Examination of Male Genitalia & Hernia
Dr. Gary Mumaugh – Physical Assessment

Anatomy Review

- The penis
  - The shaft of the penis is formed by three columns of vascular erectile tissue
    - The corpora spongiosum contains the urethra
    - The two corpora cavernosa
  - The corpora spongiosum forms the bulb of the penis, ending in the glans
  - In uncircumcised men, the glans is covered by a loose, hood-like fold of skin, prepuce or foreskin, where smegma (secretions of glans) may collect

- The testes
  - Produce spermatozoa and testosterone
  - The left testes usually lies somewhat lower than the right
  - The scrotum is a loose, wrinkled pouch divided into two compartments, each containing a testis
  - On the posterolateral surface of each testis is the comma-shaped epididymus, which is a reservoir for storage, maturation and transport of spermatozoa

- The lower genitourinary tract
  - The vas deferens, a cord-like structure, begins at the tail of the epididymus
  - It ascends within the scrotal sac (as the spermatic cord) and passes through the inguinal ring on its way to the abdomen and pelvis
  - Behind the bladder, it is joined by the duct from the seminal vesicle and enters the urethra with the prostate gland
Anatomy Review

- The groin
  - The basic landmarks of the groin are the anterior superior iliac spine, the pubic tubercle, and the inguinal ligament.
  - The inguinal canal, which lies above and parallel to the inguinal ligament, forms a tunnel for the vas deferens.
  - The external opening of the tunnel is the external inguinal ring, the internal opening is the internal inguinal ring.
  - When loops of bowel force their way through the weak areas of the inguinal canal, they produce inguinal hernias.
  - Another potential route for a herniating mass is the femoral canal where femoral hernias protrude here.
Tips for Taking the Sexual History

- Explain why you are taking the sexual history
- This information is highly personal, so encourage the patient to be open and direct
- Assure the patient that you gather a sexual history on all patients
- Affirm that your conversation is confidential
- Sexual preference and sexual response questions
  - Start with a general question, such as “How is sexual function for you?”
  - If there is a problem, direct questions help to access each phrase of the sexual response
    - “Have you maintained interest in sex?” (desire)
    - “Can you achieve and maintain an erection?” (arousal)
“About how long does intercourse last?” (orgasm and ejaculation)

**Symptoms of Infection Questions**
- Is there any penis discharge, dripping or staining if underwear? If so, how much and what is the color and consistency?
- Any associated fever, chills or rash?
- Any sores or growths on the penis?
- Any pain or swelling in the scrotum?
- Any history of risk factors for STD?
  - Promiscuity, homosexuality, illicit drug use

**Health Promotion and Counseling**
- Prevention of STD’s and HIV
- Testicular self-examination

**Techniques of Examination**
- It is reassuring to the patient to explain each step of the examination BEFORE STARTING so the patient knows what to expect.
- Occasionally, male patients will have erections during the examination. If this happens, explain this is a normal response.
- Many will feel uneasy about examining genitals.
- A thorough genital examination can be performed with the patient standing or supine.
- When checking for hernias, the patient should stand and the examiner should sit on a chair or stool.

**Techniques of Examination**
- Skin
  - Check the skin around the base of the penis for excoriations and inflammation.
- Prepuce
  - Smegma, a cheesy, whitish material may accumulate under the foreskin.
- Glans
- Check for ulcers, scars, nodules, or signs of inflammation
- Gently compress the glands between your index finger above and thumb below to open the urethral meatus and allow inspection for discharge (normally there is none)

- Penis palpation
  - If the patient reports a discharge that you are unable to see, ask him to milk the shaft of the penis from the base to the glands.
  - This maneuver may bring the discharge to the urethral meatus for examination.
  - Palpate any abnormality of the penis, noting any induration
  - Palpate any abnormality
  - Not any tenderness or indurations

- Examination of Scrotum, Testis, Epididymis and Spermatic Cord
  - Inspection
    - Skin – lift the scrotum to view the posterior surface
    - Scrotal contours – note swelling, lumps, veins
  - Palpation
    - Each testis and epididymis – note size, shape, consistency and tenderness
    - Feel for nodules
    - Epididymis palpates as a soft, nodular, cordlike structure in the back of the testis
    - Each spermatic cord – note nodules or swelling

Techniques of Examination
- Hernias
  - Inspection
    - Note any areas of bulging or symmetry
    - Ask the patient to strain or bear down, making it easier to detect any hernias
  - Palpation of Inguinal and Femoral Hernias
- Evaluating a possible scrotal hernia
  - If a large scrotal mass is found, ask the patient to lie down. If the mass disappears, it is a hernia.
  - If the mass remains
    - Listen to the mass with a stethoscope. If bowel sounds are heard, it is a hernia.
    - Shine a strong light from behind the scrotum through the mass (transillumination). If a red glow is observed, it is probably not a hernia.

Groin Hernias
- Indirect Inguinal
  - Frequency - Common all ages, both male and female
  - Age & Sex - Seen more in children, but may be in adults
  - Point of Origin – Found above inguinal ligament near the midpoint by internal inguinal ring
- Direct Inguinal
  - Frequency - Much less common
  - Age & Sex - Usually in men over 40, rare in women
  - Point of Origin - Above inguinal ligament close to pubic tubercle (near external inguinal ring)

- Femoral Hernia
  - Frequency – Least common
  - Age & Sex – More common in women than men
  - Point of Origin – Below the inguinal ligament. Appears more lateral than an inguinal hernia. May be hard to differentiate from lymph nodes.

Genital Warts

Herpes Blisters

Venereal Wart
Genital Herpes
Chancre

Syphilitic
Hypospadias  
Peyronie's Disease  
Carcinoma of the Penis  

Hydrocele  
Scrotal Hernia  
Scrotal Edema  

Acute Orchitis  
Small Testis  
Testicular Tumor  

Spermatocele  
Varicocele  
Acute Epididymitis