

Introduction

- **W**ash hands, **I**ntroduce self, ask **P**atients name & DOB & what they like to be called, **E**xplain examination and get consent
- Get **chaperone**
- General inspection: cachexia, fever
- For each lymph node group...
 - Local inspection: obvious lymphadenopathy, surgical scars, overlying skin (erythema, rashes)
 - Palpation (technique discussed below): determine site, size (**note <1cm is often normal**), shape, consistency (**hard = cancer; rubbery = lymphoma**), tethering to other structures (**cancer**)

NOW, work down the body feeling each lymph node group...

Cervical lymph nodes

- Lymph node groups to palpate from behind patient (in order): submental, submandibular, jugulodigastric/ tonsillar (**very commonly palpable**), anterior cervical chain (**shotty nodes common**), posterior cervical chain, occipital, post-auricular, pre-auricular.
These groups are palpated with finger pulps (DO NOT “play the piano” i.e. palpate using finger tips). Palpate as if you are giving a massage, and feel each group thoroughly – especially the anterior and posterior cervical chains where your whole hand should be placed around the patient’s neck. Roll the lymph nodes over the deep muscles/bone to feel them (don’t just press the superficial soft tissues)
- Lymph node groups to palpate from in front of patient: supraclavicular (Virchow’s node is left supraclavicular (**= gastric cancer**)), scalene nodes.
Feel supraclavicular nodes with finger tips in supraclavicular fossae.

Axillary lymph nodes

- Must be palpated with patient sitting and then lying. You may wear gloves.
- e.g to examine the right: ask the patient to hold your right biceps while you support the weight of their right arm at their elbow with your right hand. Now place your left arm over your right and place the left hand into the axilla. Now palpate the apical, lateral, medial, anterior and posterior lymph node groups by pressing the soft tissues (hard) and rolling them over the under lying harder tissues.
NB. to feel medial lymph node group, you really have to push your hand high up into the axilla and press it firmly medially, rolling the nodes across the ribs below with all of your fingers. It helps if you bring the patients elbow closer to their chest at this point.

Epitrochlear lymph nodes

- e.g. for right: hold the patients right wrist with your left hand. Now hold their right elbow in your right palm and use your thumb to feel for lymph nodes.

Inguinal lymph nodes

- Palpate horizontal (below and parallel to inguinal ligament) and vertical (by saphenous vein) chains
- Lymph nodes here are normal up to 1.5cm.

Popliteal lymph nodes

- Flex knee and palpate in popliteal fossa.

Finally

- Palpate for hepatosplenomegaly
- Examine any areas drained by any palpable lymph nodes

To complete

- Thank patient and cover them
- Summarise and suggest further investigations you would do after a full history