contracts when a person prevents urine flow. The benefits of Kegel exercises include increased pelvic floor muscle tone; increased vaginal lubrication during sexual arousal; increased sensation during intercourse; increased genital sensitivity; stronger gripping of the base of the penis; earlier postpartum recovery of the pelvic floor muscle; and increased flexibility of episiotomy scars (Berman & Berman, 2005). The steps to perform Kegel exercises are discussed in Chapter 48 because these exercises are also used in bladder retraining.

Details about physiologic changes that occur during major developmental crises should be provided as part of general health care. For example, the nurse needs to discuss the effects of puberty, pregnancy, menopause, and the male climacteric on sexual function. When clients experience illness or surgery that may alter sexual function, the nurse needs to discuss effects of treatment (e.g., medications) and any changes that need to be undertaken to ensure safe sex (e.g., position changes or a safe time to resume sexual intercourse after a heart attack).

Parents often need assistance to learn ways to answer questions and what information to provide for their children starting in the preschool years. Parents need to be the primary educators of children at an early age; however, peers, teachers, media, and toys also teach about sexual issues.

Although there is an increasing awareness today of sexuality and sexual functioning, some people still hold certain myths and misconceptions about sexuality. Many of these are handed down in families and are part of the beliefs in a particular culture. It is highly important that nurses learn about the beliefs clients hold and provide up-to-date information. The website of the Sexual Health Promotion Application and provide up-to-date information. The website of the Sexual Health Promotion Application and provide up-to-date information.

TEACHING SELF-EXAMINATION. Monthly breast self-examination (BSE) for women and monthly testicular self-examination (TSE) for men can play an important role in early detection of disease, resulting in a greater chance of cure and less complex treatment. Clients need to be assured that most lumps discovered are not cancerous, but it is essential that all lumps or other detected abnormalities be checked by the client’s primary care provider for accurate diagnosis. All nursing history assessments of clients need to include the client’s understanding and practice of BSE or TSE. Self-examination involves both inspection and palpation procedures and should be conducted once a month.

Although 99% of the more than 200,000 new breast cancers in the United States each year occur in women (Jemal et al., 2005), men with an increased risk of breast cancer due to high estrogen levels or strong family history of breast cancer should also learn BSE (Smith, Cokkinides, & Eyre, 2006). For BSE a regular time is best—such as 1 week following menstruation, when breast tenderness and fullness caused by fluid retention have subsided, or on the same day of the month for men or postmenopausal women. People who examine themselves regularly become familiar with the shape and texture of their breasts. The steps of BSE are very similar to those used when the nurse performs breast examination (see Skill 30-14 in the Health Assessment chapter).

Breast cancer occurs in more than 8,000 American men each year (Jemal et al., 2005). Starting at age 15, monthly self-exams of the testicles are an effective way for men to get to know this area of their body and thus detect testicular cancer at an early and very curable stage. The best time for TSE is after a warm bath or shower when the scrotal sac is relaxed. For spe-

**CLIENT TEACHING**

**Breast Self-Examination**

**INSPECTION BEFORE A MIRROR**

- Look for any change in size or shape; lumps or thickenings; any rashes or other skin irritations; dimpled or puckered skin; any discharge or change in the nipples (e.g., position or asymmetry). Inspect the breasts in all of the following positions:
  - Stand and face the mirror with your arms relaxed at your sides or hands resting on the chest. Then move the arms slowly up and down at the sides. (Look for free movement of the breasts over the chest wall.)
  - Press your hands firmly together at chin level while the elbows are raised to shoulder level.

**PALPATION: LYING POSITION**

- Place a pillow under your right shoulder and place the right hand behind your head. This position distributes breast tissue more evenly on the chest.
- Use the finger pads (tips) of the three middle fingers (held together) on your left hand to feel for lumps.
- Press the breast tissue against the chest wall firmly enough to know how your breast feels. A ridge of firm tissue in the lower curve of each breast is normal.
- Use small circular motions systematically all the way around the breast as many times as necessary until the entire breast is covered. (Review Figures 4-6 in Skill 30-14 (pages 629–630) in Chapter 30 for patterns that the client may use.)
- Bring your arm down to your side and feel under your armpit, where breast tissue is also located.
- Repeat the examination of both breasts while upright with one arm behind your head. This position makes it easier to check the area where a large percentage of breast cancers are found, the upper outer part of the breast and toward the armpit.

**PALPATION: STANDING OR SITTING**

- Place a pillow under your right shoulder and place the right hand behind your head. This position distributes breast tissue more evenly on the chest.

Optional: Do the upright BSE in the shower. Soapy hands glide more easily over wet skin. Report any changes to your health care provider promptly.