

## Male Genitourinary Assessment

### Introduction

Focused male genitourinary assessment begins with a detailed health history while providing as much privacy as possible. Carefully observe for signs of pain or discomfort, and nonverbal cues such as guarding. Obtain consent for the examination from the patient and ensure the presence of a medical chaperone due to the intimate nature of the examination. The patient should be informed during each step of the examination as to what to expect. The order of examination is inspection and palpation of the penis, scrotum, inguinal canals, and digital rectal exam if required.

Equipment should be prepared and available in the examination room.

- Gloves
- Water-soluble lubricant
- Specimen media

### Optimal Patient Gowning/Positioning

- Patient should be provided privacy to change into a gown.
- A large drape or sheet should be used for additional coverage and patient comfort.
- Patient may be standing or supine for the examination per their preference.
- If supine, drape in such a manner that only the inguinal areas and genitalia are exposed.

### Exam methods

- Penis
  - Inspect the skin on the penis, the prepuce or foreskin (if present), and the glans for lesions, excoriations, or inflammation.
  - If the prepuce is present, gently retract to examine the glans beneath. Alternatively, the examiner may ask the patient to do so. Ensure the prepuce is replaced over the glans to avoid phimosis.
  - Inspect the urethral meatus by gently compressing the glans to open the meatus, noting any inflammation or abnormal discharge.
  - Palpate the shaft of the penis for indurations, ulcers, masses, or tenderness.
- Scrotum
  - Inspect the skin of the scrotum, and the contour. Note any lesions, tenderness, masses, veins, or asymmetry.
  - Lift the scrotum to examine the posterior surface.
  - Palpate each testis, epididymis, and spermatic cord between the thumb and first two fingers, noting mobility, consistency, descent, symmetry, and any tenderness. Note any nodules or swelling.
- Inguinal canals
  - Observe the inguinal regions for bulges, masses, asymmetry, or excoriation.

- To palpate the inguinal canals, ask the patient to stand with examiner facing the patient.
- Place your dominant index finger at the base of the scrotum on the side to be examined. Then insert your index finger toward the external inguinal ring by invaginating the scrotal skin, ensuring the testis is not pulled.
- Palpate the external inguinal ring for masses, asking the patient to cough. Note any masses or bulging felt at the inguinal ring.
- Repeat for the other side, using the dominant index finger.
- Palpate the inguinal lymph nodes and note any tenderness or swelling.
- Digital Rectal Exam
  - If indicated, digital rectal examination may be performed. Indications include concern for prostatic hypertrophy or prostatitis. (See [Digital Rectal Examination](#))

### PEARLS

- If any discharge is noted from the urethra, a culture should be obtained.
- Phimosis is swelling of the glans due to constriction of the prepuce.
- Any hernias identified may be reduced using gentle pressure, unless the patient reports tenderness or nausea/vomiting. In such a case, prompt surgical evaluation is necessary.

### Reference

Bickley, L. S., Szilagy, P. G., Hoffman, R. M., & Soriano, R. P. (2021). *Bate's Guide to Physical Examination and History Taking* (13<sup>th</sup> ed.). Wolters Kluwer Health: Philadelphia.