Breast & Genitalia

Review A & P
- Upper out quadrant site of most breast tumors
- In adolescents—one breast can grow faster than other, produces temporary asymmetry

Subjective/Interview
1. Pain (mastalgia)—trauma, inflammation, infection, benign breast disease
   - Cyclic pain common—use of oral contraceptives and benign breast (fibrocystic) disease
2. Lump—new, changing, any relation to cycle
3. Discharge (galactorrhea)—clear—oral contraceptives, phenothiazines, diuretics, digitalis, steroids, reserpine, methyldopa, calcium channel blockers—bloody or blood tinged—significant
4. Rash—Paget’s disease
5. Swelling
6. Trauma
7. History of breast disease
8. Surgery
9. Self care—Breast and Genitalia, mammograms

Inspection
- Slight asymmetry normal
- Sudden increase in size abnormal
- Orange peel look (peau d’orange) seen in edema
- Nipple—recently Retracted vs. Present for many years; normal inversion unilateral or bilateral and can be pulled out
- Supernumerary nipple—extra along “milk line”
- Retraction—from fibrosis in breast tissue; caused by growing neoplasm; should see symmetric movement:
  - Hands above heart
  - Hands on hips
  - Palms together
  - Lean forward (women with pendulous breasts)

Palpation
- Start with client in sitting position, then in supine position with small pad under side to be palpated and raise arm over head
- Use three fingers and rotating motion
- Use spokes-on-a-wheel or concentric circle pattern
- Include tail of Spence
- Inframammary ridge
- Bimanual technique with large, pendulous breasts
- Friction-free exam—hot soapy lather, talcum powder
Breast Self Exam (BSE)
- Immediately after menstrual period or 4th through 7th day of cycle (breasts smallest & least congested)
- Women not having menstrual periods should pick one day of the month

Review abnormal findings

Female Genitalia
Review A & P

Subjective/Interview
1. Menstrual History
   a. LMP
   b. Menarche—12-14 y.o. normal, 16-17 y.o. endocrine delay
   c. Cycle of 18-45 days
   d. Amenorrhea—absent
   e. Duration 3-7 days
   f. Menorrhagia—heavy menses
   g. Clotting—heavy flow or vaginal pooling
   h. Dysmenorrhea (pain)—how treated?
2. OB History
   a. Gravida—number of pregnancies
   b. Para—number of births
   c. Abortions—elective or spontaneous miscarriage
3. Menopause—perimenopausal, 40-55 y.o
   a. Question estrogen replacement
   b. SE: fluid retention, breast pain or enlargement, vaginal bleeding
4. Self care—question PAP test
5. Urinary Symptoms
   a. Define: frequency, urgency, dysuria, nocturia, hematuria, true incontinence, urgency incontinence, stress incontinence
6. Vaginal Discharge
   a. Normal—small, clear or cloudy, non-irritating
   b. Itching
   c. Factors increase risk of vaginitis
      i. Oral contraceptives, broad-spectrum
      ii. Antibiotics, diabetes, menses, postpartum, and menopause have more alkaline vaginal pH
7. Past History
8. Sexual activity—begin with open ended questions
9. Contraceptive use
   a. Smoking history
10. STD contact
Role as ADN graduate includes—assisting examiner
Preparation especially important
Review Abnormal Findings

Male Genitalia
Review A & P

No definite end to fertility as in females
- Sperm production decreases at age 40, continues into 80’s and 90’s
- After 55 to 60, testosterone production decreases

Transcultural Consideration
- Circumcision
  - Reasons: cultural, prevention of phimosis and inflammation of glans penis and foreskin, decreases incidence of cancer of penis, and slightly decreases incidence of UTI’s in infancy
  - U.S.—70-80% newborn male circumcised
  - Canada, Great Britain, Australia, and Sweden—less than 20%
  - Jews & Muslims—as part of religious value system

Subjective/Interview
1. Frequency, urgency, nocturia
   - Polyuria—excessive quantity
   - Oliguria—diminished quantity
   - Nocturia—urinary tract disorders, also cardiovascular, habitual, diuretic medication
2. Dysuria—burning common with acute cystitis, prostatitis, urethritis
3. Hesitancy and straining—suggest progressive prostatic obstruction
4. Urine color
   - Hematuria—danger sign
5. Past genitourinary history
   - True incontinence
   - Urgency incontinence
   - Stress incontinence
6. Penis—discharge indicates infection
7. Scrotum
   - Question testicular self-exam
   - Question bulge or swelling—hernia
8. Sexual activity—contraceptive use

Exam
- Be sure to slide foreskin back to original position after exam
- Phimosis—unable to retract foreskin
- Paraphimosis—unable to return foreskin to original position
- Hyposadias—ventral location of meatus
- Episadias—dorsal location of meatus

Scrotum
- Edema—taut, pitting, heart failure, renal failure, local inflammation
- Testes—feel oval, firm, rubbery, smooth, and equal bilaterally; freely movable and slightly tender to moderate pressure

- ADN grads don’t normally perform hernia check
- Palpate inguinal lymph nodes
- Normal if less than 1 cm, soft discrete, movable

Review Abnormal Finding