



OSCE Checklist: Hernia Examination

Introduction		
1	Introduce yourself to the patient including your name and role	
2	Confirm the patient's name and date of birth	
3	Briefly explain what the examination will involve using patient-friendly language	
4	Gain consent to proceed with the examination	
5	Explain the need for a chaperone	
6	Adjust the head of the bed to a 45° angle and ask the patient to lay on the bed.	
7	Wash your hands	
8	Adequately expose the patient's abdomen and inguinal region for the examination. Offer a sheet to allow exposure only when required.	
9	Ask the patient if they have any pain before proceeding with the clinical examination	
General inspection		
10	Inspect the patient from the end of the bed whilst at rest, looking for clinical signs suggestive of underlying pathology	
Differentiating a hernia from other types of lumps		
11	Assess the characteristics of the lump (number of lumps, cough impulse, consistency, ability to get above the lump, tenderness, bowel sounds, bruit, transillumination)	
Differentiating hernia subtypes		
12	Assess the anatomical relationship of the hernia in relation to the pubic tubercle	
13	Assess the reducibility of the hernia	
14	Locate the deep inguinal ring (midway between the anterior superior iliac spine and pubic tubercle)	
15	Manually reduce the patient's hernia by compressing it towards the deep inguinal ring starting at the inferior aspect of the hernia	
16	Once the hernia is reduced, apply pressure over the deep inguinal ring and ask the patient to cough	
Scrotal examination		
17	Perform scrotal examination if appropriate	
To complete the examination...		
18	Explain to the patient that the examination is now finished	
19	Thank the patient for their time	
20	Wash your hands	
21	Summarise your findings	
22	Suggest further assessments and investigations (e.g. testicular examination, abdominal examination, inguinal lymph node assessment, further imaging)	