OSCE checklist for scrotal examination

An OSCE checklist for scrotal examination covers a short history, consent and a chaperone, inspection, palpation of each testis, epididymis and cord, transillumination of a swelling, checking the groin, and treating sudden testicular pain as torsion until proven otherwise.

OSCE checklist for scrotal examination: steps to practise

1. Clean your hands, introduce yourself and confirm the patient's identity: full name and date of birth, checked against the wristband for inpatients.
2. Ask about pain and how fast it started, swelling, a lump, urinary symptoms, injury and fever. Sudden severe pain suggests torsion and must not wait for a full examination.
3. Explain what you will do, gain consent and make clear they can ask you to stop. Offer a chaperone, record their name or that it was declined, and ensure privacy.
4. Clean your hands and put on gloves.
5. With the patient standing, expose from the waist to the knees and inspect the scrotum and groin for swelling, redness, asymmetry, the lie of the testes and any visible varicocele.
6. Palpate each testis gently between thumb and fingers, normal side first, noting size, consistency, lumps and tenderness.
7. Palpate the epididymis and the spermatic cord on each side.
8. Examine any swelling: can you get above it, is it separate from the testis, and is it tender?
9. Transilluminate a swelling with a torch to see whether it is fluid filled.
10. Examine the groin for a hernia, asking the patient to cough, and the inguinal lymph nodes, and the abdomen if needed.
11. Remove gloves, clean your hands and allow the patient to dress in private.
12. Summarise. Suspected torsion needs immediate escalation for urgent surgical exploration, without waiting for a scan. A new lump in the testis needs urgent referral on the suspected cancer pathway. Document the findings and the chaperone.

What candidates commonly forget

- Not asking how quickly the pain started
- Not offering a chaperone or recording their name
- Not wearing gloves
- Not examining the groin
- Not saying torsion is an emergency that should not wait for a scan
- Not referring a testicular lump urgently

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 Sudden testicular pain in a teenage boy. 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 scrotal examination?

Confirm identity, brief history, consent, chaperone, gloves, inspect, palpate each testis, epididymis and cord, transilluminate a swelling, examine the groin, then summarise and escalate torsion or a testicular lump.

Why is torsion urgent?

The testis loses its blood supply and can be lost within hours. Anyone with sudden severe testicular pain, often a teenager, needs immediate surgical review without waiting for a scan.

What does a swelling that lights up mean?

It often means a fluid-filled swelling such as a hydrocele. A lump in the testis itself still needs urgent referral.

Sources

- NHS: hernia
- GMC: good medical practice

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