1. Overview
Students will have the opportunity to perform female and male GU exams using both mannequins and standardized patients. The female standardized patient GU exam will include the external genitalia and pelvic exam, including use of a speculum; Male GU exam will include hernia and external genitalia/testicular examination. Practice session using mannequin will include evaluation of the prostate. Also refer to the Female and Male Exam – Factsheet 2019 for additional simulation lab session instructions.

2. Goal of the Procedure
Accurately perform female and male GU exams using proper techniques and logical sequence, while providing for patient comfort and modesty.

3. Reference(s)

4. Required Reading / Review
Begin by reviewing the materials from 609a Health Assessment:
   a. Panoptos:
      - Week 11 Male Genitourinary System: Anus, Rectum, Prostate: Male Genital Exam
      - Week 12 Female Genital exam
      Use above link, then use your UA Net ID Credentials to sign into the library, then click view full text, navigate to below chapters
      - Chapter 17 Male Genitourinary System pp 225-236; 12 pages
      - Chapter 18 Female Genitourinary System pp 237-252; 16 pages
      - Chapter 19 Anus, Rectum, and Prostate pp 253-260; 8 pages

5. Required Procedure Competencies
   **Professionalism**
   1. Present/on time
   2. Prepared (readings, etc.)
   3. Engaged and participated
   4. Respectful of others

   **Communication skills**
   1. Obtain name and age of the patient and relationship of others if present
   2. Start with an open-ended question
   3. Use appropriate eye contact and body language
   4. Use facilitative listening skills
   5. Demonstrate empathy
   6. Explain the purpose of the examination.
   7. Invite questions now or during the exam.

   **FEMALE Exam Preparation**
   1. Check all equipment/supplies
   2. Adjust exam light prior to gloving
   3. Wash hands
General techniques/exam skills
1. Demonstrate concern for the patient’s comfort and modesty
2. Explain to patient what is being done
3. Enlist the patient’s cooperation during the exam
4. Follow a logical sequence of exam from one region to another
5. Modify the exam to adapt to patient limitations
6. Avoid unexpected/sudden movements
7. For the pelvic: wear gloves that remain uncontaminated throughout the exam

Pelvic Examination
A. Positioning
1. Elevate head of table to permit eye contact.
2. Turn on and adjust lamp.
3. Ascertain that patient is comfortable and that drapes are adjusted to maintain eye contact.
4. Position patient on back, hips to end of table, and heels on foot rest

B. External Genital Examination
1. Put on exam gloves.
2. Start in a sitting position.
3. Inform patient, both verbally and by touch, the examination is to begin.
4. Inspect and identify to patient the following external structures:
   a. mons pubis
   b. labia majora
   c. labia minora
   d. clitoris
   e. urethral meatus
   f. introitus
   g. perineum
   h. anus

C. Speculum Examination and Routine Procedures
1. Check speculum prior to insertion. (Mechanically and temperature-use warm water to heat and lubricant)
2. Inform patient, both verbally and by touch, that speculum exam is to begin.
3. Hold speculum at 45° angle
4. Insert speculum properly
   a. Using one finger at the introitus to help patient relax perineal muscles:
      Place one finger at the introitus and proceed with pubococcygeal relaxation techniques, introducing second finger and pressing down on the perineal body.
      Insert speculum partially over fingers depressing perineal body without causing discomfort to the patient by directing speculum toward the posterior vaginal wall, away from the urethra.
      When the speculum is inserted about 1-1. “, remove your fingers. Maintain gentle downward pressure toward the rectum.
   b. Using closed speculum place downward pressure to relax perineal muscles
5. Rotate speculum while inserting at a slight downward angle following the natural path of the vagina. With opposite hand, gently move labia out of path of the speculum to avoid pinching and discomfort. Speculum is horizontal at full insertion.
6. Open speculum blades slowly to 1” to 2”
7. Locate and identify cervix
8. Secure speculum in open position
9. Inspect the cervix
10. Inspect vaginal walls while removing speculum
11. Allow speculum to close completely prior to withdrawal from the introitus.
12. Dispose of speculum appropriately or place into designated container for cleaning.

D. Abdominal-Vaginal Bimanual Pelvic Examination
  1. Examiner should be standing.
  2. Apply lubricant to index and middle fingers of dominant gloved hand.
  3. Inform patient, both verbally and by touch, that bimanual examination is about to begin.
  4. Encourage patient’s participation in relaxation technique of the pubococcygeal muscle of the vagina to facilitate examination.
  5. Introduce index and middle fingers of gloved hand into the vagina, and turn hand to a palm up position. Thumb is hyper-extended, 4th and 5th fingers are flexed on palm. Avoid contact with the clitoral area with your thumb.

Palpation of the uterus
  1. Locate/identify cervix.
  2. Palpate the body and apex of the uterus between vaginal hand and abdominal hand.
  3. Note size, shape, and position of the uterus moving hands together laterally.

Palpation of the adnexa and ovaries (repeat steps on both sides)
  1. Move intravaginal fingers into vaginal lateral fornix.
  2. Push down with fingers of abdominal hand as if to meet intravaginal fingers just above the mid-point of the inguinal ligament.
  3. Bend the intravaginal fingers up towards the abdominal hand, keeping them relaxed.
  4. Maintaining depth, move both sets of fingers simultaneously toward mons pubis to locate ovary with the intravaginal fingers.
  5. Characterize ovary between both sets of fingers.
  6. If ovary is not located with initial attempt, re-position hands and repeat procedure.

MALE Exam
Prior to beginning the exam:
  1. Brief outline of what the exam entails.
  2. Assure the patient that the exam should not be painful. Pain may be a sign of an underlying problem; so ask the patient to communicate this to you.
  3. Assure the patient that although some men may feel embarrassed or get an erection during this procedure, it is an important exam to screen for possible problems.
  4. Give patient simple and clear directions on lowering of pants and/or on the position for the examination.
  5. Explain each procedure and its purpose prior to doing the procedure, using language the patient will understand.

Physical Exam
  1. Wash hands.
  2. Position lamp if needed.
  3. Put gloves on both hands.
  4. Make a visual inspection of the genital region.
  5. Inspect and palpate femoral pulses.
  6. Palpate the lymph nodes in the inguinal and femoral areas.
  7. Inspect the pubic hair (checking for lesions, excoriation, lice).
  8. Inspect surface of penis. Retract prepuce (foreskin) if present. Replace foreskin in normal anatomic position. Systematically rotate the penis to view all surfaces. Inspect the skin of the glans.
  9. Palpate shaft of penis including both corporea cavernosa and urethra.
10. Inspect urethral meatus for size and discharge.
11. Systematically inspect all surfaces of the scrotum.
12. Observe for scrotal symmetry or asymmetry.
13. Note: Perform #s 18, 19, 20 on the R testicle, and then on the L.
15. Palpate epididymis (posteriorly).
16. Palpate vas deferens (superiorly).
17. Palpate the inguinal and femoral areas for hernias (with sustained valsalva).