

## Clinical Examination Station 1

9 minutes with up to 1 minute for feedback

**You are a surgical SHO in outpatients and your consultant has asked you to examine this patient and present your findings. You will then be asked some questions regarding the management. Below is the referral letter:**

# The GP Practice

Drs G Jones and S Williams  
17 High Street

The Consultant Surgeon  
St Vincent's Hospital  
Pintown

**Re: James Smith, 69 Elm Lane, Pintown**

Dear Doctor

Please could you review this patient, who presented to me with a 6 month history of some discomfort in his groin. On examination there is a palpable lump which is non tender. I would appreciate your assistance in the management of this patient

Yours sincerely

*Simon Williams*

## Hernia Examination

**Performs an appropriate examination of the groin, with the patient both standing and lying, including testicular examination**

**Presents findings coherently and succinctly**

**What is the differential diagnosis of a lump in the groin?**

- Skin/soft tissue: sebaceous cyst, lipoma, psoas abscess
- Vascular: femoral artery aneurysm, saphena varix, lymphadenopathy
- Hernias: inguinal, femoral

**When would you operate on an inguinal hernia?**

- Irreducible
- Symptomatic
- Incarcerated/strangulated

**What are the advantages and disadvantages of Laparoscopic repair?**

Advantages	Disadvantages
Earlier return to activity	Higher risk of recurrence
Better for recurrent or bilateral hernias	Higher rate of serious complications
Lower immediate post-op pain score	

**If the patient had significant cardio-respiratory co-morbidity, but you felt the patient required operative management, what could you consider?**

- Hernia repair under local anaesthesia

**What are the complications of inguinal hernia repair?**

- Immediate: bleeding, damage to the ilio-inguinal nerve, adverse reaction to anaesthetic, urinary retention
- Early: bruising, pain, haematoma, wound infection, ischaemic orchitis
- Late: recurrence, chronic groin pain

**What is the difference between a TAP and TEP repair?**

- Trans Abdominal Pre-peritoneal – the peritoneal cavity is entered with pneumoperitoneum, and the pre-peritoneal plane is entered from within the peritoneal cavity.
- Totally Extra Peritoneal – a cavity is created by balloon dissection in the preperitoneal plane, and the peritoneal cavity is not breached

**Overall impression of the candidate** Please encircle your mark

**FAIL      BORDERLINE FAIL      BORDERLINE PASS      PASS**

If you have any specific comments about this candidate please write them in the box.

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