Examination of Testes & Scrotum
Goal

- To perform a thorough breast examination of the male genitalia whilst preserving patients modesty and identifying abnormal findings

Objectives; SSBAT

- Describe indications, contraindications & rationale for performing an examination of the testes & scrotum
- Acquire the necessary skills for performing the examination of the testes & scrotum
- Describe normal & abnormal findings associated with the examination of the testes & scrotum
Examination

Indications
- For routine preventative screening for testicular cancer
- For diagnostic purposes

Contraindications
- There is no medical contraindications

Complications
- Temporary discomfort from palpation of the scrotum

(Dehn & Asprey, 2007)
Statistics

- Annual incidence 4 per 100,000 men
- Accounts for 1-2% of all neoplasms in men
- Most common in males between 15-35 yrs
- Incidence is greater in white men
  (Irish Cancer Society, 2006, p9)
- Early detection yield better outcomes
  - 5 yr survival rate of 92% (97% stage1)
  - Cure rates greater than 80% (all stages)
Risk Factors

- Age: 20-35 highest group
- Cryptorchidism
- Previous cancer in the other testicle
- History of mumps orchitis, hydrocele or inguinal hernia as a child
- Smoking
- Family history
- Infertility (Irish Cancer Society 2006, p9)
- Maternal hormone ingestion during pregnancy (e.g. diethylstilbestrol)
Clinical Presentation

- Acute pain in the testicle, scrotum or abdomen
- Patients often present with a painless testicular mass
  - Pain, swelling or hardness in scrotum
  - 10% report recent testicular trauma (no link between injury & trauma found, but injury may cause tumor to become more obvious – Irish Cancer Society, 2006)
  - Swelling in lower extremities, back pain, cough may indicate advanced disease
Patient Preparation

- Ensure privacy as the examination can be embarrassing
- Ensure examination is no rushes, plan enough time
- Take time to explain the procedure and obtain consent prior to commencement of the examination
- Ask patient of remove all clothing from the waist down, cover to ensure privacy.

(Dehn & Osprey, 2007)
Examination

- Check for any swelling
- Place the index and middle fingers of both hands under the testicles with the thumbs placed on top
- Check one testicle at the time with the unused hand placed on the septum
- Roll the testicle gently between the thumb and fingers - no pain should be felt
- Find the epididymis, the soft tube-like structure behind the testicle
- Clearly document the performance of the examination was performed
- Ensure further diagnostic or screening studies are carried out if warranted
Findings

- **Normal findings**: no lumps or bumps
- **Abnormal**
  - Lumps or swelling on testes
  - Change in size or weight
  - Bulge or swelling in the scrotum
  - Other signs
    - Dull abdominal or back pain
Diagnosis & Staging

Diagnosis by
- History
- Physical exam
- Diagnostic tests
  - CT scan, ultrasound, serum tumor markers
  - Surgical biopsy
- Three stages of disease (I, II, III)

Treatment
- Surgery
- Radiation
- +/- chemotherapy (depending on histology and stage of disease)

Can be used alone or all together (Irish Cancer Society)
Follow-Up

- Inform patient before & during the examination that self-examination of the scrotal sac is useful for early detection of testicular cancer.
- Instruct the patient in the technique for self-examination and encourage to perform on a monthly basis (after warm bath or shower-heat help relax the scrotum making it easier to detect abnormalities)
- Patients who do not keep appointments should be followed up
References

- American cancer society
- Irish Cancer Society (2006), Understanding Testicular Cancer Supplement, Dublin
Recommended Reading