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CHECKLIST FOR Groin Hernia Exam – UNDERGRADUATE GUIDE

Ones in BLACK must do or comment on, Ones in BLUE must comment on only if present or applicable to patient. **FOLLOW THIS CHECKLIST IN PUBLISHED ORDER**

This may be a short 5 min station or as part of an abdominal exam station. Please apply this if stoma seen during abdominal exam. **Definition: A hernia is a protrusion of internal viscera through the walls that contain it**	
Stage 1 – Pre Exam Checklist (If doing separately do this stage if not skip to stage 3)	
1. Alcohol Gel / Bare Below Elbows - Gloves not necessary	
2. Introduction – "Shake hands/ hello my name is……."	
3. Consent – "Will it be okay if I have a look at your hernia today?"	
4. Chaperone and privacy – Request a chaperone as this is an intimate examination. Ensure room secure and curtains drawn prior to exam	
5. **Positioning** – Ask the patient to stand up **If 5min station only have to examine standing up and then at the end say to finish off I will examine lying down (See Stage __). If 10min station, examine lying down first then examine hernia standing up as well. The steps are the same if done lying down or standing.**	
6. Exposure – Ask the patient to remove trousers. Also expose their abdomen. Top should be taken off. Tell the examiner ideally would like to have underwear removed if the patient is male to examine scrotum. In the exam wearing boxers / underwear is ok	
Stage 2 – General inspection	
1. Take a step back and inspect patient	
2. Comment on patient (obvious only) • Comfortable at rest or not • Comment on obvious swellings / lump (i.e. if you see possible hernia on right at this stage say – "there is a lump / swelling on the right side" • Obvious abdominal scars (appendicectomy scar – significance due to damage to ilio-inguinal / ilio-hypogastric nerves which may be damaged which increases risk of inguinal hernias) • Comment on other obvious scars from the end of the bed • Comment on dressing or bandages and take them down, comment on scars TIP: If no obvious lump on either side then ask the patient to cough and see if a lump appears.	
3. Comment on surroundings • Patient may have a support TRUS belt, a supportive belt used to conservatively manage hernias. • If no other clues "say no other obvious clues around the bed" • Food or drink around indicating E&D	
Remember this is not a close inspection stage (this comes next), so only mention obvious things. Don't commit to things at this stage.	

Stage 3: Examination of the hernia	
1. Inspection **POSITION YOURSELF LOWERING YOUR SELF DOWN TO PATIENTS HIP LEVEL (KNEEL or CROUCH). REMEMBER TO STAND <u>TO THE SIDE OF PATIENT NOT IN FRONT</u> (THINK WHY THIS MIGHT BE!!)** • Inspect groin for scars (Previous hernia repair scars – remember to look on both left and right groins). Other scars in the groin may be from previous vascular surgery. • Comment on obvious swellings / lumps (do not commit yourself to saying this is a hernia yet. Say "lump in the left groin or right etc" • Now describe the lump - Site, size, shape, skin changes, visible peristalsis	
2. Palpation - Ask the patient if they have any pain before proceeding further - Choose the side with the "lump" to examine first - Treat this still as a lump - Use dorsum of hand to check the temperature and compare to skin adjacent to lump and opposite side	
3. Establishing the lump is a hernia - For the lump to be a hernia it has cough impulse and may be reducible - Ask the patient "Are you able push the lump back in" ➢ If the patient says yes then ask them to kindly do so ✓ Then place hand over where the lump was and ask them to cough ✓ The lump should reappear and you will feel an impulse on the hand as well as a volume increase. This a cough impulse ✓ Then turn to examiner and say "this is reducible lump with a cough impulse. Therefore, likely a hernia." ➢ If the patient says no gently massage the lump using rotational movement and then ask the patient to cough and follow the latter steps.	

4. Establishing whether the lump is an inguinal or a femoral hernia
    - Palpate for anatomical landmarks on the side of the lump
    - Say aloud as you feel for the following
    - Anterior Superior Illiac Spine (ASIS)
    - Pubic Symphysis
    - Pubic tubercle
        - ✓ Normally to feel pubic tubercle one would feel laterally from pubic symphysis
        - ✓ TIP: However when there is a hernia you may need to feel underneath it working inferiorly and laterally to find pubic tubercle
    - Observe to see if hernia is:
        - ✓ Superior medial to pubic tubercle – Inguinal hernia
        - ✓ Inferior lateral to pubic tubercle – femoral hernia
        - ✓ Tell the examiner "as the lump is superior medial / inferior lateral to pubic tubercle it is likely an inguinal / femoral hernia"
    - Using the landmarks find the midpoint of the inguinal ligament where the deep ring lies (tell the examiner this) and keep a few fingers over it to mark the location to be used in the next step

IMPORTANT:
Inguinal Ligament – ASIS to pubic tubercle
Midpoint of inguinal ligament - Half way between ASIS and pubic tubercle (deep ring is located here)
Mid inguinal point – Half way between ASIS and pubic symphysis (femoral pulse located here)

5. If inguinal hernia establishing if direct or indirect (if you find a femoral hernia you do not need to do this stage)
    - Now reduce the hernia again yourself
    - Find the deep ring either by palpating the landmarks again or if you kept the hand over it from previous step use this point.
    - Reduce the hernia and press the deep ring
    - Ask the patient to cough. If the hernia reappears then it is a DIRECT hernia
    - If not it is indirect

TIP: Sometimes if the defect is large in a direct hernia, the hernia might pop out even before you ask the patient to cough. Do not be put off by this. Just try and reduce as much as possible and keep other hand over where the hernia reappears spontaneously and press the deep ring with the other hand. Then let go of the former hand. If the hernia reappears before patient coughs it is still a direct hernia.

6. Asucultate
    - Use stethoscope to auscultate bowel sounds over hernia

7. Now REMEMBER TO examine the opposite side
    - If an obvious lump present quickly repeat the steps 1-6 listed above
    - If no obvious lump then feel the anatomic landmarks on this side (ASIS, pubic symphysis, pubic tubercle)
    - Then place fingers over superficial ring (where pubic tubercle is) and ask patient to cough feeling for a cough impulse
    - Then place fingers over deep ring (mid point of inguinal ligament) and ask patient to cough feeling for a cough impulse
    - If no abnormality say no hernia on this side

STEPS 8 If 10 min station. If 5 min then go to step 9

8. Ask patient to lie down flat
    - Do superficial and deep palpation of abdomen
    - Then repeat steps 4 and 5 only
    - Then examine the scrotum (see scrotal exam lecture)

Stage 5: To Finish Off

Turn to the examiner and say:
"To complete my examination I would like to:"
1. Full abdominal examination
2. Examine the scrotum

STAGE 6: COMPLETION

- Thank the patient
- Offer to help get dressed and cover up
- USE ALCOHOL GEL AGAIN AT THE END

STAGE 7: PRESENT FINDINGS

END OF EXAMINATION

Other differentials for a lump in the groin (remember to answer this question always work through anatomical layers)

- Skin: Dermoid cysts, sebaceous cyst, skin cancers
- Subcutaneous tissues – Lipoma
- Muscle – Sarcoma, leiomyoma
- Nerves - Neruoma
- Vessels – Aneurysm / Sapheno varix