

Abdominal examination

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Abdominal examination is usually normal. In patients with chronic retention, a distended bladder will be found on palpation, on percussion and sometimes on inspection with loss of the transverse suprapubic skin crease. General physical examination may demonstrate signs of chronic renal with anaemia, pedal oedema and dehydration. The external urinary meatus should be examined to exclude stenosis and epididymides are palpated for signs of inflammation. - - the

Figure 84.8 An abdomen with high-pressure urinary retention. Median lobe
Figure 84.9 Magnetic resonance image showing an enlarged prostate and a median lobe projecting into the bladder and causing bladder outflow obstruction. Figure 84.10 Computed tomography scan showing bilateral hydro

nephrosis as a result of bladder outflow obstruction.

In benign enlargement, the posterior surface of the prostate is smooth, convex and typically elastic, but the fibrous element may give the prostate a firm consistency . The rectal mucosa can be made to move over the prostate. It should be noted that, if there is a considerable amount of residual urine present, it pushes the prostate downwards, making it appear larger than it is. It is not always possible to examine the cranial extreme of the very large prostate per rectum. An inability to get to the prostate base implies a volume of at least 50 /uni00A0 mL.

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