



MBCHB IV LECTURE

HISTORY TAKING IN A UROLOGICAL PATIENT

Pain

- Trauma
- Obstruction
 - May result in either acute or chronic urinary retention.
 - In acute retention, there is pain.
 - In kidney stones, there is colicky pain
- Inflammation
 - Urethritis, cystitis, nephritis.
 - It is a burning, constant pain.
 - The commonest cause is infection

Renal Pain

Loin Pain

- Radiation to the back; the pain is constant.
- Due to stretching or irritation of the capsule
- GIT symptoms due to proximity of the organs to the kidney & reflexes radiated by coeliac plexus
- Obstruction to upper tracts can lead to pain

Ureteric Pain

- Can be severe
- Can radiate to scrotum or labium
- Usually colicky if obstructed

Bladder Pain

- ✘ Usually caused by urinary retention (AUR – Acute Urinary Retention)
 - ✘ The capacity of the bladder is between 350-400 mL.
- ✘ Chronic retention is painless
- ✘ Also neurological cause is painless
- ✘ Inflammatory – secondary to infection
- ✘ Due to trauma

Urethral Pain

- Dysuria (painful voiding)
- Associated with infection e.g. Urethritis, prostatitis, cystitis

Testicular Pain

- Acute is due to infection or torsion
- Trauma
- If in anyone between 10-25 years – testicular torsion unless proved otherwise
 - The Testis is usually dead in 6-12 hours
 - The pain disappears afterwards since the testis undergoes necrosis and atrophy

Haematuria

- Painless haematuria – Growths
- Painful haematuria – Infective (bacterial or parasitic), trauma.
- Commonest cause of haematuria in our set-up is **infection.**
- Common cause of haematuria in a geriatric patient is **an enlarged prostate**

Masses

Loin Mass

- Presentation
- Pain or no pain
- Fever or no fever
 - With pain and fever - pyelonephritis
- Haematuria or no haematuria

Hypogastric Mass

- Duration of mass
- Associated symptoms
- Able or not able to micturate
 - Dribbling → overflow incontinence → chronic urinary retention.
- Haematuria or none

Scrotal Mass

- Presentation
- Congenital / acquired
 - E.g. Congenital or acquired hydrocele
- Reducible/not reducible
 - E.g. Reducible or non-reducible hernia
- Solid or cystic
 - If solid:
 - Growth (malignant or benign)
 - Infection (associated with pain)
- Painful or painless

Sexual Dysfunction

- Enquire about other illnesses (DM, HT)
- About drug use
- 90% is psychological.

Past medical History

- Medication e.g. antidepressants
- Operations
- Other diseases e.g. sickle cell diagnosis
- Exposure to drugs

Social and family history

- Family history of any disease e.g. prostatic disease

Physical examination

- Investigations
- Blood
- Imaging

Systemic Enquiry.

Summary.