**Inguinal Hernia Examination**

**Introduction**

- Wash hands, Introduce self, ask Patients name & DOB & what they like to be called, Explain 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