CLINICAL SKILLS: MALE GENITAL EXAMINATION

Although it is unlikely you will be asked to do this on a real patient in an OSCE, you may be asked to perform the examination on a model and so is important you know the steps to take.

OSCE Scenario: *You have been asked to examine the external genitalia of this gentleman who has presented with penile discharge.*

Introduction

- Introduce yourself
- Wash your hands
- Explain to the patient that you need to perform a genital examination and ask permission to do so
- Offer a chaperone
- Expose patient: from waist down
- Position patient lying flat to begin with
- Ask if patient has any pain/is comfortable as they are
- Don gloves

Inspection

- Inspect from base to tip of penis (ensure to lift penis up to inspect shaft and scrotum fully)
- Inspect the prepuce (foreskin) – pull back and inspect prepucial area
- Inspect the meatus
- Inspect the scrotum
- Inspect the general groin area
- What you are looking for/comment on:
    - Rashes
    - Redness
    - Sores
    - Lumps
    - Discharge
    - Symmetry
    - Structural abnormality

Palpation

- Palpate for inguinal lymph nodes bilaterally
- Scrotal palpation:
    - Start with normal side, then go on to abnormal side
    - Testes: gently palpate using thumb and two fingers
    - If swelling felt then examine standing (examine as per lump and hernia exam)

Further examinations/investigations

- Full history including sexual and travel history
- Abdominal examination, PR, and throat examination if suspecting STI
- If any discharge seen: urethral swab for microscopy, culture and NAT

- Ultrasound if testicular lump felt

Finishing Exam

- Thank patient
- Inform them they can get dressed

Notes on penile discharge:

Gonococcal urethritis

- Caused by Neisseria gonorrhoea – Gram negative kidney shaped diplococcic
- Typically inside neutrophils
- Features:
    - Urethral pus
    - Dysuria
    - Tenesmus, proctitis and rectal discharge if MSM
- Diagnosis:
    - Urethral swab for Gram stain
- Complications:
    - Local – prostatitis, epididymitis
    - Systemic – septicaemia, Reiter's syndrome, endocarditis, septic arthritis
    - Obstetric – opthalmia neonatorum
    - Long-term – uretral stricture, infertility
- Treatment:
    - Ceftriaxone 250mg IM single dose OR cefixime 400mg PO
    - Co-treat for Chlamydia

Non-gonococcal urethritis

- Commoner than GC
- Features:
    - Thinner discharge
- Organisms:
    - Chlamydia
    - Ureaplasma urealyticum
    - Mycoplasma gentialium
    - Herpes Simplex Virus
    - Candida
- Treatment:
    - Azithromycin 1g PO stat or doxycycline for 7 days
    - Avoid intercourse during treatment and avoid alcohol for 4 weeks