



OSCE Checklist: Hernia Examination

Introduction	
1	Wash your hands and don PPE if appropriate
2	Introduce yourself to the patient including your name and role
3	Confirm the patient's name and date of birth
4	Briefly explain what the examination will involve using patient-friendly language
5	Gain consent to proceed with the examination
6	Explain the need for a chaperone
7	Adjust the head of the bed to a 45° angle and ask the patient to lay on the bed.
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	Dispose of PPE appropriately and 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)