Testicular Examination

Introduction
- Wash hands, introduce self, ask patient's name & DOB & what they like to be called. Explain examination and get consent.
- Get a chaperone.
- Expose patient from waist down, have patient stood up.
- Apply gloves.

General Inspection
- Patient: stable, pain/discomfort, cachexia, body hair loss, gynaecomastia
- Around bed

Inspection
From front but ensure you also lift scrotum to inspect posteriorly
- Skin: erythema, rashes, excoriations, scars, ulcers
- Testes: level (left usually lower), swelling, oedema, masses
- Inspect penis and pull back foreskin

Palpation
Perform with patient standing then lying. Support the testes with left hand and feel with index finger and thumb of right hand.
- Testes: feel inferior, middle and superior parts of testes. Note size, consistency, any lumps/masses
  Describe lump (SSSCCCTTT): Site, Size, Shape, Consistency, Contours, Colour, Tenderness, Temperature, Transillumination
- Epididymis: feel around posterior of each testis for epididymis
- Spermatic cord: feel neck of scrotum (superior to testes) with thumb anteriorly and index finger posteriorly (feels like string)
- Examine inguinal lymph nodes
- Reflexes:
  - Phren's test: if testicular pain is relieved by elevating testes it's epididymitis; if not, it's testicular torsion
  - Cremasteric reflex: stroke inside of leg and watch scrotal skin tighten

Finally
- Feel supraclavicular lymph nodes: testicular cancer metastasises here (not inguinal nodes)

To Complete exam
- Thank patient and cover them.
- "To complete my exam, I would do a full abdominal examination and hernia examination"
- Summarise and suggest further investigations you would do after a full history

Specific conditions
- hydrocele: fluid filled lump attached to testis
- varicocele: dilated veins in scrotum, feels like a bag of worms
- epididymal cyst
- testicular lump
- inguinal-scrotal hernia: can’t get above it
- epididymitis
- testicular torsion