

TESTICULAR EXAMINATION

INTRODUCTION

Testicular examination is important to notice changes in one's testicles. By doing the monthly testicular self-exams, you should become familiar with your testicles thus making it easier to notice any changes. Most testicular cancers are found by men themselves or their partner, very few are found by a physician. This is why it is so important to be familiar with what is normal and if you do notice any changes then see a doctor immediately. Any solid, firm mass within the testis should be considered testicular cancer until proven otherwise. Prompt diagnosis and early treatment are required for cure. Testicular cancer may be painless, in which case the patient may be unaware of its presence. In patients with scrotal pain, testicular cancer must be differentiated from other different conditions for which the clinician should consider the full differential diagnosis of a testicular mass .therefor for testicular pathology whole of the scrotum examination is always warranted.

LEARNING OBJETIVES.

Objectives are how to take consent before procedure, should take care of patient privacy, should know the different positions for scrotum examination know the equipment if required and should always follow the principles of procedure with patient's comfort.

EQUIPMENTS:

- Sterile drapes
- Sterile gloves
- Most likely be examining a mannequin.
- Offer a chaperone.

INDICATION:

The major sign of testicular pathology is always a lump, though the presence of a lump does not mean cancer is imminent, other indication for scrotal examination include:

- Heaviness in the scrotum.
- Pain in the testicles.
- Pain in the groin.
- Pain in the back.
- Rigid testicles
- Epididymo-orchitis
- Testicular torsion
- Hydrocele
- Hernia
- Hematoma
- Spermatocele
- Varicocele

PROCEDURE

- Wash your hands. Introduce yourself to the patient, explain to them what the examination will entail and gain his consent.
- The patient should be exposed from the waist down, and with his shirt pulled up. Testicular examination is best performed with the patient stood up. You should kneel down in front of and to the side of the patient, NOT directly in front of the patient.
- As always you should start with a thorough inspection of the area. Firstly, inspect the penis on all sides and note any obvious lumps, swellings; ulcers or scars.
- After inspecting the penis you should inspect the scrotum. This is easier to do if you move the penis out of the way; you could ask the patient to do this for you.

Again inspect all sides of the scrotum and not forgetting to lift it so that you can inspect the posterior aspect. Again noting any obvious lumps, swellings, ulcers or scars.

- You should now individually palpate each testicle. If you have identified or been told about any abnormalities, examine the “normal” side first. This is a bimanual technique using the thumb and index finger of each hand. Using both hands gently feel the whole testicle noting any palpable abnormalities. Ensure you ask the patient if he experiences any pain whilst doing this.
- Note that if you cannot palpate one of the testicles then you should feel along the course of the inguinal ligament for an undescended testicle. Alternatively, the patient may have had it removed surgically
- You should also palpate the epididymis and spermatic cord on both sides.
- If you do feel any abnormalities then there are certain questions you should ask yourself:
 - Can I get above the lump?
 - Is the testicle separate from the lump?
 - Does it have a cough impulse?
 - Does the lump transilluminate?
- What does the lump feel like? (hard, soft, craggy, regular/irregular, like a “bag of worms”, size, etc)
- When you have finished your examination, cover the patient and thank them. Dispose of your gloves in the clinical waste bin and wash your hands.

CONTRAINDICATION:

There is no contraindication to perform testicular examination, however examiner should be gentle during palpation to avoid pain and discomfort.

COMPLICATION:

Performing a testicular examination doesn't pose any direct risks. However, if you notice something unusual that concerns you, the follow-up exams might lead to unnecessary worry and medical tests.

THE END