PROCEDURE

Inspection

Inspection is a visual examination of your body or a specific area for signs that may guide diagnosis or care.

PURPOSE
Identify visible signs that guide diagnosis or care

PROCEDURE TYPE
Diagnostic, bedside or outpatient visual examination

WHERE IT IS DONE
Outpatient clinic, hospital bedside, or emergency department

ANAESTHESIA
None

HOW LONG IT TAKES
Usually 1 to 10 minutes per body area

PREPARATION
Expose the area; remove dressings only when instructed

RECOVERY
Immediate; driving is usually allowed

MAIN RISKS
Discomfort, privacy concerns, missed or misread findings

RESULTS
Visual findings immediately; related test results may take days

Overview

Inspection means carefully looking at your body or a specific body area. It is usually the first part of a physical examination. A healthcare professional may inspect your skin, eyes, mouth, chest, abdomen, joints, wounds, or another area linked to your symptoms or care.

Inspection can show changes in colour, shape, movement, symmetry, swelling, posture, breathing effort, or skin condition. It may also be used to check a wound, surgical incision, cast, catheter, or other medical device.

The examiner may use a bright light, ruler, magnifying lens, or medical camera. They may ask you to change position so they can see the area clearly. Inspection does not usually involve placing an instrument inside your body. Internal examinations, such as endoscopy, are separate procedures.

Inspection can provide useful information, but it does not always establish a diagnosis. Findings often need to be considered alongside your medical history, touch-based examination, blood tests, imaging, or a tissue sample.

Why the procedure is performed

Inspection may be part of a routine check-up or an examination for a specific concern. It helps your healthcare professional look for visible findings that could explain symptoms or affect treatment.

It may be performed to:

Inspection is also used before some treatments. For example, the skin may be checked before an injection, operation, or dressing change.

- Examine a rash, wound, lump, swelling, or area of pain
- Check healing after surgery or an injury
- Look for signs of infection, inflammation, or poor circulation
- Observe breathing, walking, joint movement, or facial expression
- Compare one side of the body with the other
- Check a dressing, cast, drain, catheter, or intravenous line
- Record whether a visible finding changes over time

Who should and should not have it

Inspection is suitable for most people because it is non-invasive, meaning it does not enter the body. It may be offered when a visible examination could help assess your health or monitor recovery.

You can ask why a particular area needs to be examined and how the findings may affect your care. Your permission should be obtained before clothing, dressings, or coverings are moved.

There are few medical reasons to avoid inspection itself. However, it may need to be delayed or changed when:

For an intimate examination, you should be told what will happen and why. You may ask for a chaperone. You can also ask the examiner to stop at any time. In an emergency, the team may need to balance these preferences with the need to provide immediate, necessary care.

- You do not consent to the examination
- Emergency treatment is more urgent than a detailed examination
- Moving you could worsen an injury or cause significant pain
- Removing a dressing, cast, or device could interfere with treatment
- Required infection-control measures are not yet available
- Privacy or appropriate chaperone arrangements cannot be provided

How to prepare

Most inspections require little preparation. The treating facility's own instructions take priority because preparation may be different if inspection is combined with another test or procedure.

You may be asked to wear loose clothing or change into a gown. Remove jewellery only if instructed. Do not take off a dressing, splint, cast, or medical device yourself unless your healthcare team has told you to do so.

For a skin examination, you may be asked not to cover the area with make-up, lotion, or a new bandage. If practical, bring a list of medicines and information about when you first noticed the change. Photographs showing how an area has changed can sometimes help.

Tell the examiner if movement is painful, you need help changing position, or you have concerns about privacy. You can ask what clothing needs to be removed and request a drape or chaperone.

What happens during the procedure

The examiner will confirm which area needs to be checked and explain how you should sit, stand, or lie down. Only the area needed for the examination should be exposed.

They will look at the area under suitable lighting. Depending on the reason for inspection, they may assess:

The examiner may compare the area with the opposite side of your body. They might take measurements or a clinical photograph, but they should explain why and seek your permission. Local rules govern how medical images are stored and used.

Inspection is often followed by palpation, which means examining the area by touch. Listening with a stethoscope or arranging another test may also be necessary.

- Colour, texture, moisture, or breaks in the skin
- Swelling, shape, size, or symmetry
- Wounds, scars, bruising, discharge, or bleeding
- Movement during breathing, walking, or joint motion
- The position and condition of a tube, dressing, or other device

Recovery and what to expect afterward

Inspection itself should not cause pain. You may feel brief discomfort if you need to change position or if clothing or a dressing is moved. Tell the examiner if anything hurts.

You can usually eat and drink normally afterward. Inspection alone does not require fasting or dietary restrictions.

Normal activity can usually resume immediately. If the examiner replaced a dressing or found an area needing protection, follow the specific instructions you receive.

You can normally drive after inspection because no sedative or anaesthetic is used. Do not drive if you also had a procedure involving sedation, received a medicine that affects alertness, or cannot safely control the vehicle because of your underlying condition.

Most people can return to work straight away. Any limits are more likely to relate to the health issue being examined than to inspection itself.

Risks and possible complications

Visual inspection has no direct physical complications in most cases. However, exposing or positioning an injured area may cause temporary discomfort. Removing adhesive dressings can irritate the skin.

Some people may feel embarrassed, anxious, or vulnerable, particularly during an intimate examination. Clear explanations, limited exposure, draping, and a chaperone can help protect your comfort and privacy.

Inspection can miss findings that are small, hidden, or below the skin. A visible change can also have several possible explanations. For this reason, inspection should not be treated as a complete diagnosis when other assessment is needed.

There is also a small risk of infection if equipment or hands contact a wound or device without proper precautions. Healthcare staff should follow hand hygiene and equipment-cleaning

procedures.

Results and follow up

The examiner can usually tell you what they observed immediately. They may explain that the area looks normal, that it should be monitored, or that further assessment is needed.

Inspection findings alone may not show exactly what is causing a change. You may need photographs for comparison, blood tests, a swab, imaging, or a biopsy. A biopsy removes a small tissue sample for laboratory examination. These results can take several days or longer, depending on the test.

Routine follow-up may involve checking whether a wound is healing, swelling is settling, or a skin change is stable. Ask when and how you will receive any additional results. If you have not received them within the timeframe given by your healthcare team, contact the service that arranged the test.

Alternatives

There may be no exact replacement for directly looking at an affected area. However, other approaches can add information or sometimes reduce the need for an in-person inspection.

A photograph or video appointment may be more convenient, but lighting, image quality, and camera angle can hide important details. It also prevents the examiner from touching the area or checking it from different positions.

Palpation can detect tenderness, warmth, texture, or a lump beneath the skin, but it does not replace seeing colour, wounds, or movement. It is often used together with inspection.

Ultrasound, X-ray, CT, or MRI can show structures beneath the surface. These tests may provide more detail but take longer, cost more, and may involve radiation or other preparation. They do not always explain visible skin findings.

Laboratory tests or a biopsy can identify infection, inflammation, or abnormal cells. They are more invasive than inspection and answer narrower questions.

Monitoring without immediate examination may be reasonable for some minor, stable concerns. The trade-off is delayed assessment if the area worsens or does not heal as expected.

When to call your healthcare team

Inspection itself rarely causes a problem. Contact your healthcare team routinely if you have questions about the findings, follow-up plan, wound care, or pending test results.

Seek prompt medical advice if an examined area develops rapidly increasing redness, swelling, warmth, pain, discharge, or bleeding. Also contact the team if a dressing comes off unexpectedly or a medical device changes position.

Seek emergency care for severe trouble breathing, chest pain, fainting, uncontrolled bleeding, sudden weakness on one side, or another rapidly developing serious symptom. These symptoms are not expected effects of inspection and may relate to the condition being assessed.

Common questions

Will I be asleep?

No. Inspection is a visual examination and does not require sedation or anaesthesia.

Can I drive home?

Usually, yes. Inspection alone does not affect alertness. Driving restrictions may apply if you had another procedure, received sedating medicine, or cannot drive safely because of your health condition.

How painful is it?

Looking at an area should not hurt. Positioning, moving an injured body part, or removing a dressing may cause discomfort. Tell the examiner if you need them to stop or change what they are doing.

When will I know the results?

You will usually hear the visual findings immediately. If a swab, scan, blood test, or biopsy is needed, the final result may take days or longer.

Will I need to take my clothes off?

Only the area being examined should need to be exposed. You may ask for a gown, drape, privacy, and a chaperone.

Can I say no or ask the examiner to stop?

Yes. You can ask questions, decline the examination, or withdraw consent. The examiner should explain any effect that stopping may have on your assessment or care.

Sources

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