letters ن+م because their sounds (air) come out of the nose

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