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Hernia Examination and Urgent Features

Practical 03 / Supervised clinical examination

Aim

Examine a groin or abdominal wall swelling and recognise findings that require urgent surgical assessment.

Principle

Examination with posture and cough, relevant landmarks and symptoms supports classification. Pain, irreducibility, vomiting or systemic illness can indicate a complication.

Materials and Requirements

- Groin examination model or supervised patient with consent
- Ruler and anatomical landmark diagram

Procedure

1. Ask about duration, discomfort, posture-related change, previous surgery, vomiting and bowel symptoms. Offer a chaperone and maintain privacy.
2. Ask about onset and change with standing, lifting or coughing, previous hernia or operation and any recent inability to reduce the swelling. Identify pain, vomiting and obstruction symptoms.
3. Inspect standing and supine when safe. Identify swelling in relation to the pubic tubercle, inguinal ligament, scars and midline.
4. With appropriate draping compare both groins and relevant scars from standing and supine positions if safe. Describe the swelling in relation to the inguinal ligament and pubic tubercle.

Continue with step 5 on the next page.

Procedure Continued

Hernia Examination and Urgent Features

5. Observe cough impulse if appropriate. Assess tenderness, skin change and reducibility only when clinically safe under supervision.
6. If the patient is comfortable and the supervisor approves, observe for a cough-related change and assess tenderness and overlying skin. Defer manipulation in a painful, fixed or suspicious swelling.
7. Examine the opposite side and abdomen, recording distension and other relevant findings.
8. Assess distension, tenderness and other signs relevant to bowel involvement. Record whether the other side and relevant abdominal wall sites were examined.
9. Describe the suspected site and whether the presentation is elective or urgent.
10. Summarise side, landmark relationships, dynamic findings and red flags. If a complication is suspected, give the team the current clinical status and request urgent assessment.

Precautions

- Protect privacy and examine the model when consent or chaperone arrangements are unavailable.
- Avoid forcible manipulation.

Observations and Interpretation

Hernia Examination and Urgent Features

Observations and Record

Item	What to record	What it tells you
Site	Landmarks, side and relation to scars	Helps classify the defect
Dynamic findings	Postural change, cough impulse and reducibility if safe	Supports a hernia
Urgent features	Pain, irreducibility, vomiting and skin signs	Identifies possible obstruction or ischaemia

Worked Example

A previously reducible groin swelling is now painful and fixed. There is vomiting and abdominal distension.

Result and Interpretation

Suspect a complicated hernia and arrange urgent surgical assessment. Avoid repeated attempts to reduce a painful swelling.

Viva Questions and Answers

Which landmarks distinguish inguinal from femoral sites?

Relationship to the inguinal ligament and pubic tubercle.

What is a cough impulse?

Expansion felt or seen at the swelling with increased intra-abdominal pressure.

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