

## Genitourinary- Male

Year 1	Year 2	Clinical/Year 3+
<p><u>Do</u></p> <ol style="list-style-type: none"> <li>Inspect (examine patient either supine or standing)           <ul style="list-style-type: none"> <li>Penis, scrotum, testes, and color of scrotal skin</li> <li>Inguinal and femoral areas for bulges and continue observation while asking patient to strain down</li> </ul> </li> <li>Palpate (using gloves)           <ul style="list-style-type: none"> <li>Penis, including shaft, glans penis, retracting foreskin if uncircumcised</li> <li>Scrotum contents- testis, epididymis, spermatic cord</li> <li>While standing palpate using R hand for patient's R side and your L hand for patient's L side along spermatic cord to opening of external inguinal ring and ask patient to strain down.</li> </ul> </li> </ol>	<p><u>Do</u></p> <ul style="list-style-type: none"> <li>Determine if you can get fingers above a scrotal mass, if felt</li> <li>Listen to scrotal masses for presence of bowel sounds</li> <li>Transilluminate any swellings in the scrotum other than the testicles</li> </ul> <p><u>Know</u></p> <ul style="list-style-type: none"> <li>Indirect inguinal hernias are the most common of inguinal hernias and their course is from the internal inguinal ring and often go into the scrotum.</li> <li>Direct inguinal hernias are less common, start near the external inguinal ring and bulge anteriorly.</li> <li>Femoral hernias are least common but seen more in women than men. They appear more inferior than inguinal hernias, are adjacent to femoral vessels and may be hard to differentiate from lymph nodes and never course into the scrotum.</li> <li>All testicular masses not associated with a hernia need definitive evaluation</li> </ul>	<p><u>Do:</u></p> <ul style="list-style-type: none"> <li>If findings suggest an inguinal hernia, gently try to reduce it with gentle sustained pressure while the patient is supine (do not attempt this if the mass is tender or patient has nausea).</li> </ul> <p><u>Know</u></p> <ul style="list-style-type: none"> <li>A hernia is incarcerated when it cannot be returned to the abdominal cavity</li> <li>A hernia is strangulated when the blood supply to the entrapped contents is compromised.</li> <li>Testicular cancer most often affects young men</li> </ul>

## Rectal

Year 1	Year 2	Year 3
<p><u>Do</u></p> <p>1. Inspect (patient can be in a number of positions for this examination- bending over the examination table with hips flexed or in the left side-lying position. Consider patient modesty and use adequate lighting)</p> <ul style="list-style-type: none"> <li>• The buttocks, perianal area</li> </ul> <p>2. Palpate (using gloves with lubrication)</p> <ul style="list-style-type: none"> <li>• As the patient’s sphincter relaxes, gently inserting index finger into anus. Assess sphincter tone.</li> <li>• For any induration, nodules, or irregularities on the rectal wall on all surfaces (360 degrees)</li> <li>• The posterior surface and the prostate gland including the sulcus, lateral lobes, and lateral margins of the prostate. If possible palpate the region above the prostate (usually not possible to reach this region) to the region of the seminal vesicles and peritoneal cavity (when exam completed give patient a tissue to wipe anus)</li> </ul> <p><u>Know</u></p> <p>Digital rectal examination is not recommended for screening for prostate cancer.</p>	<p><u>Do</u></p> <ul style="list-style-type: none"> <li>• Determine whether the prostate is enlarged</li> <li>• Inspect for anal fissures, hemorrhoids</li> </ul> <p><u>Know</u></p> <ul style="list-style-type: none"> <li>• Prostate enlargement occurs in most older men and is associated with significant urinary symptoms (obstructive and irritative).</li> <li>• Perianal pathology is a common source of pain and bleeding</li> <li>• Fissures and other pathology may present at the anal verge (good lighting and careful inspection needed)</li> <li>• Distal rectal cancers may be palpated on digital examination</li> </ul>	<p><u>Do:</u></p> <ul style="list-style-type: none"> <li>• Recognize abnormalities on the prostate exam that can signal prostate cancer (nodules, firmness, asymmetry). Recognize that patient position during the exam can affect exam findings (lateral decubitus can distort the prostate, standing is preferred).</li> </ul> <p><u>Know</u></p> <ul style="list-style-type: none"> <li>• Prostate cancer is the most common malignancy in men and increases with age. Abnormalities on rectal exam can lead to diagnosis.</li> <li>• PSA testing is not routinely recommended for screening for prostate cancer.</li> </ul>