Male Urinary System Assessment

The male urinary system assessment consists of a health history, physical examination and assessment of available urinary specimens. The health history includes the patient’s medical history pertinent to their urinary health system, current and former medication use, and the patient’s report on their daily or long-term urinary behaviors. The physical exam includes an inspection of the lower abdomen, pelvis and genitalia, palpation of the kidneys and bladder, auscultation for renal bruits, and percussion for costovertebral angle (CVA) tenderness. Finally, assessing the urinary intake and output (I&Os) and characteristics of the urine provides valuable information on urinary system functioning and health.

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Health History

Past Medical History

Past Medical History Form

It is important to gather as much information on the patient’s past health history to better understand any current urologic problems. Ask the patient about experiences with kidney disease, infections, prostate problems, stones, and cancer. Also inquire about other health problems that can impair kidney function, such as hypertension, gout, diabetes, hepatitis, HIV, pelvic surgeries, and trauma.

Medications

Med-bottle

Ask the patient for a list of current and past medications they take. Include over-the-counter drugs, prescription drugs, and herbal supplements. Be aware of any nephrotoxic medications as they may affect kidney health. Also, anticoagulants may cause hematuria, and other drugs (like AZO or phenazopyridine HCL) may change the color of urine.

Urination Pattern

Urine Pattern

Ask the patient about daytime and nighttime voiding frequency. Also, inquire about urgency (“the need to go”), hesitancy (“bladder shy”), polyuria, oliguria, retention, and incontinence.

Physical Examination

Inspection

Inspecting

Assess for a distended bladder. A full bladder can extend beyond the symphysis pubic in the midline of the abdomen. Next, inspect the penis for any redness, skin lesions (e.g. chancres) or irritation. If the patient is uncircumcised, ask the patient to retract or assist with retraction of the foreskin. Inspect the glans penis and meatus for discharge, lesions, and inflammation. Difficulty with retracting the foreskin initially or returning it to its distended position can indicate an underlying problem requiring additional investigation and management.

Palpation

Paw

Gently palpate the kidneys and bladder. Pyelonephritis or inflammation of the kidneys, can result in flank pain. In a supine patient, palpate the kidney by placing one hand between inferior to the anterior rib cage and your other hand superior to the iliac crest behind the patient’s back. Ask the patient to inspire and let out a deep breath while you palpate for anatomic or other (pathologic) masses. Kidneys are not usually palpable, but if present, note the size, contour and tenderness. Palpable kidneys can indicate underlying pathology like cancer, splenomegaly (“the spleen pushes against other organs") or other renal conditions. A full bladder will feel like a smooth and rounded mass, and the patient will report urinary urgency, tenderness or pain.

Auscultation

Stethoscope

Use the bell of the stethoscope to listen for renal bruits (a lower pitched sound) over the renal arteries. These vessels are located lateral to the midline of the abdomen in the RUQ and LUQ, respectively.

Percussion

Percuss

To assess for kidney (costovertebral angle or CVA) tenderness, place one hand flat along the posterior CVA margin, and strike your placed hand lightly. A positive CVA sign is when pain or tenderness is elicited and may indicate a kidney infection.

Assessment of Urine

Intake and Output

I & Os Scale

I&Os are a great method to assess bladder emptying and renal function. Ideally, a foley catheter or urine collection device (e.g a handheld urinal) will provide a more accurate assessment of urine output. Patient education and compliance is key to capturing a relatively true urine output, as unrecorded and discarded urine will not provide a valid assessment. Urine output of less than 30mL/hour or for more than two continuous hours is a concern and requires further assessment.

Characteristic of Urine

Urine

Prior to discarding urine, inspect for changes in color, clarity, and odor. Cloudy and foul-smelling urine may indicate a urinary tract infection (UTI), and blood in the urine can indicate injury or illness of the urinary tract, bladder and/or kidneys.
