OSCE checklist for hernia examination

An OSCE checklist for hernia examination covers consent and a chaperone, inspecting standing and lying, palpating the lump, asking for a cough impulse, checking whether it reduces and examining the other side and the abdomen.

OSCE checklist for hernia examination: steps to practise

1. Clean your hands, introduce yourself, confirm the patient's name and date of birth (and wristband if an inpatient), explain the examination and gain consent.
2. Offer a chaperone, make sure of privacy and ask about pain before you touch.
3. Ask the patient to stand with the groin, lower abdomen and upper thighs exposed, and look at both sides for swelling, scars and skin changes.
4. Ask the patient to turn their head and cough, and look for a bulge.
5. Palpate the lump gently and note the site, size, shape, tenderness, temperature and whether you can get above it.
6. Find the pubic tubercle. An inguinal hernia usually lies above and medial to it, and a femoral hernia below and lateral to it.
7. With your hand over the lump, ask the patient to cough again and feel for a cough impulse.
8. Ask the patient to lie down and to push the lump back themselves if they can. Do not force it. If your course teaches it, press over the deep ring after reduction and ask them to cough.
9. With gloves and the chaperone present, examine the scrotum and testes in a man to separate a hernia from a scrotal swelling.
10. Examine the opposite side and the abdomen for other masses or scars.
11. Escalate at once to the surgical team if the lump is tense, tender, red or cannot be reduced, or the patient has vomiting, a swollen abdomen or is unwell, as these suggest obstruction or strangulation.
12. Thank the patient, cover them, clean your hands and give a summary with the likely type of hernia and next steps.

What candidates commonly forget

- Examining only lying down
- Not asking for a cough impulse
- Trying to force a lump back in
- Not examining the other side
- Not saying the type of hernia
- Not asking about pain or signs of obstruction or strangulation

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try Abdominal examination with a painful groin lump. Back to the surgery OSCE for MBBS students page: surgery OSCE for MBBS students, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for hernia examination?

Introduce, consent, chaperone, inspect standing, ask for a cough, palpate, use the pubic tubercle as a landmark, check cough impulse, let the patient reduce the lump, examine the scrotum, examine both sides and the abdomen, then summarise.

What is a cough impulse?

A bulge that you feel expanding against your fingers when the patient coughs. It is a sign of a hernia.

What are warning signs?

A painful, tense, tender lump that cannot be pushed back, with vomiting or a swollen abdomen, needs urgent surgical review. Do not try to force it back.

Sources

- NHS: hernia
- GMC: good medical practice

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.