UROLOGICAL HISTORY & EXAMINATION

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CHIEF COMPLAINT

- Basis for Differential diagnosis
- Constant reminder for needful action
- Duration, Severity, Periodicity, Degree of Associated Disability

Key symptoms

- Pain
- Hematuria & Hematospermia
- LUTS (voiding & storage)
- Incontinence & Enuresis
- Constitutional symptoms
- Dysuria
- Polyuria, Oliguria, Urinary retention
- Pneumaturia, Chyluria
- Sexual Dysfunction Symptoms

Pain

- Pain in the urinary tract is either due to distention or inflammation. (e.g. urinary retention, ureteric obstruction)
- Severity of pain is usually related to rapidity of distention rather than the degree of distention. (Chronic distention is usually painless)
- Pain in Malignancies of the urinary tract ??

Renal Pain

- Usually located in ipsilateral Costovertebral angle
- Usually from distention of Renal Capsule
- In Men it may be referred to the testis !!!!
- Inflammatory pain is steady/Obstruction pain is Colic
- Associated GI symptoms (Celiac ganglion stimulation)
- How to differentiate Renal pain from intraperitoneal or Radicular pain ? (Character, Radiation, Relation to Activity)

Ureteral Pain

- Usually acute and secondary to Obstruction
- Site of obstruction (mid ureter, lower ureter) can be determined by site of referred pain and/or associated symptoms (LUTS)

Vesical Pain

- Most often by overdistention of the UB
- Constant Suprapubic (SP) pain that is not related to Acute Urinary Retention is seldom of Urologic origin
- Intermittent SP pain is usually related to inflammatory conditions (e.g. Acute Cystitis, Interstitial Cystitis), Worse when the bladder is full and partially relieved by bladder emptying
- Bacterial Cystitis pain may be referred to distal Urethra

Prostatic Pain

- Usually secondary to inflammatory conditions and in the perineum (e.g. Acute Prostatitis)
- Referred to lumbosacral spine, inguinal canals or lower extremities
- Associated Irritative lower urinary tract symptoms ± Urinary retention

Penile & Testicular Pain

- Flaccid Penis: Pain is usually secondary to inflammation of Venereal diseases or Paraphimosis
- Erect Penis : Usually due to Peyronie's disease or Priapism

- Primary Acute Testicular Pain arises with acute intrascrotal pathology e.g. Trauma, Torsion, Infections
- Chronic testicular pain caused by Hydrocele or Varicocele (is usually dull, heavy sensation, does not radiate)
- Referred Testicular pain is usually from Renal or retroperitoneal pathology with normal scrotal examination

Hematuria & Hematospermia

- Hematuria is the presence of blood in the urine
  - Microscopic VS Gross
  - Initial, Total or Terminal
  - Painfull VS Painless
  - Clots (Warm like or broad and flat)
- Hematuria should be regarded as a symptom of urologic malignancy until proven other wise

- Hematospermia
  - Usually benign condition
  - R/O Prostate infection (TB) or cancer if symptoms suggest UT pathology

Lower Urinary Tract Symptoms (LUTS)

- **Voiding LUTS** (Obstructive) (V)
  - Hesitancy
  - Poor Stream
  - Intermittency
  - Sense of Incomplete Emptying
  - Post Void Dribble
- **Storage LUTS** (Irritative) (S)
  - Frequency
  - Nocturia
  - Urgency
  - Urge Incontinence

DD of LUTS

- Locally irritating Pathology (S)
- Obstructive Pathology (S+V)
- Neurological Origin (S+V)

Urinary Incontinence

- Loss of Voluntary Control of Urination
  - Stress Incontinence
  - Urge Incontinence
  - Total or continuous Incontinence
  - Overflow Incontinence
- Enuresis
  - Mono Symptomatic Nocturnal Enuresis (MNE)
  - Diurnal Enuresis

Miscellaneous Symptoms

- Constitutional symptoms (Fever, weight loss)
- Dysuria, Cloudy urine
- Polyuria, Oliguria, Urinary retention
- Pneumaturia, Chyluria

Past medical & Family History

- Past medical History
  - DM, Neurological diseases, Sickle cell, Hypertension
  - Past surgical/Urological History
  - Similar presentations e.g. Urolithiasis patients
  - Drug History: Diuretics, Anticholinergic remedies

- Family History !!!

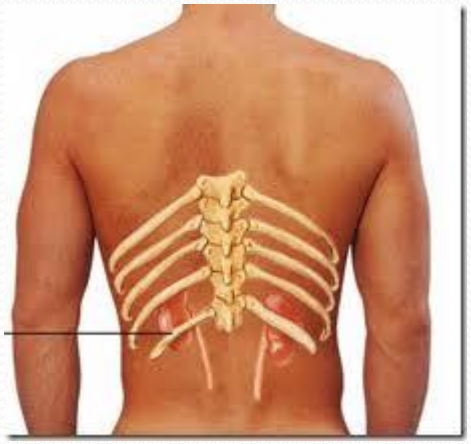
Sexual Dysfunction (SD)

- MALE SD
  - Loss of Desire (Libido)
  - Loss of Erection (EME, Rapidity, Ability to penetrate)
  - Absence of Orgasm
  - Absence of Emission & Retrograde Ejaculation
  - Premature Ejaculation
  - Failure to achieve Detumescence
- Female SD

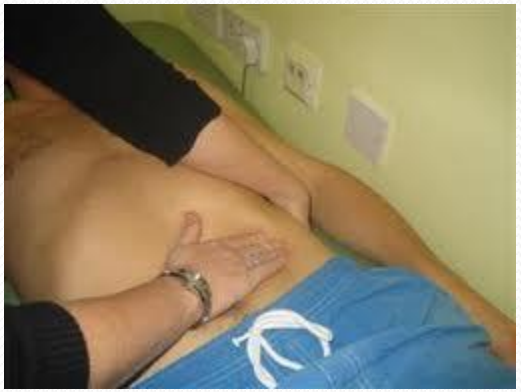
Physical Examination

- General Examination
- Systemic Examination
- Urological Investigation (Inspection, Palpation, Percussion, Auscultation)
  - Abdomen
  - Genitalia i.e. Penis and Scrotum
  - Rectal or Pelvic Examination

Renal Examination



Costovertebral Angle



Bimanual Palpation

Urinary Retention

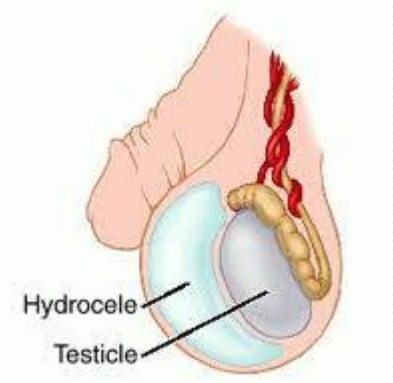
Technique ? In palpation

Percussion ! Value

Genitalia Examination

- Normal Anatomy !
- How to define a scrotal mass by palpation ?
- Supine and Standing Positions
- Role of Trans illumination ?
- Examination of the penis by Inspection for site of urethral meatus & size, presence of signs of venereal diseases, status of foreskin if present.
- Palpation of the penis for abnormal plaques or fibrosis

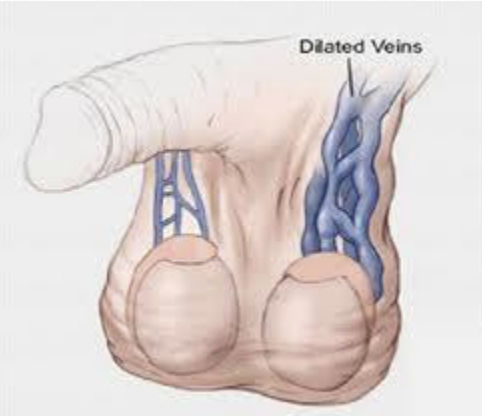
Hydrocele



Testicular Torsion

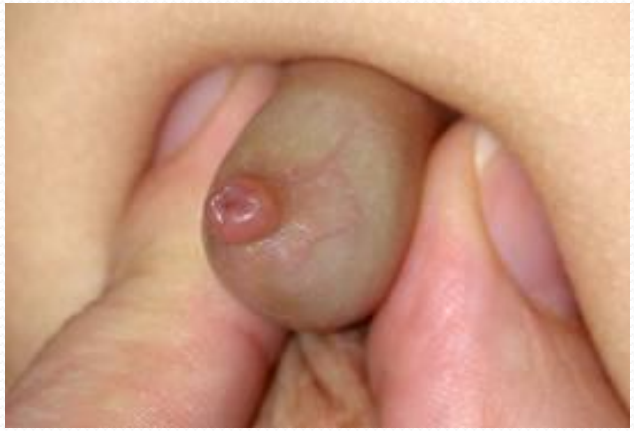
Elevation test to help differentiate torsion from inflammatory conditions

Varicocele

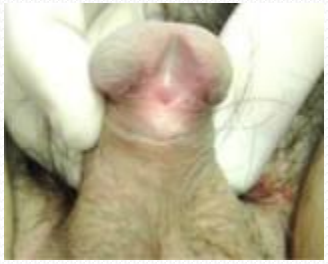


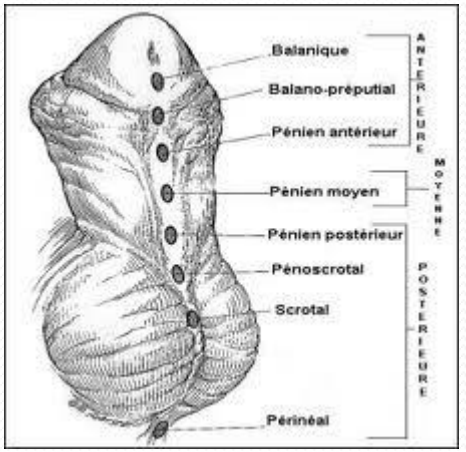
Erect & Supine
Valsalva maneuver

Phimosis & Paraphimosis

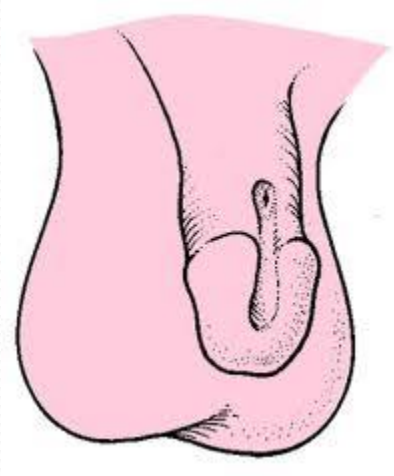


Hypospadias



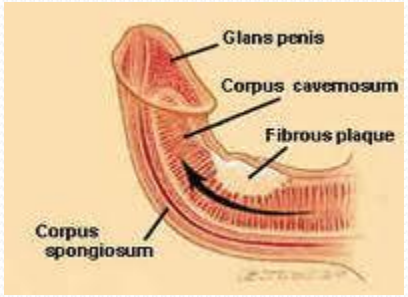


Epispadias



Urinary Bladder Extrophy

Peyronie's Disease



Rectal Exam

- Position of the patient
- Gloved well lubricated Index finger
- Inspection of Anal opening
- Status of the sphincter
- Consistency of the prostate, etc.
- Presence of rectal masses and blood on examining finger ?
- Pelvic Examination !!

THANK YOU