Advanced Male GU Exams

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National Reproductive Health Conference
Aug. 3, 2014
Disclosure
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- “I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.”

- Photo sources referenced may NOT be original.
Disclosure

Obie Austin, MSN, ANP-BC

• Nothing to disclose
Objectives

• Describe the normal anatomy and physiology of the male reproductive tract.
• Utilize techniques for focused history taking with the male client.
• Describe the steps in a routine male genital exam.
• Recognize abnormal findings during the male genitourinary exam.
• Demonstrate advanced skill in the physical exam of the male client in the reproductive health setting.
• Discuss emotional aspects of conducting male exam
Typical male perception of GU problems
Men's Masculinity Beliefs Are a Barrier to Preventative Healthcare

- men who strongly idealize masculinity are almost 50 percent less likely than other men to seek preventative healthcare services.

EPIDEMIOLOGY
Chlamydia—Rates by Sex, United States, 1992–2012

Rate (per 100,000 population)

Year

Women
Total
Men

NOTE: As of January 2000, all 50 states and the District of Columbia have regulations that require the reporting of chlamydia cases.
Gonorrhea—Rates by Sex, United States, 1992–2012

Rate (per 100,000 population)

Year


Men
Women
Total

*32 states and Washington, DC reported sex of partner data for ≥70% of cases of P&S syphilis for each year during 2007-2012.
†MSM = men who have sex with men; MSW = men who have sex with women only.
Genital Warts—Prevalence Among STD Clinic Patients by Sex, Sex of Partners, and Site, STD Surveillance Network (SSuN), 2012

Prevalence, %

- **MSM** = men who have sex with men
- **MSW** = men who have sex with women only

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The Male Sexual Reproductive Health Exam
Male SRH Issues & Goals

Besides preventing/controlling HIV & other STIs

**Promote**
1. Sexual health & development
2. Healthy intimate relationships & responsible behavior
3. Responsible fatherhood
4. Access to clinical services

**Prevent**
5. Unintended pregnancy
6. Reproductive health cancers

**Reduce**
7. Sexual dysfunction, infertility
The Scary Seven

1. Spontaneous erections
2. Male responsibility
3. Penis size
4. Masturbation
5. Sexually transmitted diseases
6. Sexual violence
7. Love

So, are you comfortable discussing these topics?
General Principles

Taking a History

• Take a comprehensive sexual history
• Discuss confidentiality & exceptions; confidentiality is not unconditional
  – Reporting requirements include positive STI, harm to self/others
• Provide comfortable environment
• Be sensitive & non-judgmental
• Use active listening & open-ended questions
• Perform history with clothes on
Communication Needs of Male Patients

- Reticence about GU pain, symptoms, sexual history is common
- Anxiety often high and unexpressed
  - Anticipation of pain/discomfort/erection
  - Lack of knowledge about procedures
  - Previous experience with the GU exam
- Embarrassment can be a significant barrier
- Provider gender and age may affect interaction
Talking the Patient Through the Exam

• Ask permission before proceeding
• Patient consent essential for invasive procedures
• Patient’s attitude affected by
  – Cultural or religious beliefs
  – Previous positive or negative experiences
• Acknowledge patient’s bodily responses with a matter-of-fact manner
Anatomy & Physiology
Anatomy of the Scrotum

- **Scrotum**: muscular pouch containing testes
- **Testis**: a network of tightly coiled seminiferous tubules that converge and anastamose into efferent tubules
  - Encapsulated by *tunica albuginea*
- **Epididymis**: a structure formed from merged efferent tubules, which attaches along the posterior and upper border of the testis
  - Described as having *head, body & tail*
- **Vas deferens**: tube arising from tail of epididymis,
  - Passes through inguinal canal and joins seminal vesicle duct to form *ejaculatory duct*, which passes into prostate gland
- **Spermatic cord**: structure formed by vas deferens, testicular arteries, and veins
Tanner Stages

Sexual Maturity Rating

Pre-Pubertal

Mid-Puberty

Stage 1

Stage 2

Stage 3

Stage 4

Stage 5

Adult
## Key Points of a ‘SOUND’ Sexual History

<table>
<thead>
<tr>
<th>Category</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td>Ever had sex? Vaginal? Anal? Oral?</td>
</tr>
<tr>
<td></td>
<td>Performed oral sex on another person?</td>
</tr>
<tr>
<td></td>
<td>Ever had sex with men/ women/ both?</td>
</tr>
<tr>
<td><strong>Sexual abuse</strong></td>
<td>Ever had sex unwillingly? Ever forced someone?</td>
</tr>
<tr>
<td><strong>STIs</strong></td>
<td>You/ partner ever had an STI? Current symptoms?</td>
</tr>
<tr>
<td><strong>Onset</strong></td>
<td>How old when first had sex?</td>
</tr>
<tr>
<td><strong>Unprotected</strong></td>
<td>Do you/ partner use condoms, hormones?</td>
</tr>
<tr>
<td></td>
<td>Know about emergency contraception/other methods?</td>
</tr>
<tr>
<td><strong>Number</strong></td>
<td>Number partners since sex onset?</td>
</tr>
<tr>
<td></td>
<td>Number current partners? Last 2mos? Last 12 mos?</td>
</tr>
<tr>
<td><strong>Drugs</strong></td>
<td>Ever use drugs when having sex?</td>
</tr>
<tr>
<td><strong>Dysfunction</strong></td>
<td>Any problems with sexual performance?</td>
</tr>
<tr>
<td><strong>Dad</strong></td>
<td>Pregnancy history, father? Planning for pregnancy?</td>
</tr>
</tbody>
</table>
Sexual History Con’t

• Penile discharge
• Lesions (penis, scrotum, oral cavity, other)
• Pruritus (urethral, anal, skin)
• Pain (testes, joints, headache, anus)
• Lymphadenopathy
• Rectal discharge, bleeding, constipation
Sexual performance!

- Sexual Function
- Sexual Response
  - Libido
  - Arousal
  - Orgasm/ ejaculatory phase
Physical Exam
Lymph Nodes

- Inspect and palpate the femoral and inguinal area
Palpate cont.

• Penis
  – Inspect skin on shaft & glans for
    ▪ Ulcers, raised lesions, or signs of inflammation
  – Retract foreskin if present *(Ask patient to retract)*
  – Gently compress glans between thumb & index finger to open urethral meatus
    ▪ If no discharge visible, strip/milk shaft of penis from base to glans
    ▪ Inspect meatus for
      ➢ Stenosis, lesions, urethral opening position

• Perform hernia examination (?)
Examine the Scrotum & Contents

- Examine all sides of the scrotum - have patient flex leg on side being examined to increase access to area.
- Inspect the posterior side and examine the scrotal sac by rolling the skin between the fingers of one or both hands.
- Gently palpate each testicle individually - smooth and glassy in texture, size (4 cm), shape, and symmetry (left may hang slightly lower).
- Gently palpate the epididymis between the thumb and index finger.
- Gently palpate the spermatic cord and vas deferens between the thumb and index finger.
- Any swelling within the scrotum should be transilluminated for further evaluation.
Assess for Hernias

– Invaginate loose scrotal skin into inguinal canal.
– On insertion, if a mass or resistance is felt do not attempt to continue.
– If no mass is felt, ask patient to bear down or turn his head and cough.
– Avoid excess movement of finger during invagination of loose scrotal skin and removal.
– Evaluate for two types of hernias: direct inguinal hernia can be felt pressing on the side of the examiner's finger and an indirect inguinal hernia can be felt pressing on the tip of the examiner's finger. Slowly remove finger in the same oblique angle.
EXAMINATION OF INDIRECT HERNIA
### Anal Inspection

- Lay on table on side or bend over exam table
  - Examine **perianal areas & intergluteal cleft** for lesions, rashes, discharge, warts & fissures
  - Inspect **anus & perianal areas**
  - Look for ulcers, discharge, lesions
  - If necessary, perform a digital rectal exam
The Digital Rectal Exam

• Spread the patient's buttocks and examine the anal orifice.
• Using lubricating jelly, press the forefinger gently against the anus, then insert it into the rectum, noting sphincter tone.
  – Warn patient he may feel as though he has to urinate
• Palpate the prostate
• Rotate the finger 180 degrees
• While the patient strains downward, withdraw the finger
• Give the patient tissues
• Test for occult blood.
Routine Laboratory Screening

• No consensus – CDC, AAFP, USPSTF, etc. for routine screening

• If in endemic area of STIs or patient hx warrants (high risk behavior) – test as indicated.
Any Questions?