

## Male Study Guide

**What are the external reproductive structures?** Most of the male reproductive system is located outside of the man's body. The external structures of the male reproductive system are the penis, the scrotum and the testicles.

- **Penis**
- **Scrotum**
- **Testicles (testes) — The testes are oval organs about the size of large olives that lie in the scrotum, secured at either end by a structure called the spermatic cord. Most men have two testes. The testes are responsible for making testosterone, the primary male sex hormone, and for generating sperm. Within the testes are coiled masses of tubes called seminiferous tubules. These tubules are responsible for producing the sperm cells through a process called spermatogenesis.**
- **Epididymis**

**What are the internal reproductive organs?** The internal organs of the male reproductive system, also called accessory organs, include the following:

- **Vas deferens**
- **Ejaculatory ducts**
- **Urethra**
- **Seminal vesicles**
- **Prostate gland**
- **Bulbourethral glands**

### **Hernias:**

Indirect inguinal- (most common) sac herniates through internal inguinal ring; can remain in canal or pass into scrotum; pain with straining, soft swelling that increases with increased pressure; may decrease when laying down

Scrotal- usually d/t indirect inguinal hernia; swelling; may have pain with straining; enlarged; may reduce when supine; soft, mushy mass; distinct from testicle; non-tender swelling of scrotum

Direct inguinal- directly behind and through external inguinal ring, above inguinal ligament, rarely enters scrotum; usually painless

Femoral- (least common) through femoral ring and canal, below inguinal ligament more often on right side; pain may be severe, may become strangulated

Reducible-contents will return to abdominal cavity by lying down or with gentle pressure

Incarcerated-herniated bowel cannot be returned to abdominal cavity

Strangulated-blood supply to hernia is shut off; accompanied by nausea, vomiting, and tenderness

**The aging adult:** chronologic age not a halt for sexual activity, normal age changes may be thought of as failure, declining testosterone production = slower, less

intense sexual response

### **Tanner Stages of Puberty in Boys**

- **Sexual Maturity Rating 1.** Prepuberty stage. Testes are small and phallus (penis) is child-like. There is no pubic hair.
- **Sexual Maturity Rating 2.** From 9 years old to 14 years old. Testicles grow in volume and size. Penis has no to slight enlargement. Scrotum becomes reddened, thinner and larger. A few pubic hairs become visible, and they are long, straight and slightly dark.
- **Sexual Maturity Rating 3.** From 10 years old to 14 years old. Testes continue to grow in volume and size. Penis becomes longer. Scrotum continues to enlarge. Pubic hairs become darker and curlier and more of them appear.
- **Sexual Maturity Rating 4.** From 11 years old to 15 years old. Testicles continue to grow. Penis continues to grow in length and now becomes thicker. Scrotum grows larger and also darkens. Pubic hair is coarse, thicker and curly like adult hair but there are fewer hairs than an adult.
- **Sexual Maturity Rating 5.** Testicles at adult size (greater than 20 ml in volume). Scrotum and penis are adult size and form. Pubic hair is normal adult distribution and volume.

### **Interviewing the Adolescent Male:**

- Ask questions that seem appropriate for boy's age
- Ask direct, matter-of-fact questions
- Try the ubiquity approach
- Sometimes all you do is "open the door"
- Nocturnal emissions
- Assess for sexual abuse

### **Questions to ask elderly man...**

- Any difficulty urinating?
- Do you need to get up at night to urinate?

\*\*\*If erection does occur during exam, reassure it is a physiologic response to touch\*\*\*

**Meconium stool**- first stool, is dark green, occurs within 24-48 hours of birth, indicates anal patency

Toilet training at age 2 or greater... can have control over bowels & bladder muscles, (gastrocolic reflex-wave of peristalsis in response to eating)

\*\*\*African Americans have higher incidence of prostate cancer

**BPH**-enlarge prostate; the likelihood of developing an enlarged prostate increases

with age...BPH is so common that it has been said all men will have an enlarged prostate if they live long enough.

**Hypospadias** is a birth (congenital) defect in which the opening of the urethra is on the underside, rather than at the end, of the penis.

**Epispadias** is a rare defect that is present at birth (congenital). It is located at the opening of the urethra

**Phimosis** is defined as the inability of the prepuce (foreskin) to be retracted behind the glans penis in uncircumcised males.

**Peyronie's disease is curvature of the penis** is an abnormal bend in the penis that occurs during erection.

**Genital warts**- the warts may look like: Flesh-colored spots that are raised or flat, Growths that look like the top of a cauliflower

**Syphilis**- signs and symptoms of syphilis include a firm, round, small, and painless sore on the genitals, anus, or mouth, or a rash on the body, especially on the palms of the hands or the soles of the feet.

**Hemorrhoids** are painful, swollen veins in the lower portion of the rectum or anus.

**Fecal incontinence** is the inability to control your bowel movements, causing stool (feces) to leak unexpectedly from your rectum

A **fecal impaction** is a large lump of dry, hard stool that remains stuck in the rectum

A **pilonidal cyst** occurs at the bottom of the tailbone (coccyx) and can become infected and filled with pus. (Has hair follicles)

**Pruritus ani** is the irritation of the skin at the exit of the rectum, known as the anus, causing the desire to scratch.

A **polyp** is an abnormal growth of tissue projecting from a mucous membrane.

**Rectal prolapse** occurs when the tissue that lines the rectum falls down into or sticks through the anal opening.