Urological history, examination and investigations

Part 1

Chapters

1 Taking a urological history

Figure 1.1 Relationship with patient

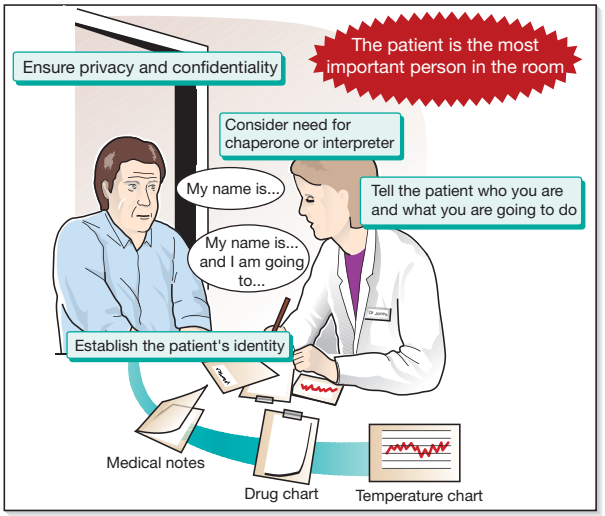
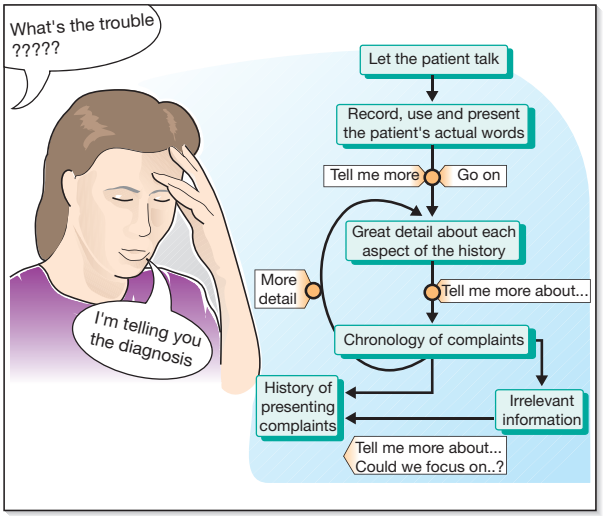
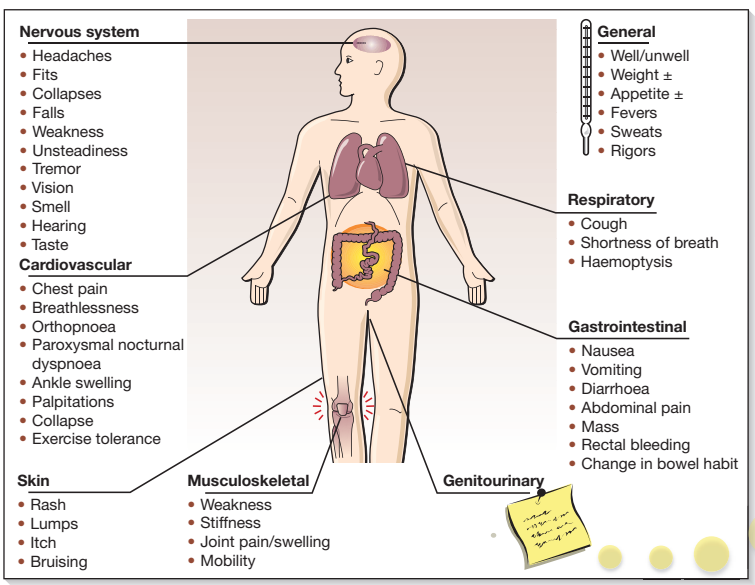


Figure 1.2 History of presenting complaint



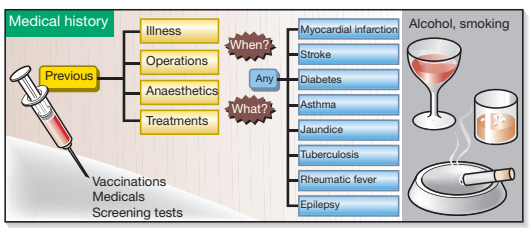


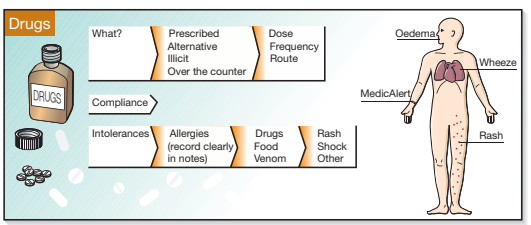
Functional enquiry

Genitourinary system

Ask about:

- Lower urinary tract symptoms (LUTS)
- History of urinary retention
- Haematuria
- Loin pain
- Dysuria and urinary tract infections
- Urinary incontinence
- Lumps/swelling e.g. testes





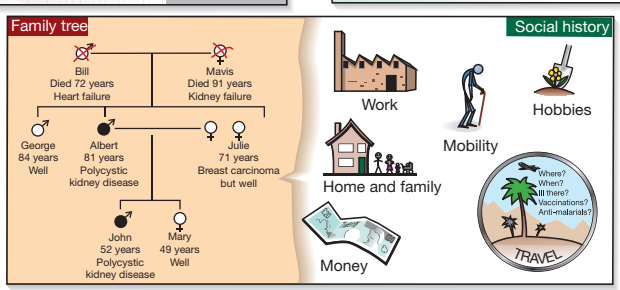


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Figure 1.3 History summary

Patient's demographics

Admitted as an emergency / from the waiting list on (date) at (time)

Presenting complaints (PC)

1st symptom – duration

2nd symptom – duration

History of each presenting complaint (HPC)

1. Nature of the complaint circumstances, speed of onset progression (change with time – picture a graph), aggravating and relieving factors, associated symptoms

2. Next associated symptom (described as in (1)

Functional enquiry

Genitourinary system
Always remember to ask:

In men:
- Problems with sexual intercourse and impotence

In women:
- Date of menarche or menopause
- Frequency, quantity and duration of menstruation
- Vaginal discharge
- Dysmenorrhoea
- Previous pregnancies, how old their children, complications during pregnancy or delivery that may have required catheterisation
- Prolapse

Past medical and surgical history

1st diagnosis and when – evidence, treatment, name of the doctor

2nd diagnosis etc.

Drug history (DH)

- Name, diagnosis, frequency, diagnostic indication, evidence, prescriber
- Alcohol and tobacco consumption, other 'recreational' drugs
- Drug sensitivities and allergies

Social history

- Home and domestic activity support
- Job and financial security
- Travel and leisure. Have they travelled in Africa or Indochina?

Relationship with the patient

✓ **Introduction**
Establish the patient identity unequivocally (ask for their full name, date of birth, etc.)

✓ **Privacy**
Ensure that there is privacy (make sure curtains are properly closed; see if the examination room is free)

✓ **Language**
Establish whether they are fluent in the language you intend to use and, if not, arrange for an interpreter to be present

✓ **Relatives, friends, and chaperones**
Establish who else is with them, their relationship with the patient and whether the patient wishes for them to be present during the consultation

✓ **Handwashing**
Hands should be washed before each patient contact with alcoholic rub or medicated soap

History of presenting complaint

This is the most important part of the history. It usually provides the most important information in arriving at the differential diagnosis with vital insight into the complaints that the patient gives the greatest importance to

✓ **Let the patient talk**
The presenting complaint should be obtained by allowing the patient to talk, usually without interruption. Record the history using the patient's own words

✓ **More specific questioning**
Open questions should be addressed to reveal more detail about particular aspects of the history. For example 'Tell me more about the loin pain?'

✓ **Focus on the main problems**
Keep in mind the main problems and direct the history accordingly. It may be necessary to interject and divert the discussion with questions like 'could you tell me more about your loin pain?'

Functional enquiry

✓ An enquiry about the patient sexual activity status and/or sexual gender preferences may be relevant if there are genital or perineal symptoms

✓ An obstetric history is important in a female patient with voiding symptoms

✓ If a patient complaints of LUTS, pneumaturia (passing air with urine which is indicative of colovesical fistula i.e. communication between the bowel and the urinary bladder), haematuria or abdominal pain/lump, then a general enquiry should be made about bowel habit, appetite and weight loss

Drug history

✓ A history of smoking is important in bladder and kidney cancer

✓ Alcohol and caffeine intake might be relevant when considering storage bladder symptoms e.g. frequency or nocturia

✓ Certain drugs can cause chronic cystitis and haematuria e.g. Cyclophosphamide

Social history

✓ Occupation: Ask retired people about their previous occupation especially if they have exposure to rubber, chemicals or plastics. For example, someone complaining of haematuria working for 20 years in a tyre company probably has bladder cancer

✓ Support: Establish whether the patient lives with a responsible and caring adult who could help look after the patient after any operation that might be required

Tip

A drawing can save many words so a sketch noting where the pain starts from and radiates to can be useful, together with a word to specify the type of pain (e.g. sharp, colicky or dull).