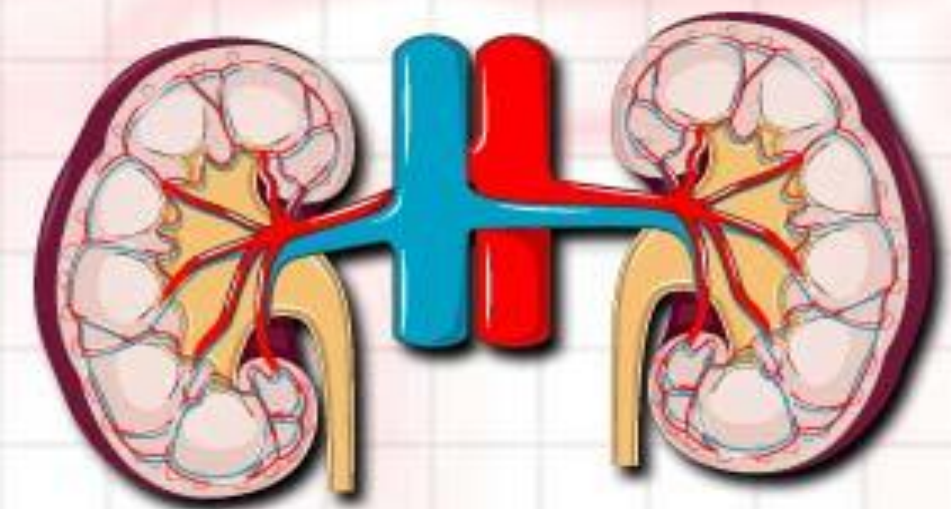


# COMLEX Level 2 PE Exam

A 65 years old male comes to clinic  
with Difficulty in Urination



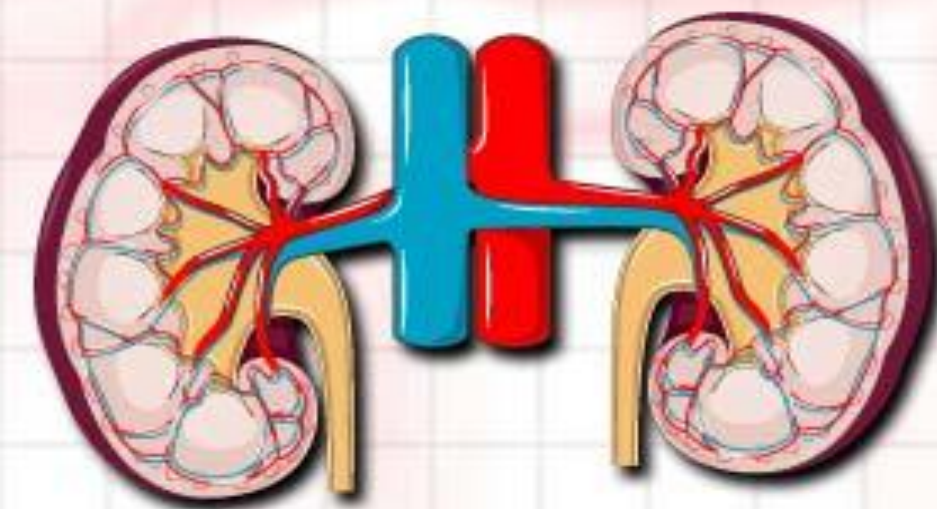


# Patient Data Sheet

- **Patient Name** : Mr. Holland
- **Clinical Settings** : Medicine Office
- **CC** : A 65 years old male presents with difficulty in urination.

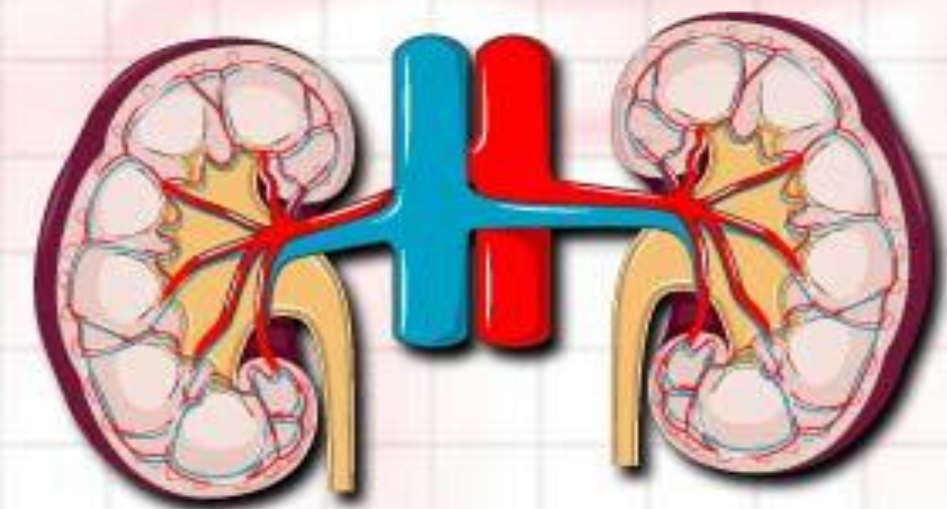
➤ **Vital Signs** :

- **Blood Pressure** : 120/ 86 mm Hg
- **Respirations** : 14 per minute
- **Temperature** : 99 °F
- **Pulse** : 80 bpm
- **Height** : 67 inches
- **Weight** : 137 lbs.
- **BMI** : 21.5 kg/m<sup>2</sup>



# Differential Diagnoses

- UTI
- Benign prostatic hypertrophy (BPH)
- Prostatitis
- Autonomic neuropathy
- Drug related e.g. cold remedies, anticholinergics, TCAs
- Neurological disorders e.g. Stroke, TIA, MS
- Recent surgery i.e. post-op retention

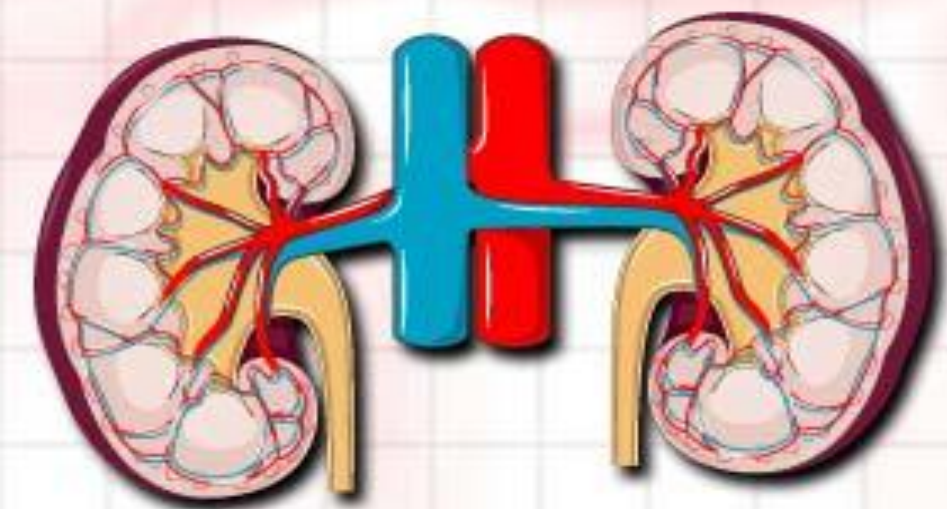




# Subjective

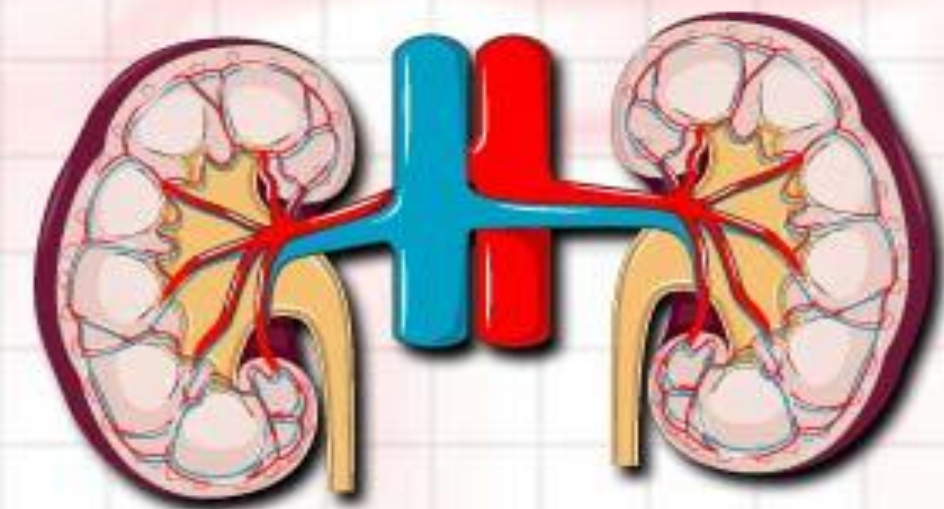
- **Good morning Mr. Holland, my name is Dr. Khan. I am a physician in this hospital and will take care of you today. So what brings you to the office this morning ?**
- *Hi doctor, its my bladder. I have trouble with it.*
- **I see. I would like you to tell me more about your problems. I assure you that all information will be kept confidential.**

Contd...



## Subjective (Contd...)

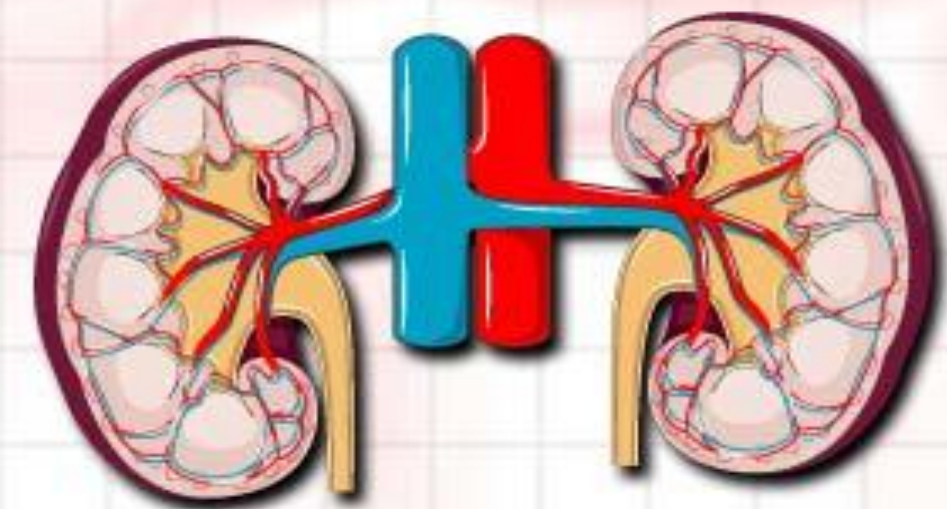
- *Thank you doc. Sure I will tell you more about it.*
- **So what do you think is the problem ?**
- *I think I go to the bathroom too often and still feel like I haven't emptied my bladder totally.*
- **I see. How long has this been going on ?**
- *About a couple of months I would say.*





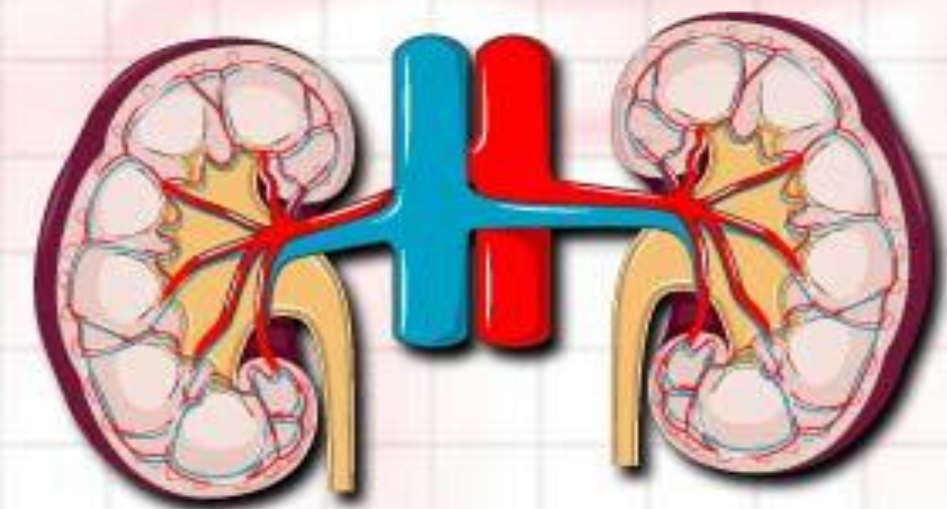
## Subjective (Contd...)

- **I see. So do you think you have difficulty in starting or is it that the force is not enough ?**
- *Well doc, I can start but I think the stream is not as powerful as it should be. I still feel a little full there when I am done.*
- **I understand. It's a difficult situation.**
- *Yes doc, indeed.*



## Subjective (Contd...)

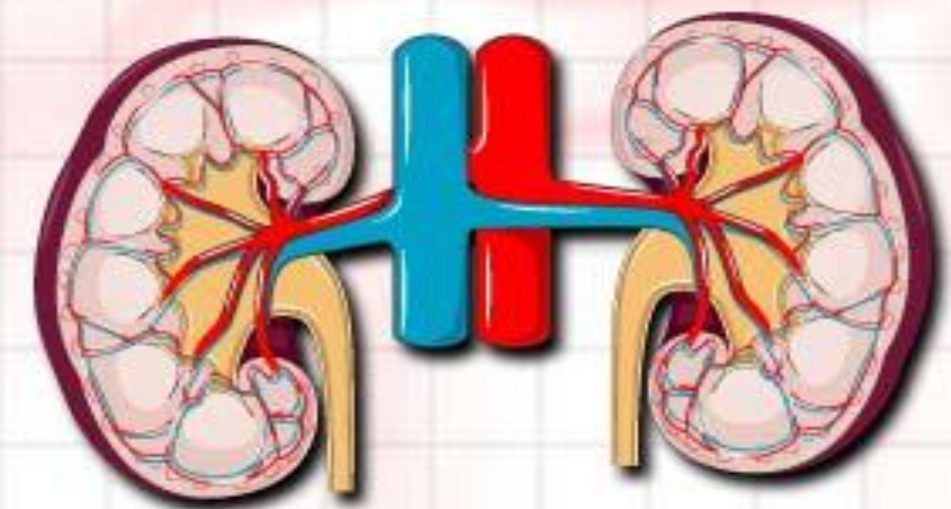
- **Has this become worse since it started ?**
- *No doc, its about the same.*
- **I see. Do you ever have dribbling after you think you are done ?**
- *Sometimes doc, a few drops.*
- **I see.**





## Subjective (Contd...)

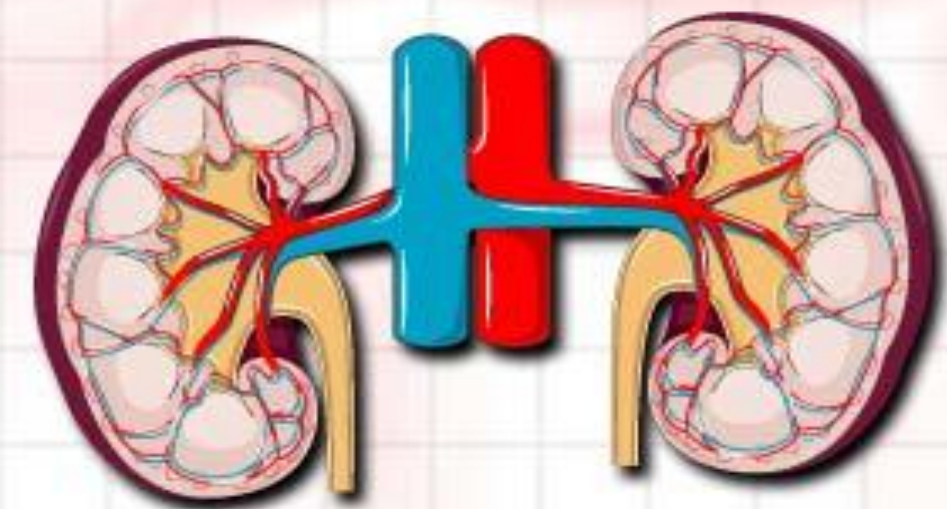
- **Is your problem worse during the day or during the night ?**
- *Thank god, during the night doctor. It would be more embarrassing were it during the day.*
- **Yes I can understand that, Mr. Holland.**
- **How many times in a night do you typically wake up to urinate ?**
- *I would say about 5 or 6 times. Its affecting my sleep too doc.*





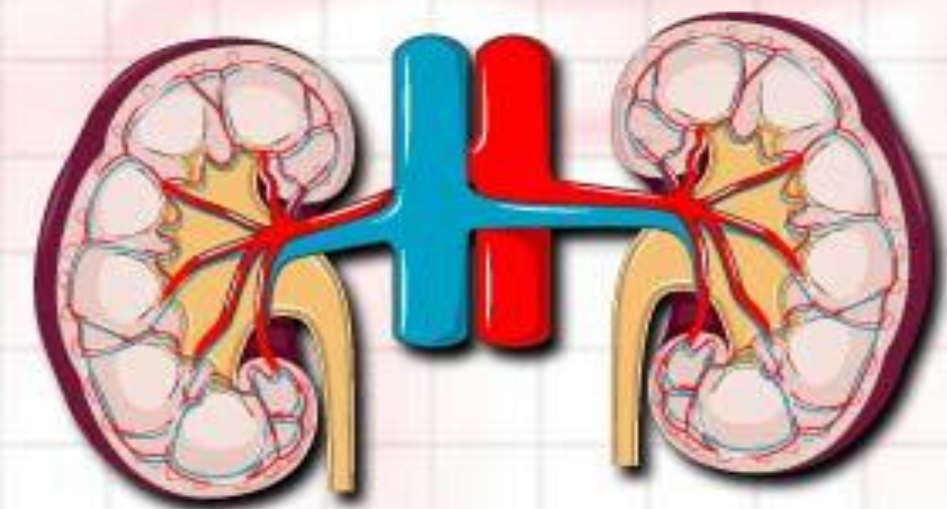
## Subjective (Contd...)

- **I understand. I think I am beginning to understand your problem better now. I will ask you some more questions then I will examine you briefly.**
- **Then we will go over my impressions of your problem and what can be done about it.**
- *Sure doc. You can ask me as many questions as you need to.*
- **Thank you, Mr. Holland.**



## Subjective (Contd...)

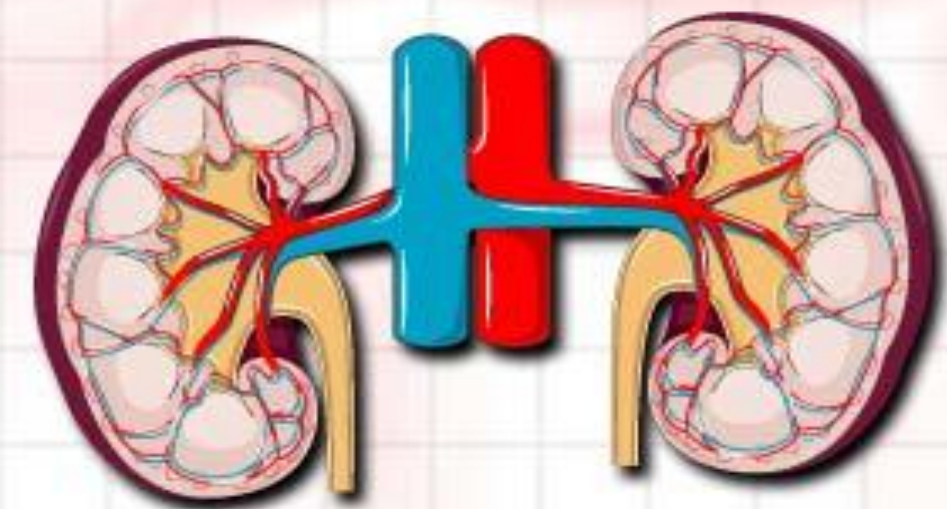
- **Have you ever had uncontrollable leaking of the urine ?**
  - *No doc.*
- **Do you have a burning sensation while urinating?**
  - *No doc.*
- **Does anything make your problem worse?**
  - *Nothing that I can think of, doc.*





## Subjective (Contd...)

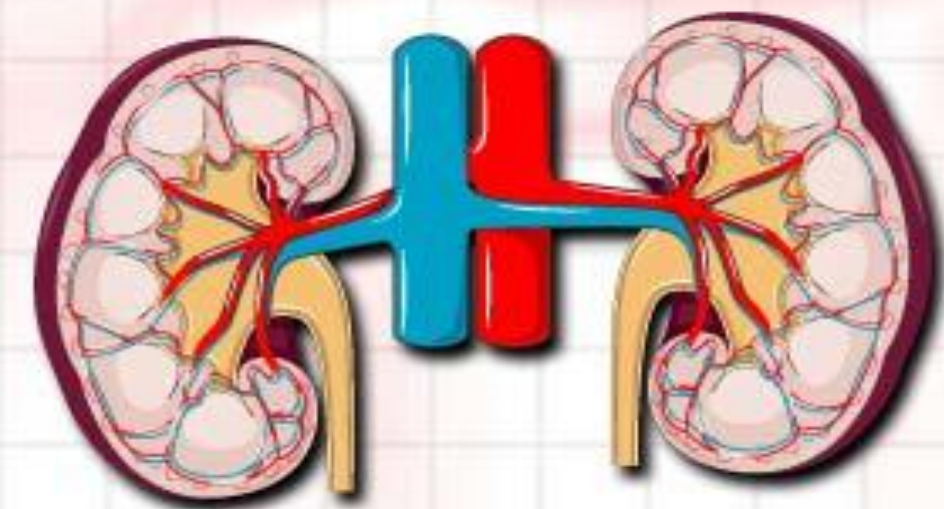
- **Does anything help ? Like massaging over your lower belly or heat pads?**
- *No doc, not really. To be honest I haven't tried any of those.*
- **I see. Do you have a temperature or fever?**
- *No doc.*
- **Have you had any recent injury to your pelvic area ?**
- *No doc.*
- **Okay Mr. Holland I would now like to review your medical history, drug list and habits.**



# PAM HUGS FOSS

- **What other medical problems do you have, sir ?**
- *I have blood pressure and I have a high sugar, though its not diabetes. I had a cataract surgery done 2 months ago. I have glaucoma in the other eye.*
- **I see.**

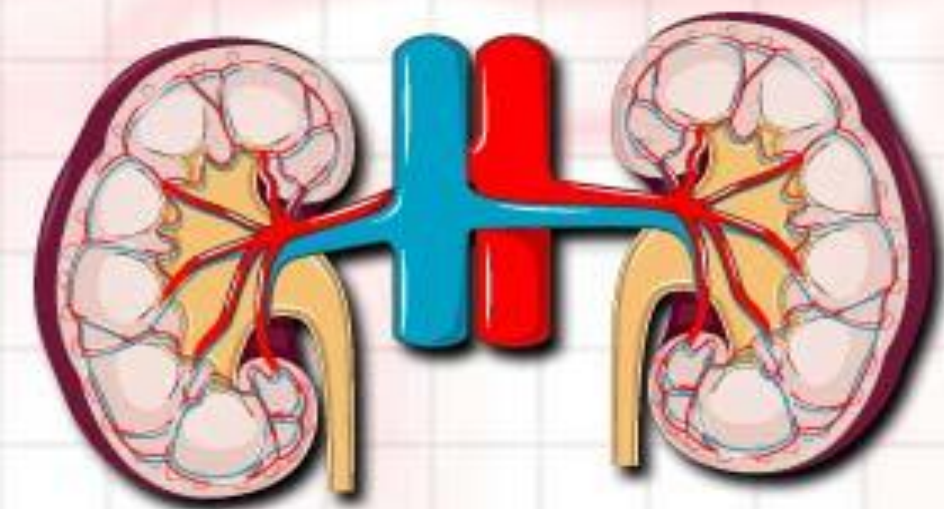
Contd...





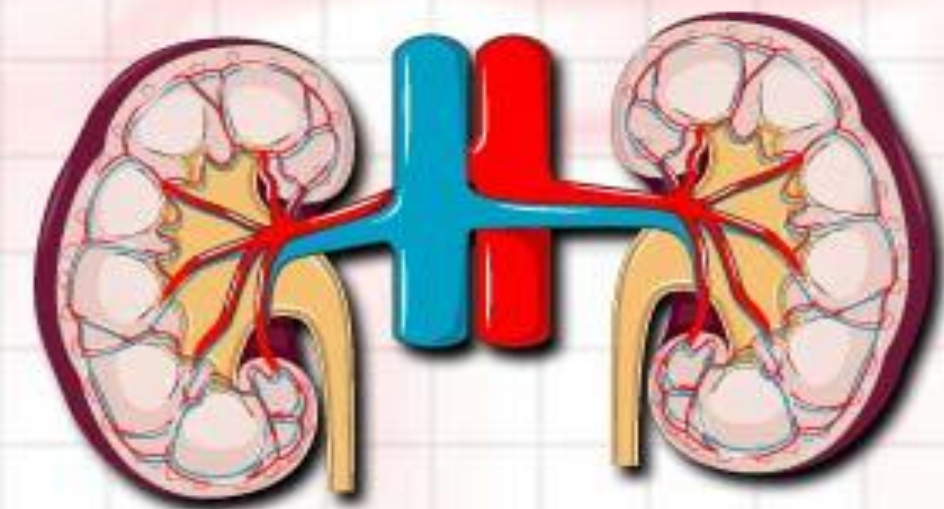
## PAM HUGS FOSS (Contd...)

- **What medications are you currently on, Mr. Holland?**
- *Well I don't remember all of them off the top of my head doc. But you can call my wife, she has a list with all the doses and timings on it.*
- **Sure, Mr. Holland I will call her once I am done seeing you.**
- *Sure doc. She is very meticulous.*



## PAM HUGS FOSS (Contd...)

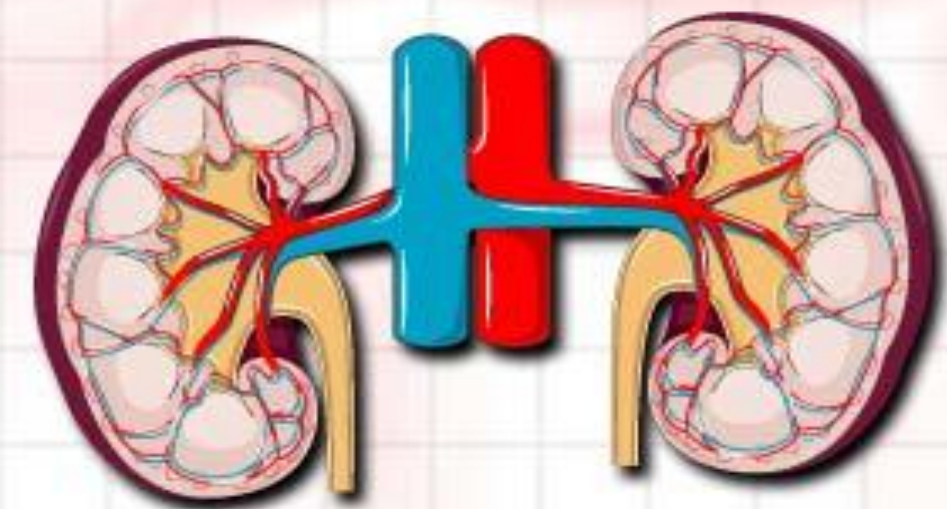
- **Aren't you lucky, Mr. Holland! I am glad she takes such good care of you.**
- *Thank you doc.*
- **Okay so Mr. Holland, coming back to the history, are you allergic to any medication or other substance ?**
- *None that I know of, doc.*
- **Have you been hospitalized in the past ?**
- *Once when I met with this car accident.*





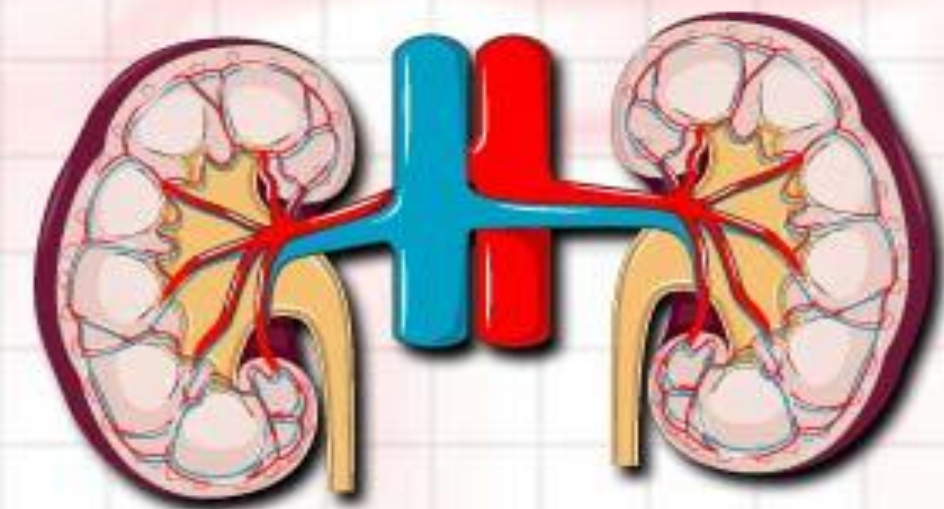
## PAM HUGS FOSS (Contd...)

- **Have you had any surgeries in past ?**
- *Only the time I was here after the accident. I had a back surgery. But that was years ago, nothing after that, thank god.*
- **I see.**
- **Do you have any history of kidney stones or kidney problems ?**
- *None that I know of , doctor.*



## PAM HUGS FOSS (Contd...)

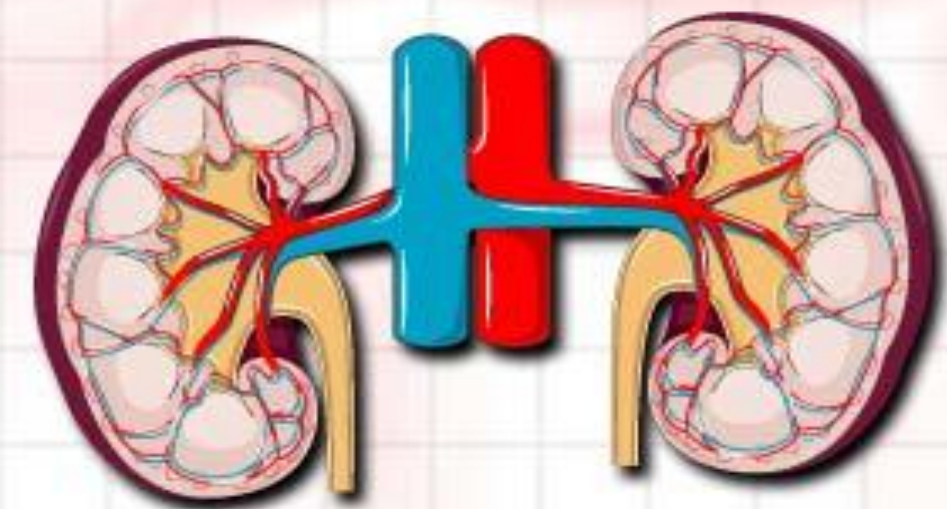
- **Any trouble with your back since the surgeries ?**
- *No doc, they did a fine job. I have never had to come back afterwards.*
- **I am glad to hear that, Mr. Holland**
- **Do you have any trouble with moving your bowels as well ?**
- *No doc they are fine.*





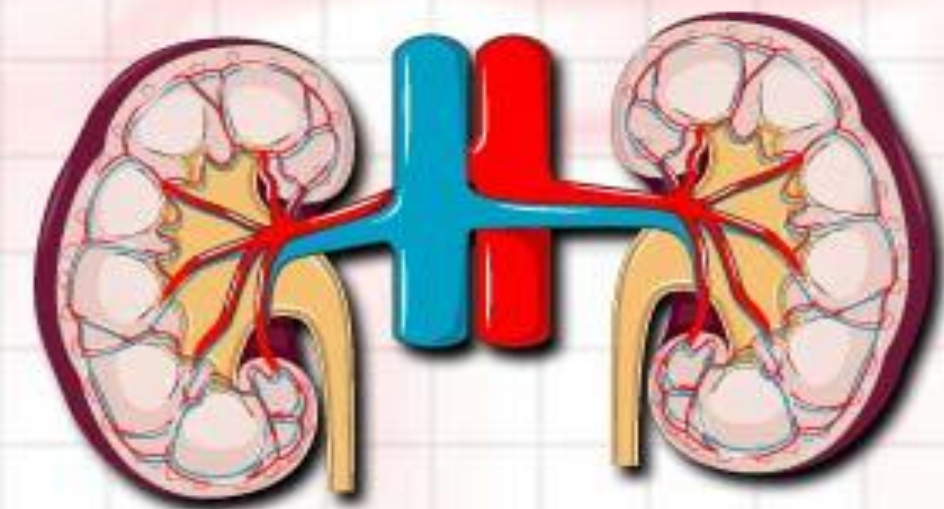
## PAM HUGS FOSS (Contd...)

- **Are there any medical problems in your family ?**
- *My father had lung cancer and mother was a diabetic. My sons both have high blood pressure. I think that's pretty much it.*
- **Do you smoke, Mr. Holland ?**
- *I used to, I quit years ago because my wife wont stop complaining. I am glad I did. Its saved me so much money and so much trouble.*



## PAM HUGS FOSS (Contd...)

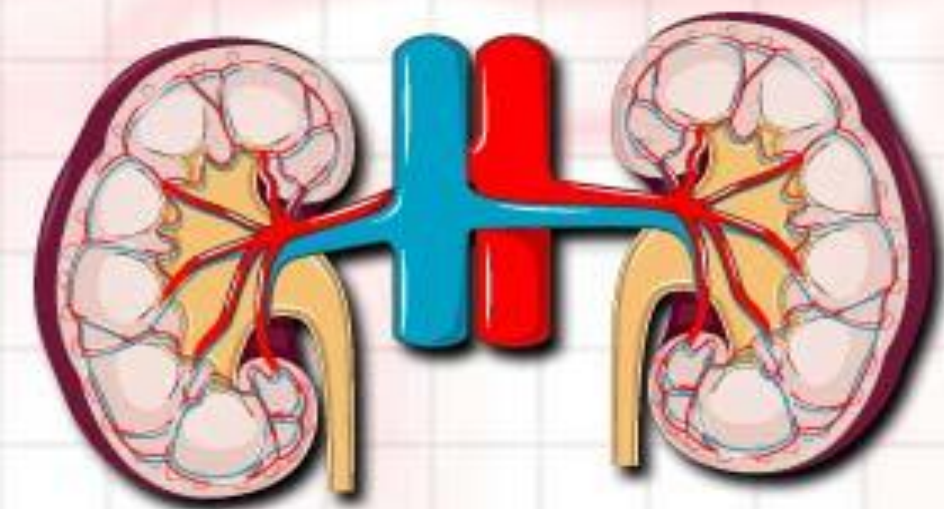
- **I am sure, it has, Mr. Holland. How much and how long did you smoke before you quit?**
- *About a pack a day for I would say 10 years.*
- **Do you drink alcohol ?**
- *No doc, not anymore. I am an old man, I don't think it goes down well with me anymore. As a young man I did, but only on occasion. I never had a drinking problem.*





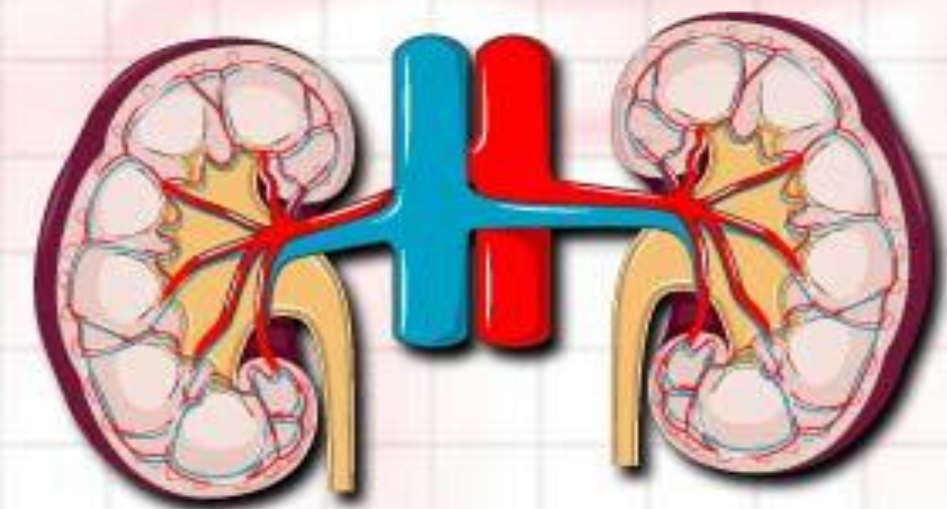
## PAM HUGS FOSS (Contd...)

- **And how about recreational drugs ?**
- *I never messed up doctor.*
- **Good to know, Mr. Holland.**
- **What kind of work did you do ?**
- *I was in the banking sector. Then went into the corporate world for about 10 years before retiring.*
- **I see. Thank you for all the information Mr. Holland. I will now wash my hands and examine you. Then we will talk about my impressions and what needs to be done further.**
- *Sure doc.*



# Objective

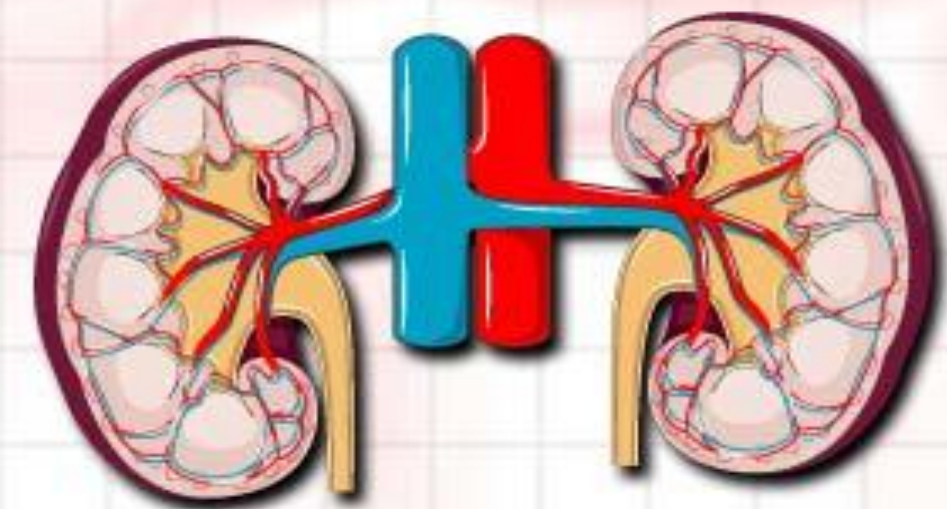
- Wash your hands
- Drape the patient
- Do a good general and HEENT exam.
- Do abdo exam. Mention need for Genital and Rectal examination but DON'T DO IT!
- Auscultate CVS and RS
- Explains, offers and performs OMM if indicated





# Closure: Assessment and Plan discussion

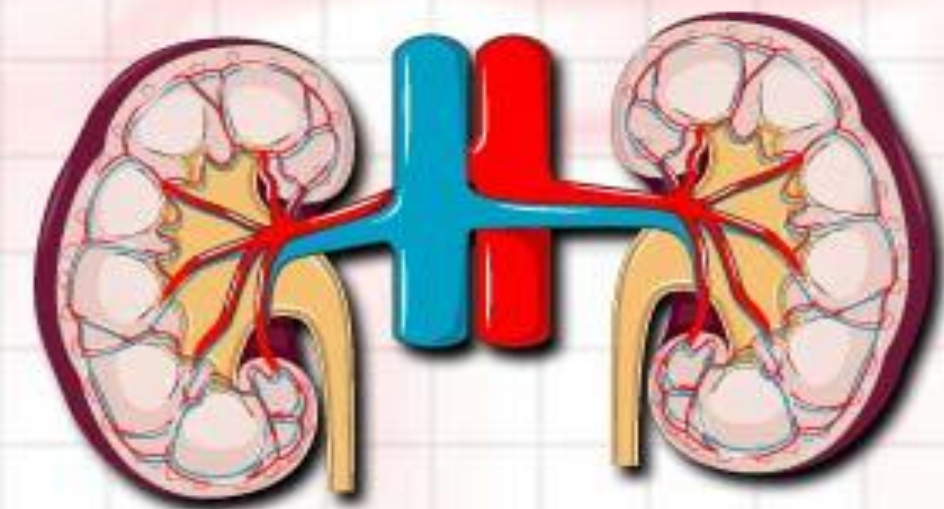
- *Thank you doctor.*
- **Thank you for your cooperation, Mr. Holland. Let me help you sit back up.**
- **You are welcome. Now lets go over my impressions of your problem.**
- *Sure doc, I am curious to know.*



Contd...

## Closure: Assessment and Plan discussion (Contd...)

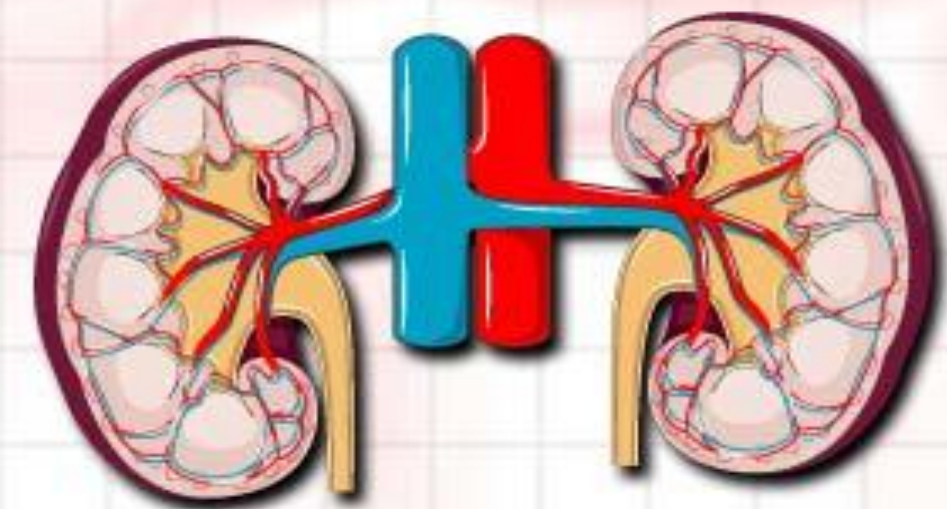
- **So , Mr. Holland, from what you told me and from your examination, I have some possibilities in mind. I will list them one by one and explain them to you.**
- *Sure doc.*
- **The first possibility is what we call benign prostatic hypertrophy or a growth or enlargement of your prostate. It sits right near the neck of the urethra. So it obstructs flow of urine.**





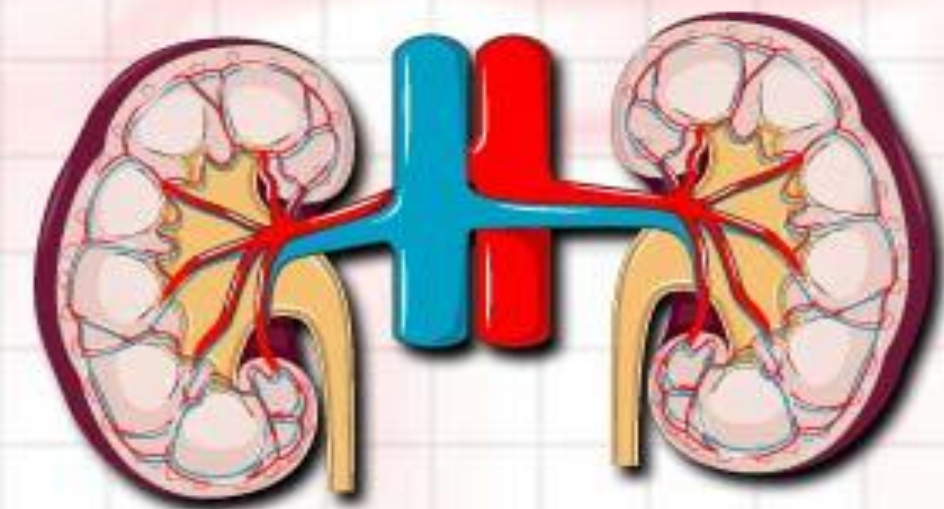
## Closure: Assessment and Plan discussion (Contd...)

- **This is a very common condition in men of your age. Besides the way you described your symptoms, sounds pretty typical.**
- *I see doc.*
- **Almost 3 out of 4 men your age have one or more of these symptoms and the enlargement of prostate with age seems to be physiological, to some degree.**
- *I see doc, so does it not need treatment you mean ?*



## Closure: Assessment and Plan discussion (Contd...)

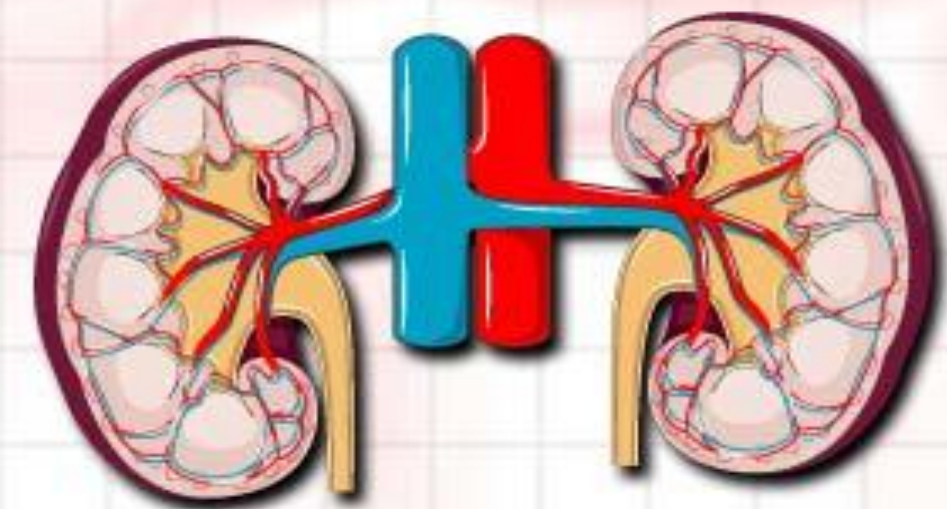
- **No, Mr. Holland. I certainly don't mean that. I mean that its not a very serious problem in medical terms.**
- **But of course, the symptoms can be bothersome and embarrassing too. so we do treat the symptoms.**
- **In some cases, there might be medical complications because of the enlargement.**
- **We want to prevent those and if they have started revert and halt them too.**





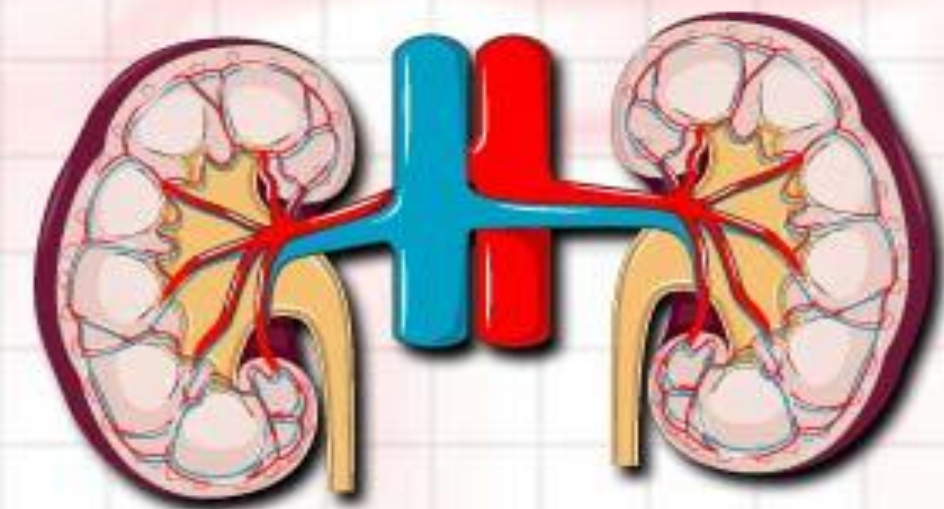
## Closure: Assessment and Plan discussion (Contd...)

- *Sure doc. What kind of complications ?*
- **Well infection is the first and biggest fear. Since you don't empty your bladder completely, there's always some urine in it, so it serves as a great place for bugs to grow.**
- *I see doc. Will I also have bugs ?*
- **That we will know only when we test your urine.**



## Closure: Assessment and Plan discussion (Contd...)

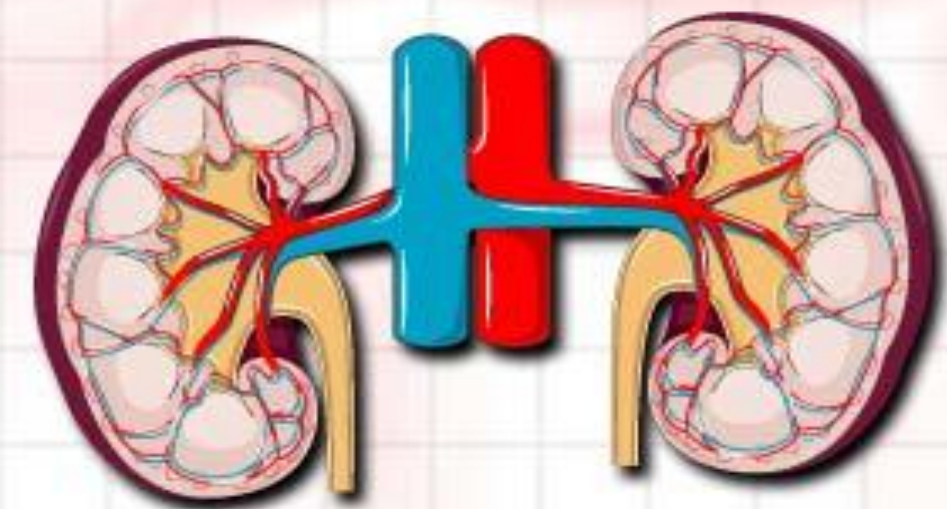
- *Could it be something else doc ?*
- **Well it could be. It could just be a urinary tract infection, which also becomes commoner with increasing age.**
- *I see doc.*
- **I would also like to go over your medication list. Because some medications can obstruct flow. So we need to whether any of your medications need to be changed.**





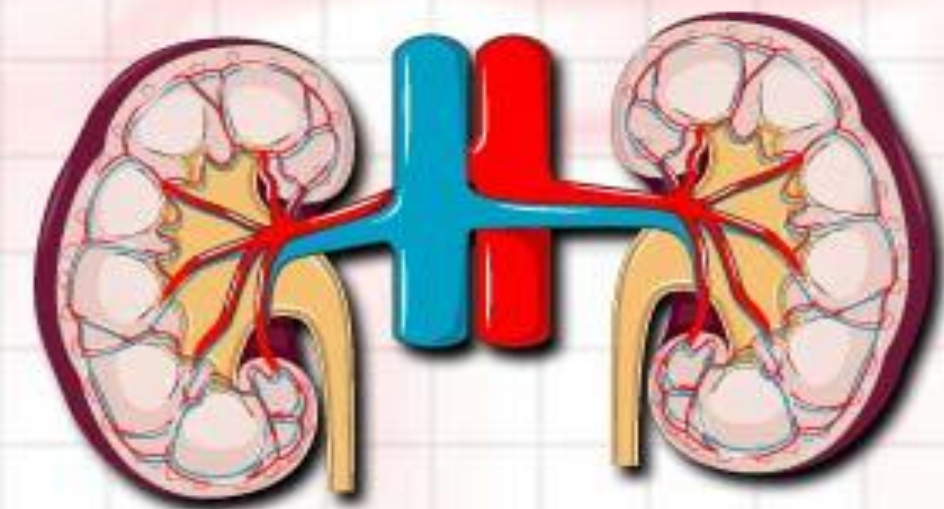
## Closure: Assessment and Plan discussion (Contd...)

- *Sure doc .*
- **Mr. Holland, you would also need some basic tests. A couple of them are blood tests, one is a urine test. I also recommend that you be seen by a urologist, a specialist in genito-urinary problems. He will ask you questions in a very similar manner. He will also examine your pelvic and per rectal areas.**
- *Sure doc.*



## Closure: Assessment and Plan discussion (Contd...)

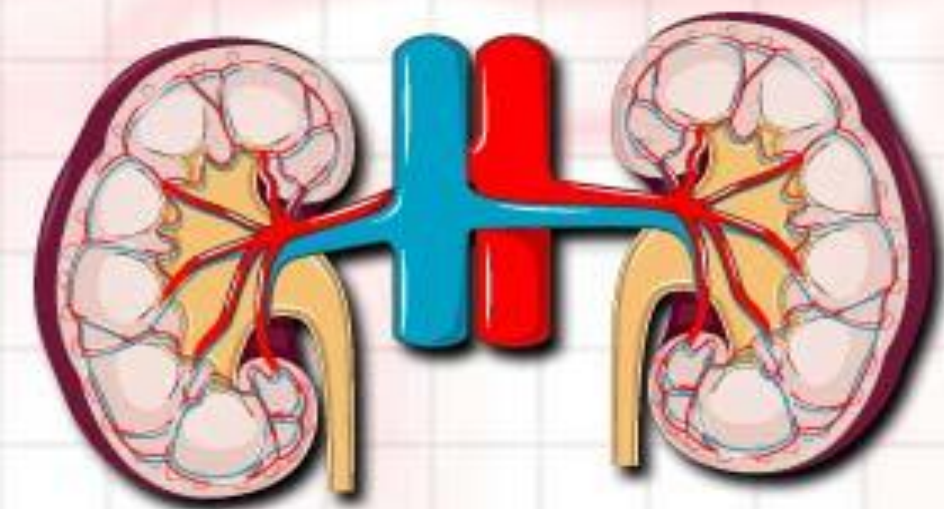
- **Thanks for understanding, Mr. Holland.**
- **I would also have an X-ray of your lower abdomen and kidneys taken, just to make sure there are no stones or obstructions sitting anywhere.**
- *Whatever you say, doc.*
- **Once we have the results of all these tests back, I would be in a better position to tell you what it exactly is.**





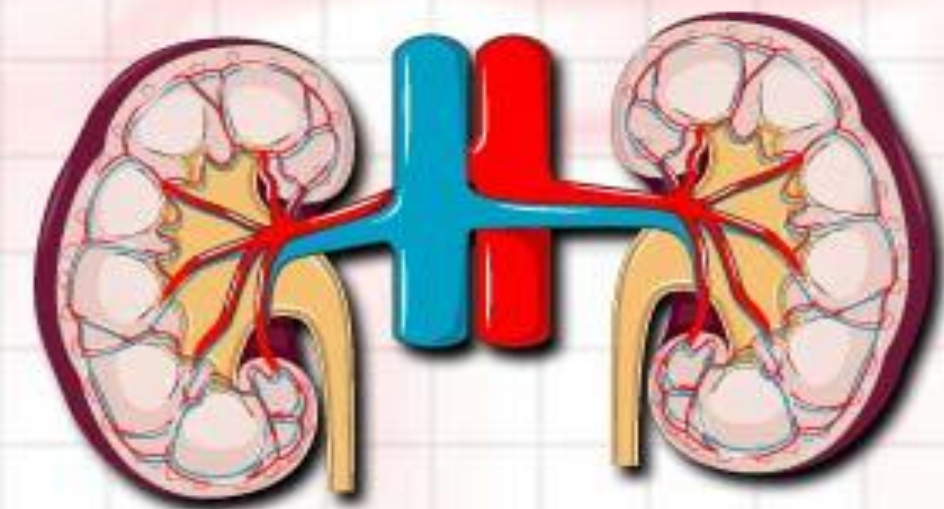
## Closure: Assessment and Plan discussion (Contd...)

- *Could it be something else doc ?*
- **It could be an infection anywhere from the ureters, that is the tubes that bring down urine from your kidneys, up to your urethra. The swelling could cause you to have poor stream too. But chances are less since you denied having a fever and burning while passing urine.**
- *Right doc.*



## Closure: Assessment and Plan discussion (Contd...)

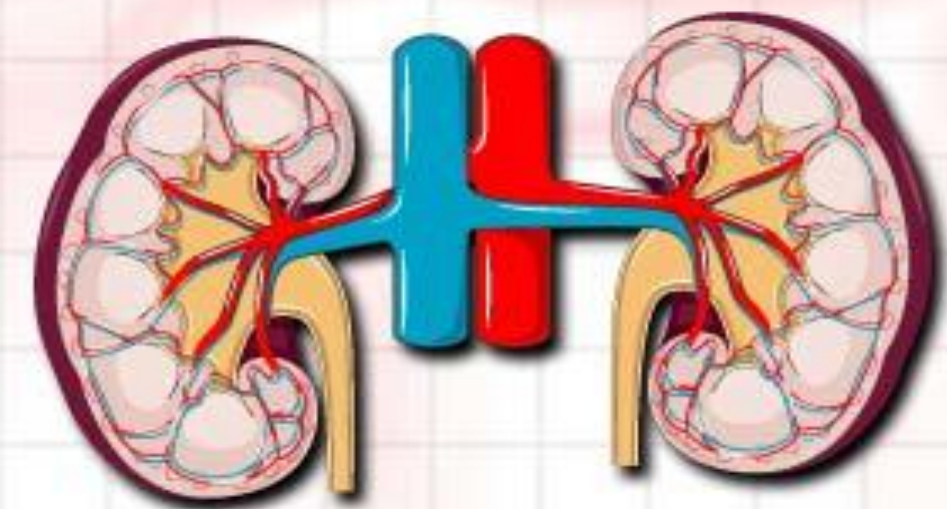
- **We would know for sure once all the tests are back.**
- *That's great doc, how long does it take?*
- **Not long. The X-ray can be done in 5 mins and we would have the official read by evening.**
- **You can give your blood and urine samples right away, I will call the lab to pick them up.**





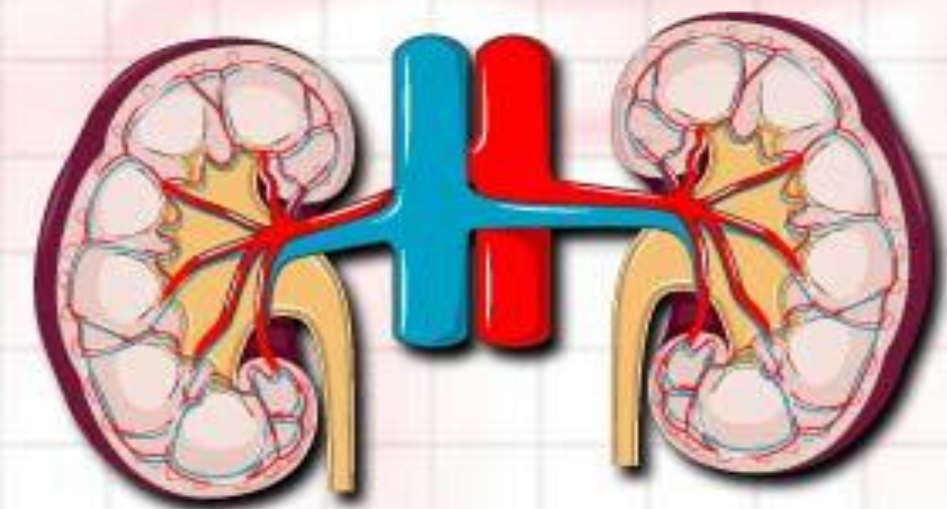
## Closure: Assessment and Plan discussion (Contd...)

- **We will know by evening or latest by tomorrow morning. I will call you with the results.**
- *Thanks doc. That would be great*
- *Do I need to do anything about my problem right now doc ? Would you give me meds ?*
- **For now I would just advice you to try and drink less water before going to bed. I will also start you on a pill called “Flomax”. It will help take care of your symptoms.**



## Closure: Assessment and Plan discussion (Contd...)

- **In case there is an infection, we would give you antibiotics to treat that. I will see you after a week.**
- *Great doc!*
- **Sure. Do you have any other questions or concerns at this point ?**
- *No doc, I am all set.*
- **Thank you. You take care. I will see you around.**





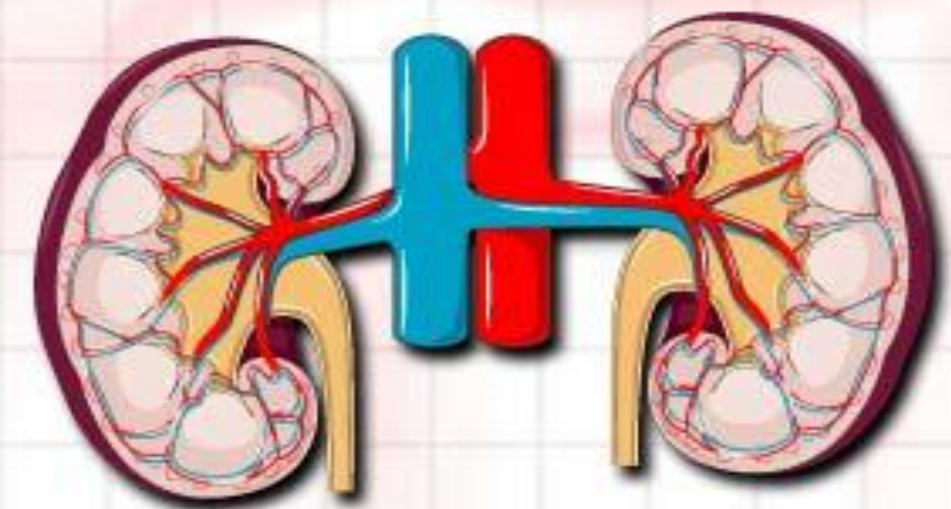
# Assessment and Plan

## ➤ Assessment:

1. Benign Prostatic Hyperplasia
2. UTI
3. Prostatitis
4. Medication related

## ➤ **Plan:**

1. Tamsulosin 0.4 mg daily
2. Per rectal exam, UA, Urine C & S, CBC with differential, CMP, PSA
3. X-ray KUB
4. Continue BP meds
5. Follow up after a week



# Happy Reading

