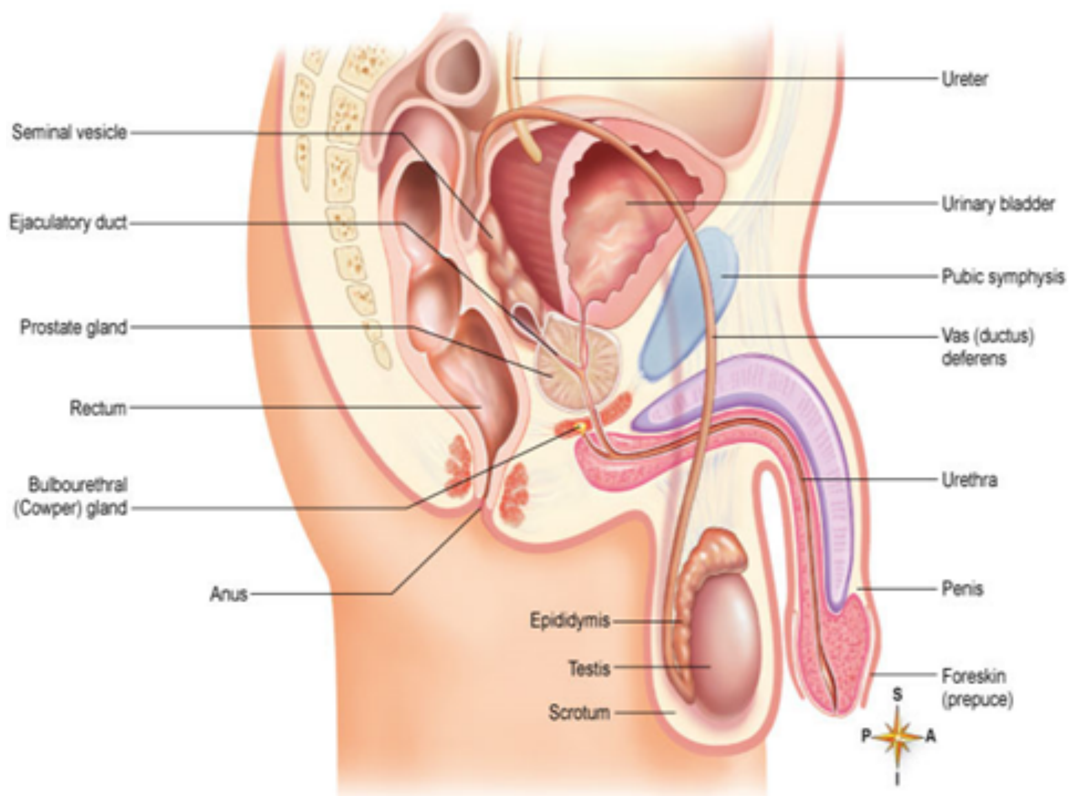
Examination of Male Genitalia & Hernia

Dr. Gary Mumaugh – Physical Assessment

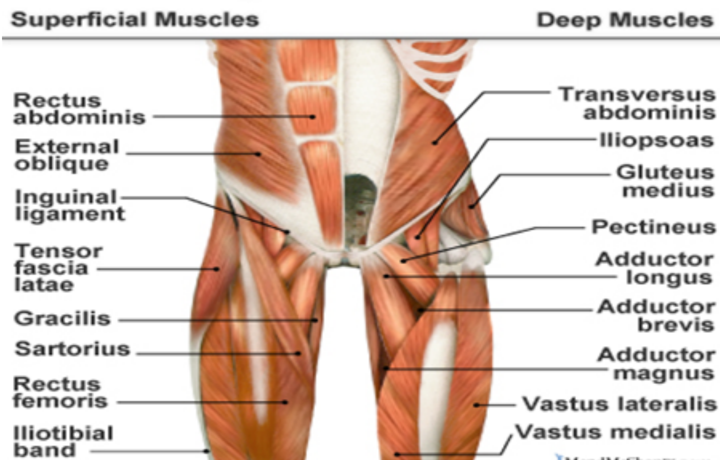
Anatomy Review

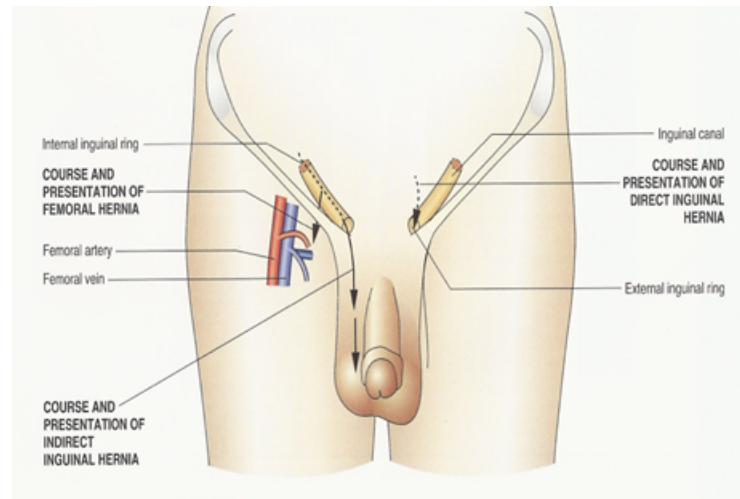
- The penis
  - The shaft of the penis is formed by three columns of vascular erectile tissue
    - The corpora spongiosum contains the urethra
    - The two corpora cavernosa
  - The corpora spongiosum forms the bulb of the penis, ending in the glans
  - In uncircumscribed men, the glans is covered 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 it's 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

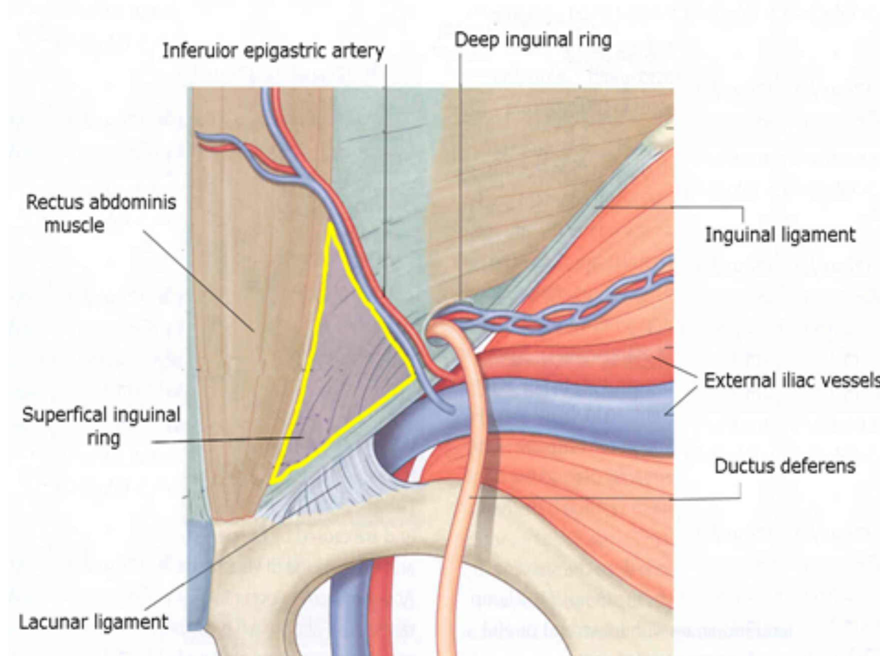


Anatomy Review

- 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 is sex?” (desire)
        - “Can you achieve and maintain an erection?”(arousal)

- "About how long does intercourse last?" (orgasm and ejaculation)

Symptoms of Infection Questions

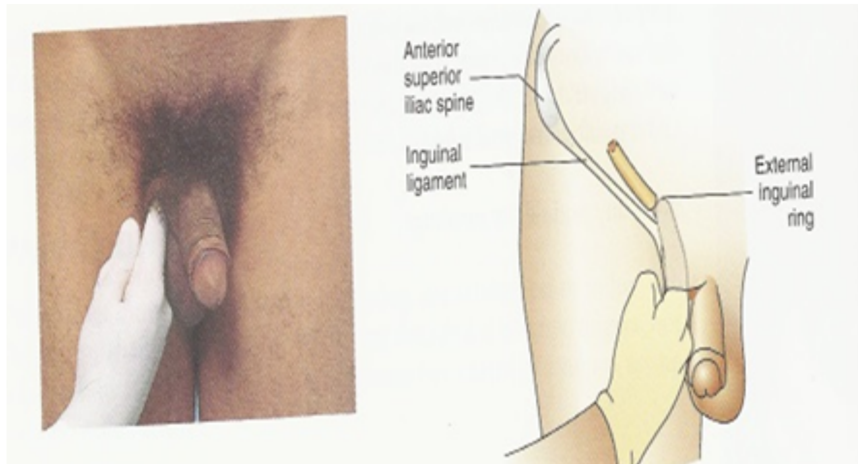
- Is there any penis discharge, dripping or staining if underwear? If so, how much and what is the color and consistency?
- Any associated fever, chills or rash?
- Any sores or growths on the penis?
- Any pain or swelling in the scrotum?
- Any history of risk factors for STD?
    - Promiscuity, homosexuality,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



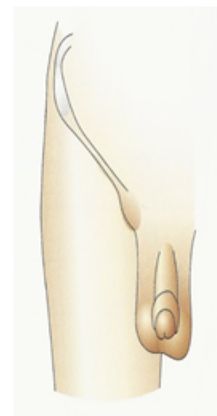
Techniques of Examination

- 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

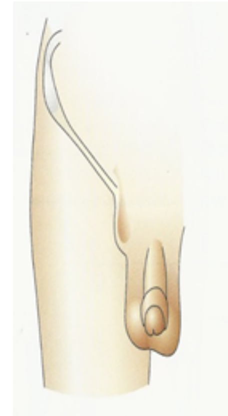
- Hernias
    - Inspection
        - Note any areas of bulging or symmetry
        - Ask the patient to strain or bear down, making it easier to detect any hernias
    - Palpation of Inguinal and Femoral Hernias
- Evaluating a possible scrotal hernia
    - If a large scrotal mass is found, ask the patient 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.

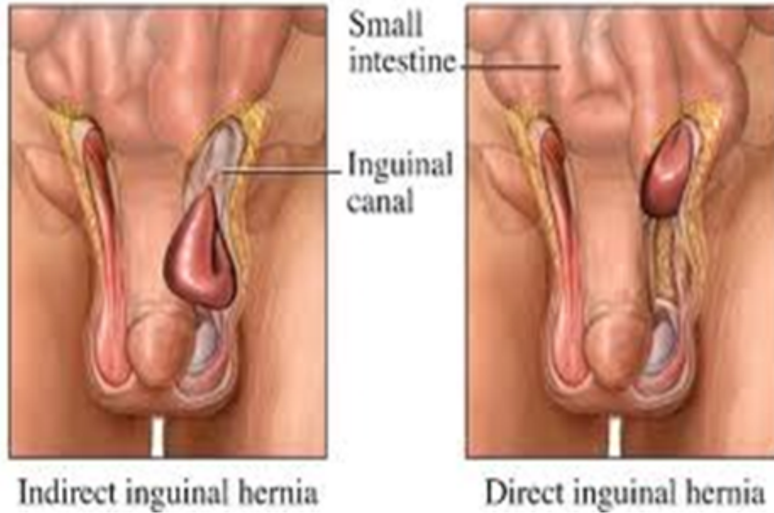


Groin Hernias

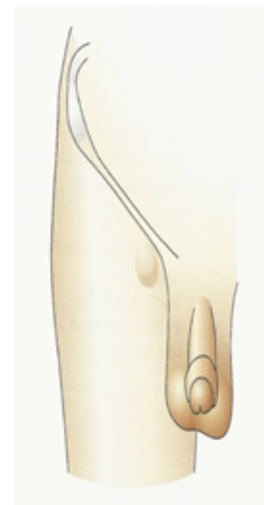
- Indirect Inguinal
    - Frequency - Common all ages, both male and female
    - Age & Sex - Seen more in children, but may be in adults
    - Point of Origin –Found above inguinal ligament near the midpoint by internal inguinal ring

- 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)

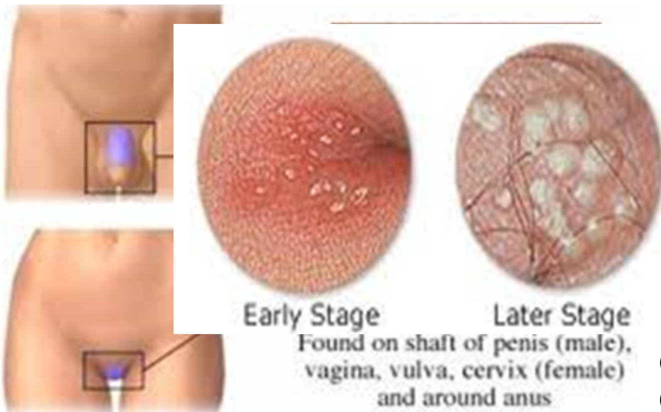




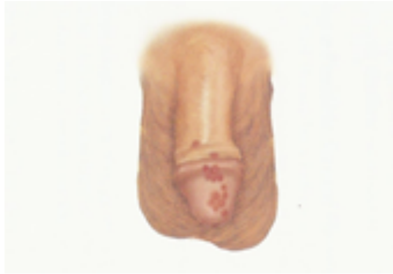
- Femoral Hernia
    - Frequency – Least common
    - Age & Sex – More common in women than men
    - Point of Origin – Below the inguinal ligament. Appears more lateral than an inguinal hernia. May be hard to differentiate from lymph nodes.



Genital Warts **Herpes Blisters**

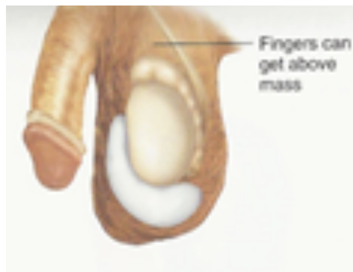


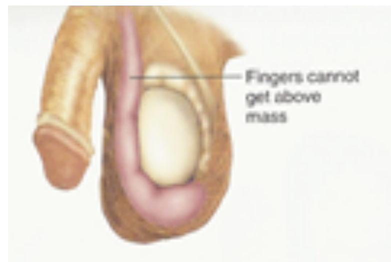
Venereal Wart
Genital Herpes **Syphilitic**
Chancre



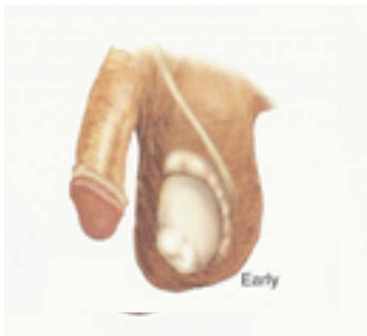
Hypospadias **Peyronie's Disease** **Carcinoma of the Penis**

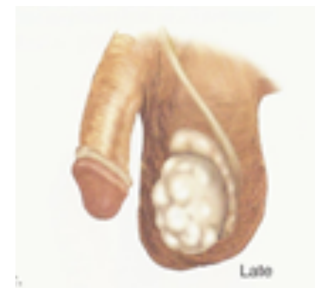
Hydrocele **Scrotal Hernia** **Scrotal Edema**





Acute Orchitis **Small Testis** **Testicular Tumor**

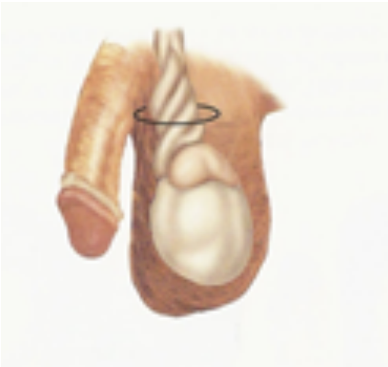




Acute Epididymitis

Spermatocele **Varicocele**

Spermatic Cord Torsion



Epdermoid Cysts