

Uro group D3,4 miniOSCE

- RCC risk factors
- Stone & hydronephrosis management
- Gold standard for BC diagnosis
- Definition of urge & stress incontinence
- CI of ESWL
- Types of bladder cancer
- Most common type of bladder ca in general & in Egypt
- Talk about staghorn
- What is sturvite & what is the bacterial cause
- Torsion case

انواع الretention

انواع الincontinence

?RCC most common type

Rcc diagnosis

Von hippel lindau syndrome

Eswl contraindications

Causes of hematuria

Diagnosis of bladder cancer

اسم البكتيريا التي تعمل staghorn stone

Scrotal pain Presentation

وكم ان سأل كيف بتصير الحصوة

وانواع الstone

CI of ESWL

كيف تعالج الstaghorn stone

Struvite

Staghorn tx

Eswl CI

Bladder ca

Hematuria

Types of RCC

Bell clapper - torsion

Hematuria differential

Blue dot in torsion

Difference between torsion and infection

Gold standard for bladder cancer diagnosis

Scrotal pain and associated congenital anomalies

Testicular torsion : what seen in physical examination, و ايش اول اشي بتعمله

Urology

1) Female 22yo painful hematuria

#Hx:

1- introduce you self

2- permission + Privacy

3- Pt. profile

name , age , occupation , marital status , address

**if married (how many children , how old is the youngest one)

admission via clinic or ER

4- chief complaint + Duration

5- HPI

☐ when ??

☐ painful or painless

☐ timing in streaming (initial , total , terminal)

☐ Constant or intermittent

☐ any clots with it and shape ??

☐ bleeding in other sites ??

☐ blood only without urine ?

☐ dysuria ,Fever , nausea , vomiting, discharge , weight loss , Rigors ,

6- you should ask about **LUTS ** (7-8 marks)

7- ask about GI symptoms

(anorexia , painful mouth , dysphagia ,heartburn , abdominal pain , altered bowl habit ,melaena , abdominal distention)

8- history of previous similar attacks

9- past and medical history

Trauma , previous surgeries , Catheterization , circumcision , DM , HTN

10- Drug history

allergy of any thing ??

allergy of specific Drug ?

if takes Drugs ? --- > Rifampin or anticoagulants (aspirin)

11 - Family Hx (stones + Tumors

12- social Hx

Smoking , Alcohol , Food , Travel Hx , Sexual Activity

Investigations and Lab // CBC (Hemoglobin), UA, Urine culture,(he said they need time)

KFT, cytology,

Imaging // US , KUB , CT

DDX: pyelonephritis, stone, trauma, cystitis

NOTE::: as she is a female mention short urethra and close rectal proximity

As she is newly married cystitis caused by staph saprophyticus (honeymoon cystitis) applies

2) **PR nodular and painless prostate**

– note that these are pieces of the question which means that the student before drew history and the next proceeds to management and investigation and so on

#Hx:

1- introduce you self

2- permission + Privacy

3- Pt. profile

name , age , occupation , marital status , address

**if married (how many children , how old is the youngest one)

admission via clinic or ER

4- chief complaint + Duration

Lower Urinary Tract Symptoms * irritative • frequency • nocturia • dysuria • urgency • incontinence *Obstructive • Hesitancy • poor streaming • dripping • intermittency • straining (AUA previously called IPSS)

Also ask about ::: Abdo/flank pain

Previous transurethral surgery

CNS, neurologic diseases (parkinson's, stroke)

Meds (oral decongestants, antidepressants)

DM

Previous STD's or perineal trauma

PE

General & GU exam, DRE, Focused Neurourologic Exam

Investigation: UA/ UCx

Management:

The therapeutic cascade (step-up):

1) lifestyle measures –physiotherapy

- (decrease fluids -caffeine
- alcohol
- time diuretics
- decongestants
- exercise
- weight loss
- sleep apnea
- Diet)

2) Medication : alpha blockade-5 ARIs - anticholinergics (occasionally)- combination med therapy

3) Intervention under GA (TURP – gold standard)

- Surgical Options
 - “Minimally invasive therapy”
 - Injections – eg. Botox™, alcohol
 - Photodynamic therapy (PTD)
 - Microwave heat treatment
 - High Intensity Frequency Ultrasound (HIFU)
 - Needle ablation / radio-wave treatment
 - Electrovaporization of prostate
 - **Laser therapy**
 - **Transurethral resection (TURP)**
 - **Open prostatectomy**
- Indications for surgery
 - Symptoms refractory to medical therapy
 - Recurrent UTI
 - Urinary Retention
 - Recurrent Hematuria
 - Renal Impairment
 - Bladder Calculi

3) Mona, 40 year old married, flank pain, 3 hours ago. management and diagnosis

4) 6mm stone on CT management (yes that was how the question was stated!)

#Hx:

1- introduce you self

2- permission + Privacy

3- Pt. profile

name , age , occupation , marital status , address

**if married (how many children , how old is the youngest one)

admission via clinic or ER

4- chief complaint + Duration

5- HPI

S - Rt , Lt , unilateral , Bilateral

o- gradual , sudden ,....

C- burning , stabbing ,

R- genitalia , lower back , testis , supra pubic ,

A- Fever , nausea , vomiting , hematuria , discharge , weight loss , Rigors , dysuria

T-intermittent , continues , morning ,night

E- analgesic , movement , position ,.....

S- ??/10

6- you should ask about ****LUTS **** (7-8 marks)

7- history of previous similar attacks

8- past and medical history

Trauma , previous surgeries , Catheterization , circumcision , DM , HTN

9- Drug history

allergy of any thing ??

allergy of specific Drug ?

if takes Drugs ?

10 - Family Hx (stones + Tumors +)

11- social Hx

Smoking , Alcohol , Food , Travel Hx , Sexual Activity

physical Examination (Full examination)

1) general examination (well , in pain or not , laying , cyanosis, pallor , jaundice ,.....)

2) vital signs (Pulse , Blood Pressure , Respiratory Rate ,Temperature)

3)Full abdominal Examination (inspection ,palpation , percussion , auscultation) + Balloting Kidney + Renal angle tenderness

#DDX

Urinary ---> Stone , UTI , Trauma , Tumor

non Urinary -> appendicitis , cholecystitis

Bowl obstruction , muscle spasm

#Investigation

** Lab // CBC , UA , Urine culture , Kidney Function test

** Imaging // US (obstruction) KUB , CT without contrast -----> with

#Management

first with analgesia and fluid resuscitation

Renal stones

1) if <0.5 cm + Distal part of UT --> Conservative ->

more hydration + drugs to dilate ureter and urethra (alpha 1 blockers)

2) 0.5cm < stone < 2cm proximal --> ESWL (unless it appears only on CT ie it is a uric acid stone then you jump immediately to flexible uretroscope)

Distal ---> flexible uretroscope

If not working or large stone --- > PCNL ; if not working -----> open surgery (not common)

REMEMBER:: struvite stones can cause infection and thereby prophylactic AB must be initiated

5) **Left testicular pain , adult**

Presentation : scrotal swelling and pay attention here age is important

#Hx:

1- introduce you self

2- permission + Privacy

3- Pt. profile

name , age , occupation , marital status , address

**if married (how many children , how old is the youngest one)

admission via clinic or ER

4- chief complaint + Duration

5- HPI

☐ Rt , Lt , unilateral , Bilateral , localized or diffused

☐ gradual , sudden ,....

☐ redness , hotness , reducible (hernia) , bag of worms (varicocele)

☐ Fever , nausea , vomiting , hematuria , discharge , weight loss , Rigors , dysuria , blood in semen

☐ if there is pain take SOCRATES

6- you should ask about **LUTS ** (7-8 marks)

7- history of previous similar attacks

8- past and medical history

Trauma , previous surgeries , Catheterization , circumcision , DM , HTN

9- Drug history

allergy of any thing ??

allergy of specific Drug ?

if takes Drugs ?

10 - Family Hx (stones + Tumors +)

11- social Hx

Smoking , Alcohol , Food , Travel Hx , Sexual Activity

#physical Examination (Full examination)

1) general examination (well , in pain or not , laying , cyanosis, pallor , jaundice ,.....)

2) vital signs (Pulse , Blood Pressure , Respiratory Rate ,Temperature)

3)Full abdominal Examination (inspection ,palpation , percussion , auscultation) + Balloting Kidney + Renal angle tenderness

4) genitalia

-hair distribution, visible vein , swelling , ulcer , redness , hotness

-cremasteric reflex

- prehn's sign (elevate scrotum and testis ---> if pain decreased --> epididymitis

-transillumination-blue dot

5) DRE

#DDx

Painful ---> torsion of testis,

torsion of appendage

epididymitis , orchitis

Painless ---> testicular cancer

hydrocele , varicocele , hematocele

other -----> hernia

#investigation

** Lab // CBC , UA , Urine culture , KFT , semen analysis , tumor markers (AFP ,HCG)

** Imaging // Doppler US , Cystourethroscopy , CT

#treatment

☐ Torsion -> surgical treatment + fixation of other testis

☐ appendage -> NSAID + ICE + scrotal support

☐ epididymitis , orchitis -> ABx ciprofloxacin

☐ Testicular cancer -> orchiectomy + chemotherapy

☐ varicocele -> ligation

NBBB:::

DIFFERENTIATE between testicular, appendageal torsions and epididymo-orchitis

***There are other differences too in slides please refer

- The pain is located in the superior pole of the testicle.-appendages This is a key distinguishing factor from testicular torsion. A focal point of pain on the testicle is uncommon in complete testicular torsion.
- Systemic symptoms are absent. Nausea and vomiting (frequently seen in testicular torsion) are usually not associated with appendages
- Urinary symptoms are absent. Dysuria and pyuria are not associated with torsion of the testicular appendages.Their presence is more indicative of epididymitis

GOOD LUCK

[21/03, 19:27] Dana: Colic Pain , in right flank started 2 hours ago radiates to suprapubic area with fever and obstruction , Diagnosis ? imaging ? Management? stone 1 cm intrauretral Double J immediate management for signs of obstruction .

[21/03, 19:27] Dana: Renal colic

Pt 40y.o complained from Rt flank pain

Doctor ask to take specific hx (SOCRATES & LUTS)

what's your ddx? Renal stone

If the stone not appear on x_ray but you can see it on CT,, what's the type of this stone? Radiolucent most likely to be uric acid

What's the pharmacological ttt? (name of the drug)

[21/03, 19:27] Dana: Testicular pain in 18 yr old

Asked for hx W/O pt profile

Sudden sever pain unchanged for 2 hrs he was laying in bed when it started it was only a/w one time vomiting

بس ذكرت انه لازم اسأل Luts ما خلاني اسأل عن ال

physical exam اسأل عن

abdominal و genital قلنتله

شو لازم افحص بالزبط وشو لازم اشوف genital خلاني افصل بال

ما عجبته قلني ليش بدك تفحصيه DRE قلنتله

وبعدين سأل شو رح تعمله

exploration بس ما رح يفيد ولا رح ينفى فرح اعمل Doppler قلنتله ممكن

سأل شو رح تعمله يعني

untwist مع warm saline and 100% O2 قلنتله

Then wait to see if viable or not if not remove if viable keep

And most important is orchidopexy or fixation for both sides in both cases

بس هاد اللي يتزكره

[21/03, 19:27] Dana: Painless scrotal swelling... He asked me to skip history and physical examination... Asked me about DDx of this swelling

1 _ TYPES OF TESTICULAR CANCER AND WHICH ONE IS THE MOST COMMON

ALL BLOOD MARKERS AND DON'T MENTION THE appreciation... How to differentiate between solid and soft mass

Asked me about PSA

Density. Ratio.. Types

What is the type of surgery of testicular tumor and why and what lymphatic drainage of testis

[21/03, 19:27] Dana: Renal colic

- 25 y.o pt complained from Rt flank pain

Doctor ask to skip pt profile and take specific hx (SOCRATES & LUTS)

-what's your ddx? Renal stone / UTI/ trauma

-what is the gold standard investigation for renal stone ? CT scan without contrast

-in ct scan.. pt has renal stone 0.4 mm... What is the next step in treatment?! Conservative therapy (hydration +analgesia +alpha 1 blockers)

[21/03, 19:27] Dana: Case: 65 y.o male complaining from “weak stream” ...

Q1-take Focused Hx and skip patient profile

symptoms of LUTS: من الملف تبع ١٤ صفحة ومهم جدًا نسأل كل ال

Q2- your diagnosis?

PBH

Q3-what are the risk factors of BPH ?

Most imp risk factor is “age”

Q4- talk about BPH (what is the BPH)?

Answer in slides

Q5-treatment of BPH?

Start medical ttt by alpha blockers and 5-alpha reductase inhibitors then if there's indications for surgery do it

Q6- options of surgery?

TURP and TUIP

Q7- indications for surgery?

Answers in slides

[21/03, 19:27] Dana: *Renal colic w flank pain,65y: specific hx, investigation, ddx, management

*Ptn With one kidney and has ureteric stone :your first management & why

[21/03, 19:27] Dana: 60 years old male patient presented to you with LUTS symptoms :

- take a specific (not detailed) history from the patient
- what would you do to the patient in the clinic (physical exam)?
- what would you order for investigations ?
- what is the most likely diagnosis for this patient ?
- what would support your diagnosis from investigations ?
- give other differential?