Testicular Examination



Introduction

- Wash hands, Introduce self, ask Patients name & DOB & what they like to be called, Explain examination and get consent
- Get a chaperone
- Expose patient from waist down, have patient stood up
- Apply gloves

General Inspection

- Patient: stable, pain/discomfort, cachexia, body hair loss, gynaecomastia
- Around bed

Inspection

From front but ensure you also lift scrotum to inspect posteriorly

- **Skin**: erythema, rashes, excoriations, scars, ulcers
- Testes: level (left usually lower), swelling, oedema, masses
- Inspect penis and retract foreskin

Palpation

Perform with patient standing then lying. Support the testes with left hand and feel with index finger and thumb of right hand.

- Testes: feel inferior, middle and superior parts of testes. Note size, consistency, any lumps/masses. Describe lump (SSSCCCTTT): Site, Size, Shape, Consistency, Contours, Colour, Tenderness, Temperature, Transillumination
- **Epididymis**: feel around the posterior aspect of each testis for epididymis (epididymitis)
- Spermatic cord: feel neck of scrotum (superior to testes) with thumb anteriorly and index finger posteriorly (feels like string)
- **Examine inguinal lymph nodes**
- Reflexes:
 - Phren's test: if testicular pain is relieved by elevating testes it's epididymitis; if not, it's testicular tortion
 - Cremateric reflex: stroke inside of leg and watch scrotal skin tighten

Finally

Feel supraclavicular lymph nodes: testicular cancer metastasises here (not inguinal nodes)

To Complete exam

- Thank patient and cover them
- "To complete my exam, I would do a full abdominal examination and hernia examination"
- Summarise and suggest further investigations you would do after a full history

Specific conditions

- hydrocele: fluid filled lump attached to testis -varicocele: dilated veins in scrotum, feels like a bag of worms

-epididymal cyst

-testicular lump

-inguinal-scrotal hernia: can't get above it -epididymitits

-testicular tortion