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Surgical Swelling Ulcer and Lymph Node Examination

Practical 02 / Supervised clinical examination

Aim

Describe a swelling or ulcer systematically and examine its regional lymphatic drainage.

Principle

Site, tissue plane, consistency, mobility, skin changes and regional nodes help guide a surgical differential. Clear measurements make findings comparable over time.

Materials and Requirements

- Supervised patient, task model or photographs
- Light, disposable ruler and examination record

Procedure

1. Take a history of onset, progression, pain, trauma and systemic symptoms. Obtain consent and expose only the area needed.
2. Clarify onset, changes in size, discharge, pain and impact on function. Confirm side and site, examine with appropriate lighting and draping and check consent.
3. Inspect site, size, shape, border and overlying skin. For an ulcer describe the edge, base, surrounding skin and exudate.
4. Describe the site relative to a reproducible landmark, then measure length and width. For ulcers distinguish edge and visible base from surrounding skin and report drainage amount and appearance.

Continue with step 5 on the next page.

Procedure Continued

Surgical Swelling Ulcer and Lymph Node Examination

5. Palpate gently as appropriate for tenderness, temperature, consistency, mobility and relation to deeper planes. Compare sides when applicable.
6. Compare temperature and tenderness with adjacent tissue. If safe, assess whether the swelling moves relative to the skin and deeper tissues and record its texture and border.
7. Examine regional nodes and distal perfusion where relevant. Measure and document anatomical position and dimensions.
8. Assess relevant draining nodal groups by site, size, mobility and tenderness. When relevant check skin temperature and distal pulse and compare the two sides.
9. Summarise findings and propose targeted imaging, tissue or microbiology evaluation when indicated.
10. Present a consistent description with location, size, surface, palpation and associated findings. Explain the working differential and what further assessment would change management.

Precautions

- Do not compress a pulsatile mass or probe wounds during routine examination.
- Escalate rapid enlargement, systemic signs or impaired perfusion.

Observations and Interpretation

Surgical Swelling Ulcer and Lymph Node Examination

Observations and Record

Item	What to record	What it tells you
Lesion description	Exact site, dimensions and surface features	Standardises the findings
Palpation	Consistency, mobility, tenderness and tissue plane	Supports a local differential
Drainage and perfusion	Regional nodes and relevant vascular signs	Flags wider involvement

Worked Example

A painless 2 × 2 cm mobile subcutaneous lump has normal overlying skin and no palpable regional nodes. It has enlarged slowly over two years.

Result and Interpretation

The examination suggests a superficial lesion. Consider benign causes and arrange appropriate review of persistent growth or uncertain features.

Viva Questions and Answers

Why document two dimensions of an ulcer?

They establish a baseline for subsequent comparison.

Which node features should be recorded?

Site, size, tenderness, consistency, mobility and whether nodes are discrete or matted.

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