Although it is unlikely you will be asked to do this on a real patient in an OSCE, you may be asked to perform the examination on a model and so is important you know the steps to take.

**OSCE Scenario:** You have been asked to examine the external genitalia of this gentleman who has presented with penile discharge.

**Introduction**
- Introduce yourself
- Wash your hands
- Explain to the patient that you need to perform a genital examination and ask permission to do so
- Offer a chaperone
- Expose patient: from waist down
- Position patient lying flat to begin with
- Ask if patient has any pain/is comfortable as they are
- Don gloves

**Inspection**
- Inspect from base to tip of penis (ensure to lift penis up to inspect shaft and scrotum fully)
- Inspect the prepuce (foreskin) – pull back and inspect prepucial area
- Inspect the meatus
- Inspect the scrotum
- Inspect the general groin area
- What you are looking for/comment on:
  - Rashes
  - Redness
  - Sores
  - Lumps
  - Discharge
  - Symmetry
  - Structural abnormality

**Palpation**
- Palpate for inguinal lymph nodes bilaterally
- Scrotal palpation:
  - Start with normal side, then go on to abnormal side
  - Testes: gently palpate using thumb and two fingers
  - If swelling felt then examine standing (examine as per lump and hernia exam)

**Further examinations/investigations**
- Full history including sexual and travel history
- Abdominal examination, PR, and throat examination if suspecting STI
- If any discharge seen: urethral swab for microscopy, culture and NAT

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• Ultrasound if testicular lump felt

Finishing Exam
• Thank patient
• Inform them they can get dressed

Notes on penile discharge:

Gonococcal urethritis
• Caused by Neisseria gonorrhoea – Gram negative kidney shaped diplococci
• Typically inside neutrophils
• Features:
  o Urethral pus
  o Dysuria
  o Tenesmus, proctitis and rectal discharge if MSM
• Diagnosis:
  o Urethral swab for Gram stain
• Complications:
  o Local – prostatitis, epididymitis
  o Systemic – septicaemia, Reiter’s syndrome, endocarditis, septic arthritis
  o Obstetric – ophthalma neonatorum
  o Long-term – uretral stricture, infertility
• Treatment:
  o Ceftriaxone 250mg IM single dose OR cefixime 400mg PO
  o Co-treat for Chlamydia

Non-gonococcal urethritis
• Commoner than GC
• Features:
  o Thinner discharge
• Organisms:
  o Chlamydia
  o Ureaplasma urealyticum
  o Mycoplasma gentialium
  o Herpes Simplex Virus
  o Candida
• Treatment:
  o Azithromycin 1g PO stat or doxycycline for 7 days
  o Avoid intercourse during treatment and avoid alcohol for 4 weeks