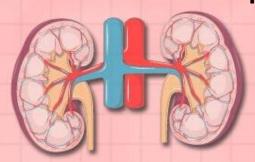
History and Physical exam for the urologic patient

Dr. Saddam Al Demour MD, MRCS, FACS, FEBU School of Medicine The University of Jordan



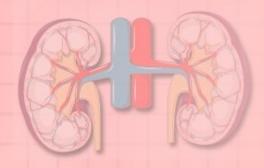
Most diagnosis can be reached by a complete history, and a thorough physical examination

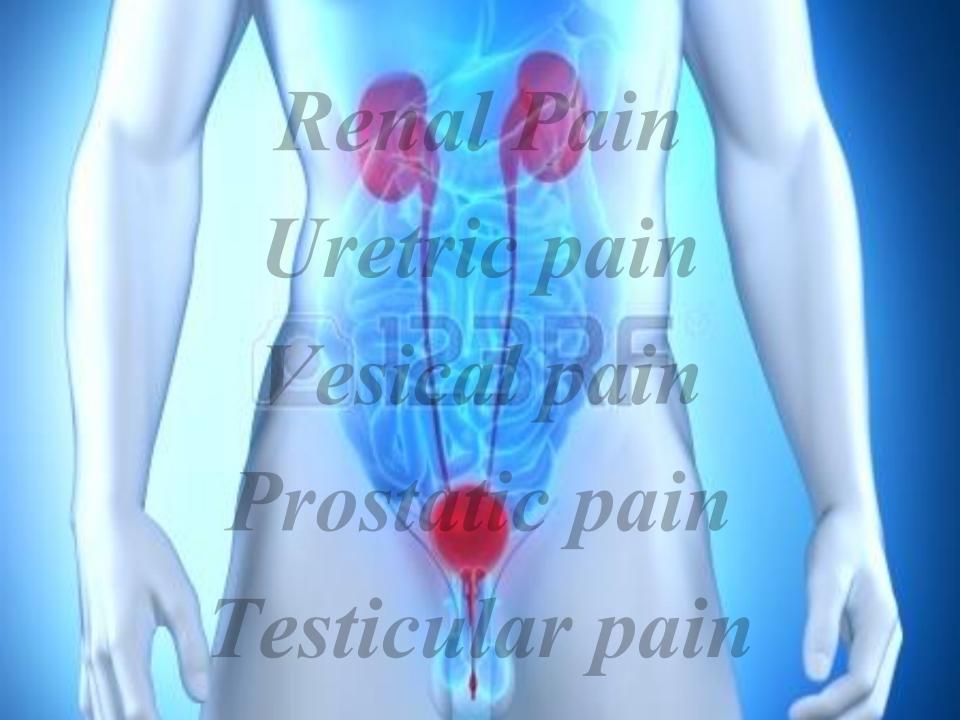


HISTORY



- Major components
 - Chief complaint
 - History of the present illness
 - Past medical history
 - Family history
 - Review of systems
 - Medications
 - Allergies
 - Social History





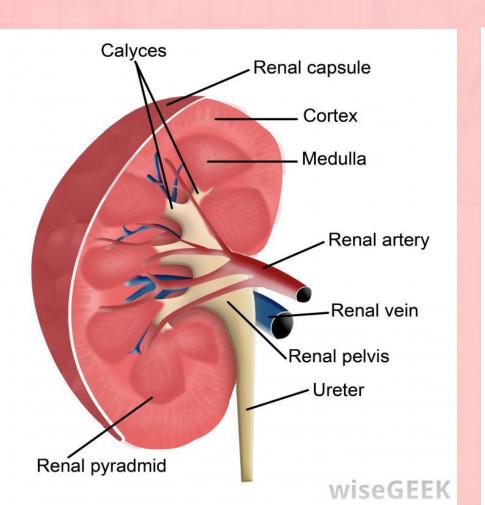
Pain

- The duration, severity, chronicity, periodicity, and degree of disability are important considerations.
- Genitourinary tract pain can be due to:
 - urinary tract obstruction
 - inflammation

Tumors

Renal pain

- Mechanism
- Site





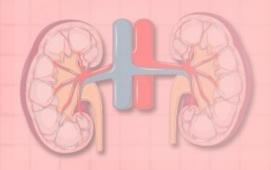
Renal pain

Causes:

- Inflammation : steady pain
- Upper urinary tract obstruction: pain fluctuates in intensity

Renal pain can be associated with gastrointestinal symptoms.

Renal pain may also be confused with pain resulting from irritation of the costal nerves, most commonly T10- T12.

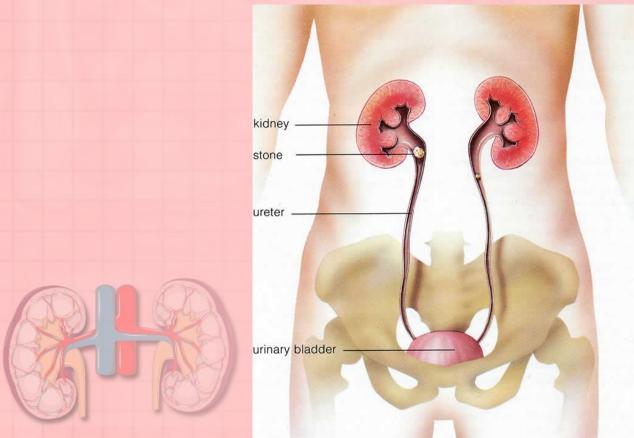


Uretric pain

- Usually acute and secondary to obstruction
- · Mechanism .
- Site of pain:

1. Midureter obstruction

2. Lower ureteral obstruction





- Vesical pain is due to
 - Overdistention
 - Inflammation

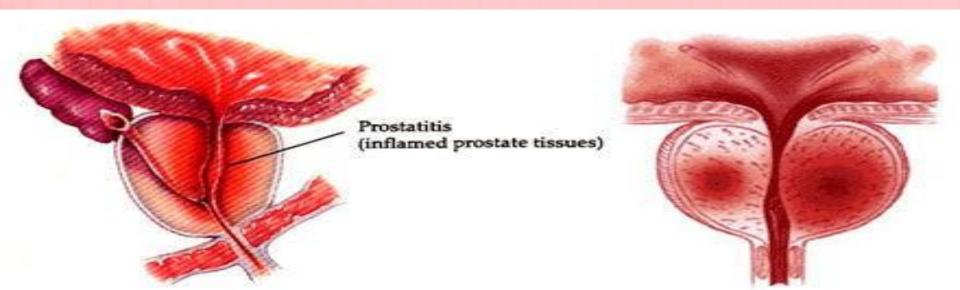
Transitional epithelium
Lamina propria
Submucosa

(a)

(b)

Prostatic pain

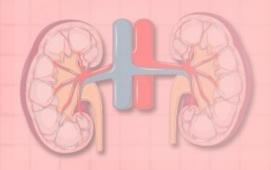
- The most common cause of prostate pain is infection
- Mechanism
- Presentation



Testicular pain

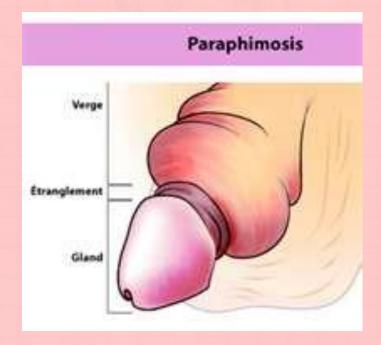
Primary vs referred pain

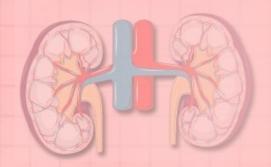
- Primary pain arises from within the scrotum and is usually secondary to acute epididymitis or torsion of the testis or testicular appendices.
- Referred pain
- Chronic scrotal pain

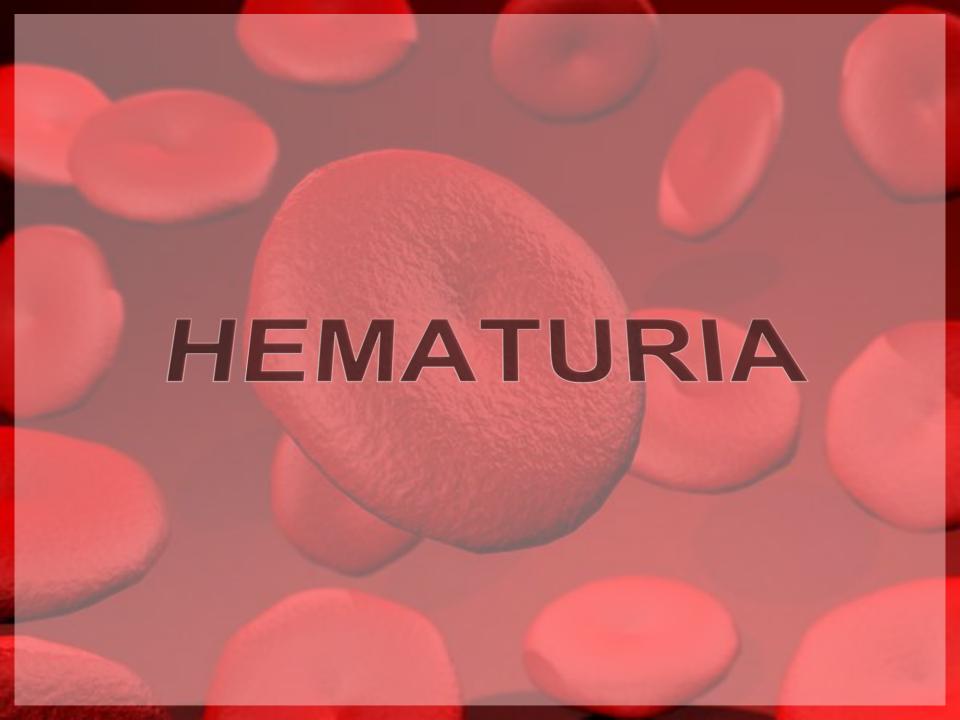


Penile pain

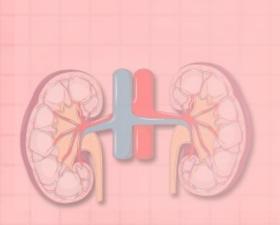
- Pain in the flaccid penis
- Pain in the erect penis
- Paraphimosis: condition in which the uncircumcised penile foreskin is trapped behind the glans penis, resulting in venous obstruction and painful engorgement of the glans penis.







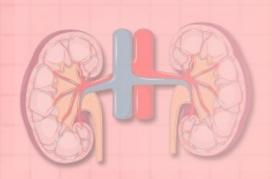
- Is the presence of blood in the urine.
- Greater than three red blood cells per high-power microscopic field (HPF) is significant.
- Types:
- 1. Microscopic hematuria
- 2. Macroscopic hematuria (or "frank" or "gross" hematuria)
- The most common causes of hematuria :
- 1. <u>Urinary tract infection</u>
- 2. <u>Kidney stones</u> or <u>ureter stones</u>





In adults, hematuria should be regarded as a symptom of urologic malignancy until proven otherwise.

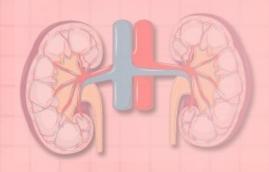
The most common cause of gross hematuria in a patient older than age of 50 is bladder cancer.

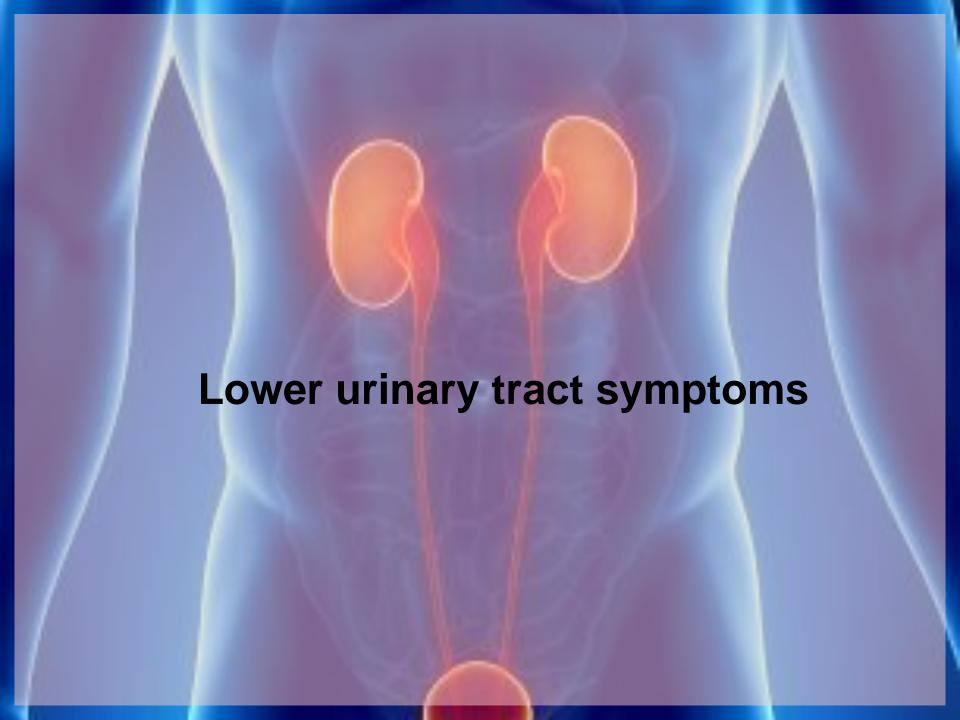


Timing during urination

Initial hematuria
Total hematuria
Terminal hematuria

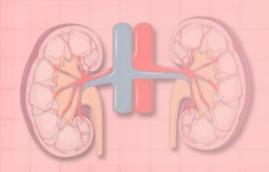
- Association with pain
- Presence of clots





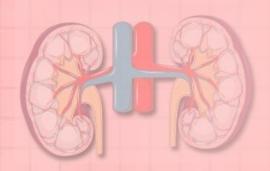
Lower urinary tract symptoms

- Irritative Symptoms
 - Urinary frequency urinating much more often than normal
 - Nocturia nocturnal frequency
 - Urgency the sudden and strong desire to urinate
 - Dysuria painful urination



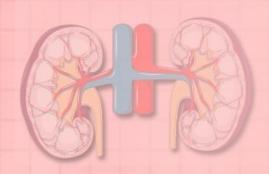
Obstructive symptoms:

- Decreased force of urination
- Urinary hesitancy
- Intermittency
- Post void dribbling
- Straining



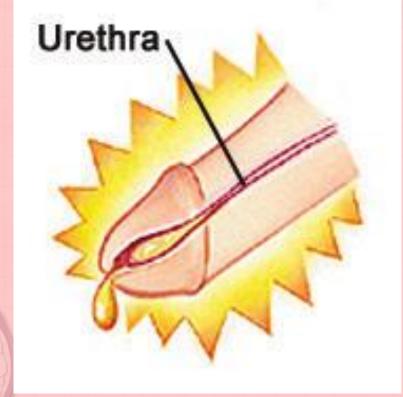
Incontinence

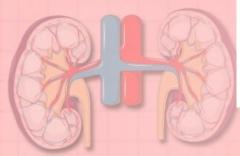
- Definition
- · Categories:
 - 1-continuous incontinence
 - 2- stress incontinence
 - 3- urge incontinence
 - 4-overflow incontinence



Urethral Discharge

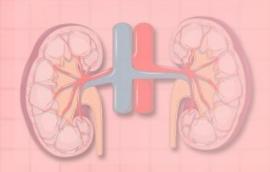
• Urethral discharge is the most common symptom of venereal infection





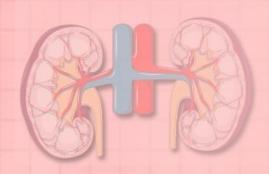
Fever and Chills

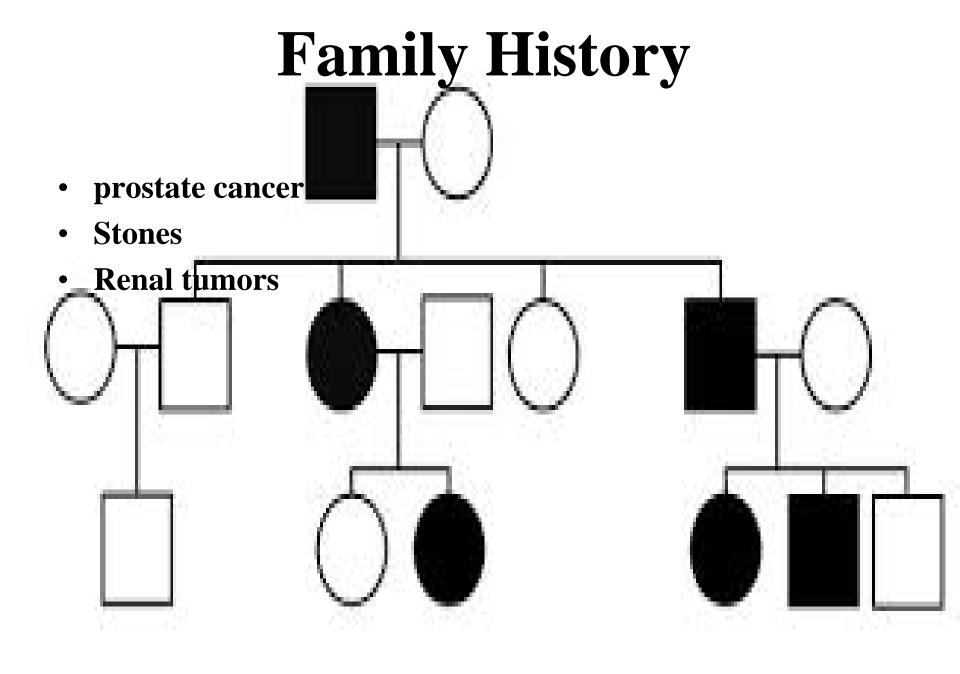
- Usually associated with
 - Pyelonephritis
 - Prostatitis
 - Epididymitis

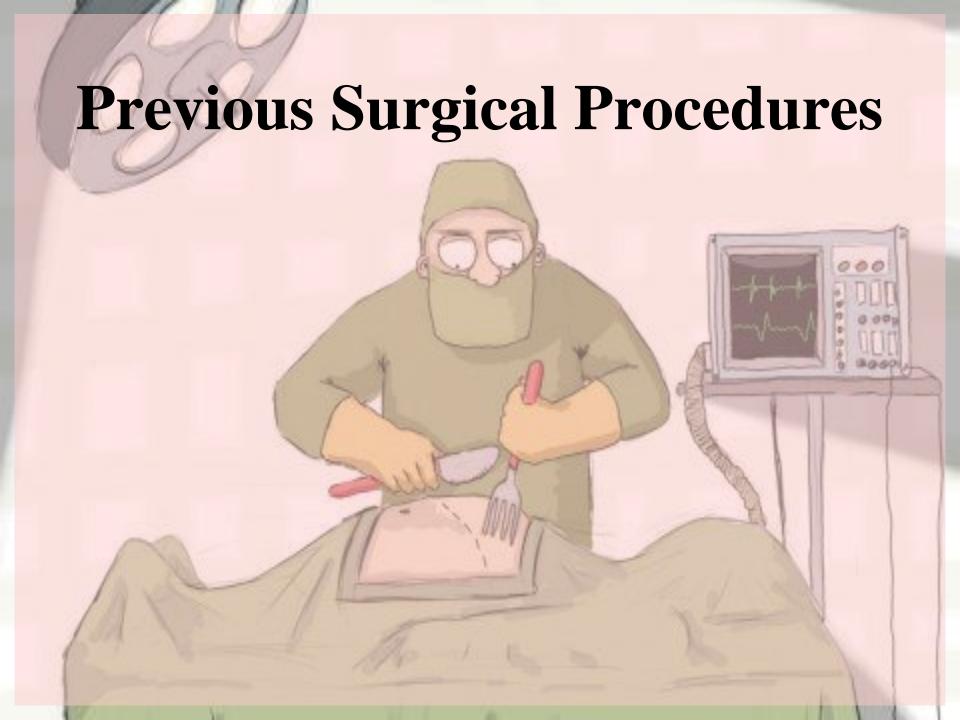


Past Medical History

- Systemic diseases that may affect the GU system
 - diabetes mellitus.
 - Hypertension
 - multiple sclerosis

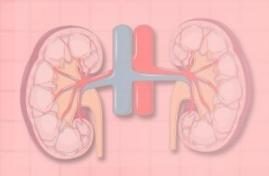






Social History

- Cigarette smoking
 - Bladder cancer
 - Erectile dysfunction.
- Chronic alcoholism
 - impaired urinary function
 - Sexual dysfunction.
 - testicular atrophy, and decreased libido.





PHYSICAL EXAMINATION



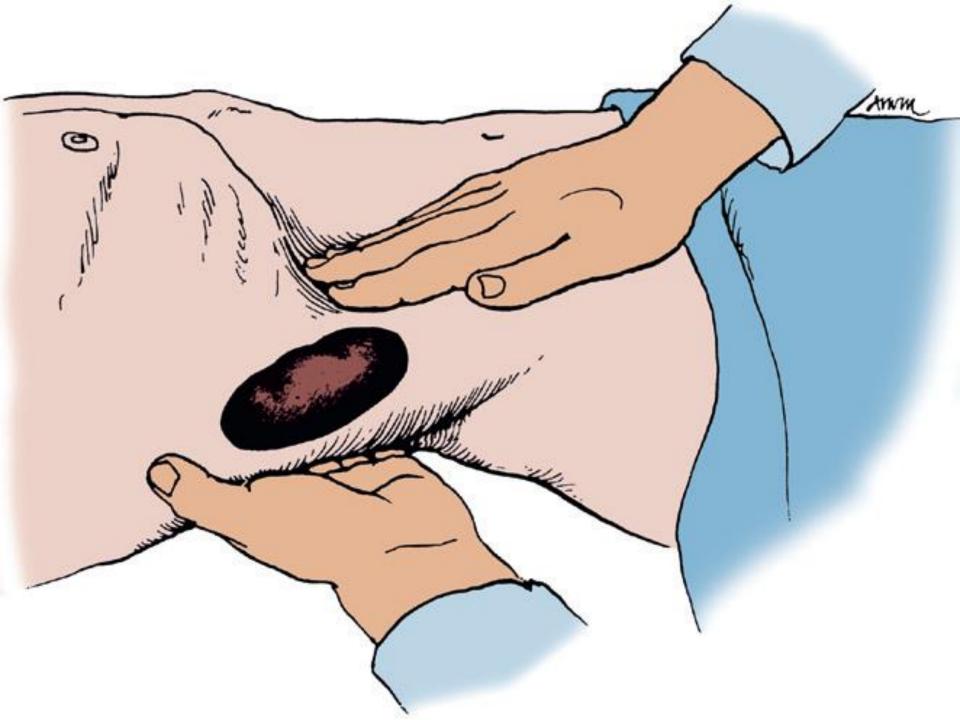
PHYSICAL EXAMINATION

General Observations
 <u>visual inspection of the patient</u>

Cachexia ---- Malignancy, TB

Jaundice or pallor

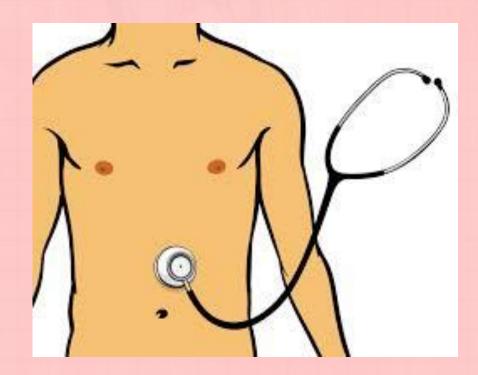
- Palpation of the kidneys
 - supine position
 - The kidney is lifted from behind with one hand in the costovertebral angle
 - The most common abnormality detected on examination of the kidneys is a mass

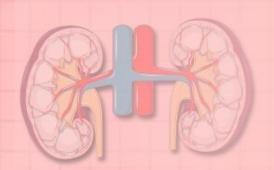


Auscultation

Site: epigastrium, looking for bruit.

renal arteriovenous fistula.

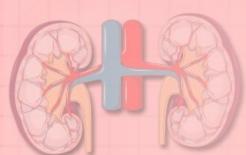


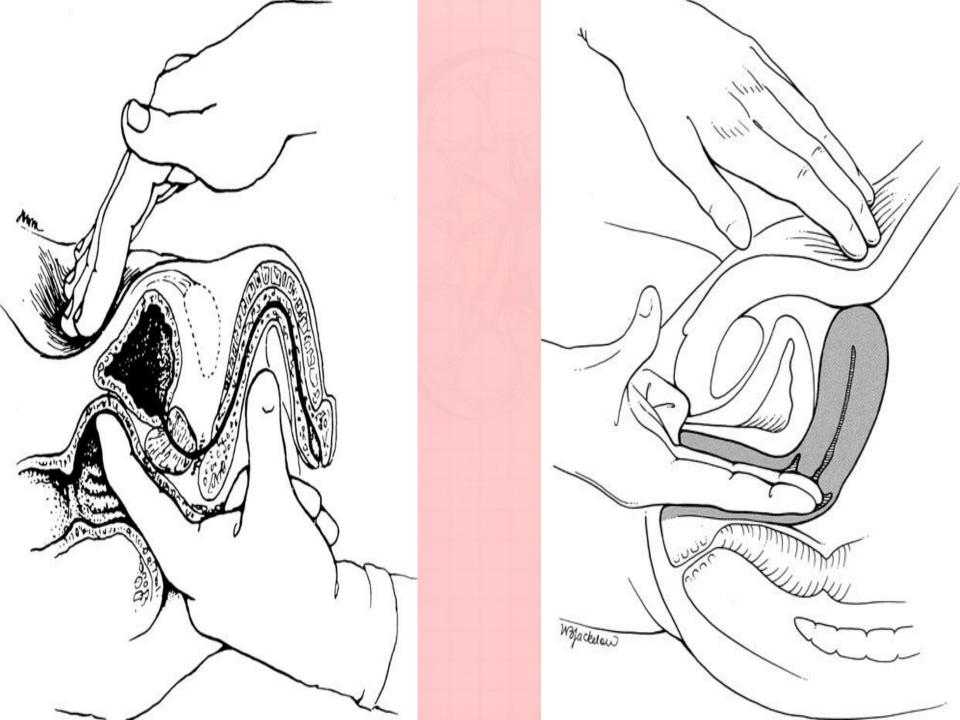


Bladder Examination

- **Palpation**: at least 150 ml of urine must be present in it to be felt.
- Percussion .
- **Bimanual examination**, best done under anesthesia, is very valuable to asses bladder tumor extension

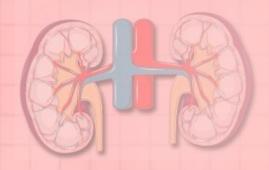






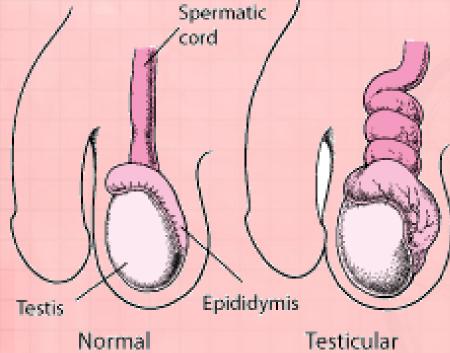
•Penis Exam

- The position of the urethral meatus
- Priapism: sickle cell disease



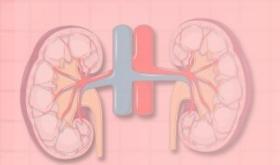
Scrotal exam

Firm or hard area within the testis should be considered a malignant tumor until proven otherwise



Normal Anatomy

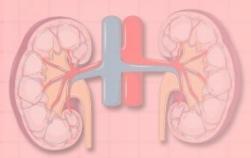
Testicular Torsion



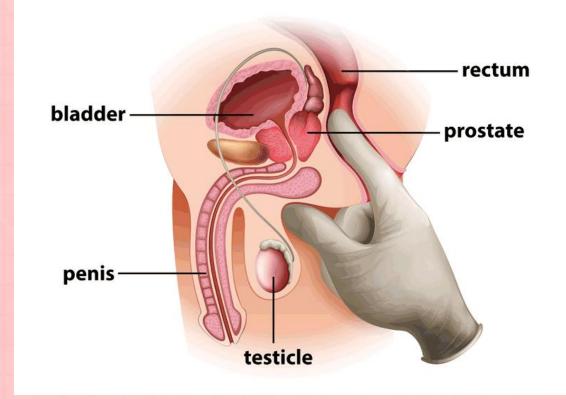
SCROTUM ITIS Scrotum Irritation and swelling of epididymis Testes SECTIONAL VIEW OF SCROTUM

•Rectal and Prostate Examination in male





Rectal Examination for Enlarged Prostate



Prostate Examination:

Acute Prostatitis

Benign Prostatic Hyperplasia

Carcinoma of the Prostate

Thank you

