

Inguinal Hernia Examination

Introduction

- **W**ash hands, **I**ntroduce self, ask **P**atient's name & DOB & what they like to be called, **E**xplain examination and get consent
- Get a **chaperone**
- Expose patient from waist down and ask them to stand up
- Apply gloves

General Inspection

- **Patient:** stable, pain/ discomfort, pallor, muscle wasting/ cachexia
- **Around bed:** vomit bowels

Inspection

From front...

- **Lumps:** size, shape, position; scrotal extension
- **Observe cough impulse**

Palpation

- **Scrotal contents:** feel from front. If any lump, determine if you can get above it.
 - **Lump/inguinal area** (do both sides): feel from side with one hand on patient's back, and feel the lump/inguinal ligament region with the other.
Describe lump (SSSCCTTT): Site, Size, Shape, Consistency, Contours, Colour, Tenderness, Temperature, (Transillumination)
 - **Feel cough impulse** (do both sides): compress lump/ inguinal areas firmly. Patient turns head to opposite side and coughs. If swelling becomes tense and expands, there is a positive cough impulse.
 - **Reducibility:**
 - Locate the deep inguinal ring (midway between ASIS and pubic tubercle)
 - Press firmly on the lump and, starting inferiorly, try and lift it up and compress it towards the deep inguinal ring
 - Once it is reduced, slide your fingers up and maintain pressure over the deep inguinal ring
 - Ask patient to **cough**
 - If hernia reappears, it is a direct hernia; if not, it is an indirect hernia
 - Release and watch hernia reappear (indirect will slide down obliquely; direct will project forwards)
- If you cannot reduce it, try again with patient lying

Percussion and Auscultation

- **Percuss and auscultate lump:** this may reveal if bowel is present in hernia

Finally

- **Examine abdomen:** look for anything that can cause increased intra-abdominal pressure

To Complete exam

- Thank patient and cover them
- "To complete my exam, I would do a full abdominal examination and also do a cardiorespiratory assessment to determine the patient's fitness for operative reduction"
- Summarise and suggest further investigations you would do after a full history