

A Patient's Guide to Sensitive Health Exams and Procedures

Improving your health care experience and achieving better outcomes through patient education and partnership

At Michigan Medicine, our goal is to provide the best possible care with minimal risk for both our patients and providers. One way to do this is through our [Chaperone Policy](#), which sets a consistent standard for patient care. A chaperone is a witness who may assist patients and providers in completing sensitive exams and procedures in a consistent, safe and respectful manner. A chaperone will always be present during sensitive exams/procedures for all adult and vulnerable patients as defined in our policy. Adults may decline a chaperone if they wish, and a chaperone is always available for any patient to utilize during any exam/procedure. Every effort will be made to ensure the chaperone is the gender that the patient feels most comfortable with.

A chaperone is present in order to provide comfort and reassurance throughout the exam/procedure. This includes assuring the patient is appropriately gowned or covered, communicating to the patient what will happen and why, monitoring the patient for signs of discomfort during the exam/procedure and assisting with other patient needs such as dressing/undressing. The chaperone will only be present during the sensitive parts of the procedure/exam or as the patient requests, and will position his/herself in a location that allows observation of the provider's clinical actions.

Sensitive exams/ procedures are considered to be any exam/procedure that includes the physical examination of, or a procedure involving the genitalia, rectum, or female breast. Limited exceptions apply and are detailed within the [policy](#). Below is an overview of these exams:

BREAST AND PELVIC SENSITIVE EXAM

CLINICAL BREAST EXAM

A clinical breast exam (CBE) is usually performed if you have a breast issue or concern, such as pain or lumps. Your provider may also offer you a screening CBE beginning at age 25, based on your personal and family risk assessment.

Visual Examination During a clinical breast exam, your health care provider checks your breasts' appearance. This may be performed in a seated position with the woman's hands on her hips. This can also be conducted with the patient lying on an exam table, opening the front of the dressing gown. The provider will ask you to raise your arms over your head to allow your provider to look for differences in size or shape between your breasts. The skin covering your breasts is checked for any rash, dimpling, or other abnormal signs.

Manual Examination Using the pads of the fingers, your provider palpates (pressing with the hands) your entire breast, underarm, and collarbone area for any lumps or abnormalities. The manual exam is done on one side and then the other. Your provider will also check the lymph nodes under the armpit to see if they are enlarged. Your nipples may be checked to see if fluid is expressed when lightly squeezed.

PELVIC EXAM

Most health care providers agree that you should have your first exam when you have symptoms such as discharge or pain, or when you turn 21, whichever comes first. You may feel slight discomfort or pressure during this exam, but there should be no pain. If you experience any pain, tenderness, or excessive pressure, please tell the provider right away, and ask any questions you may have.

The pelvic exam generally can include:

External Exam Examination of external labia, clitoris, vaginal opening, perineum, and rectal area is performed by visual inspection and palpation. This is conducted with the patient lying down on an exam table with paper/cloth coverings over the stomach and legs, and feet placed in stirrups.

Speculum Exam Examination of the vaginal canal and cervix is aided by a speculum (a duck bill-shaped instrument that is gently inserted and opened to provide visual access into the vaginal opening). The provider may need to move the speculum once it is inserted to fully see the cervix. During this part of the exam, the provider can conduct a Pap test (beginning at age 21), using a thin plastic brush to gently collect some cells from the cervix. These cells will be tested for early changes to the cervix before they become cancer. Additional fluid may be collected for STI testing if you are sexually active.

Your provider may also collect fluid for evaluating vaginal discharge and diagnosing infection. The speculum will then be closed gently and removed.

DIAGNOSING CAUSES OF PAIN OR UNUSUAL SYMPTOMS—BIMANUAL EXAM

If you have pain or other symptoms in the lower abdomen and reproductive organs, the provider may perform a bimanual exam. The provider will insert one or two gloved fingers into the vagina. With the other hand, the provider will gently apply pressure

to the lower part of your belly, palpating (pressing with the hand) to check the size and placement of the ovaries and uterus. The provider may use their fingers to gently move the cervix from side to side to check for signs of infection. In addition, the provider may use a single digit to evaluate the pelvic floor muscles for tenderness due to muscle spasm.

SENSITIVE EXAM OF THE PENIS AND SCROTUM

A urogenital exam may be performed to check for hernia, or if the patient is experiencing pain, swelling or discharge, has sores or other unusual symptoms. There should be no pain associated with the exam, however, if you experience any pain, tenderness, or excessive pressure, please tell the provider right away, and ask any questions you may have.

Note: Some patients may develop an erection during the examination; this is completely normal as erections can result from anxiety, temperature changes and a reflex to touch, in addition to sexual arousal.

The urogenital exam generally can include:

PUBLIC/GROIN REGION, HERNIA EXAM

Visual examination of the area including the scrotum, groin, and hip crease to look for any

abnormalities, accompanied by palpation (pressing with gloved hands) on the groin, inner upper thigh crease, and lower abdomen, especially along the lymph nodes of the hip area, the testicles, as well as the spermatic cord connected to the testis inside the scrotum. During a hernia exam the provider places fingers through the scrotum while you are standing.

DIAGNOSING CAUSES OF PAIN OR UNUSUAL SYMPTOMS – PENILE EXAM

If you have pain, sores or other unusual symptoms, the provider may perform a visual and manual examination of the penis, including the skin, foreskin, glans, and urethra. If you are uncircumcised, the provider may ask you to retract the foreskin back in order to examine all surfaces of the penis for sores and lesions, and may palpate (press with hands) the area for irregularities. The provider may examine the urethral meatus (opening of the urethra), and may use a swab to collect a lab sample. Sometimes the provider may press along the shaft to express any potential fluid. If you prefer and are comfortable doing so, you may swab the area yourself. On occasion, the provider may need to squeeze the muscle of the penis to check for scarring (Peyronie's disease).

RECTAL EXAMS

If you have pain in the lower abdomen and reproductive organ, have blood in your stool, or have other gastrointestinal or rectal symptoms, your provider may perform a rectal exam. It is also performed to collect tests for sexually transmitted infections of the rectum. A rectal examination is done either lying or kneeling on the examination table.

There should be no pain associated with the exam, however, if you experience any pain, tenderness, or excessive pressure, please tell the provider right away, and ask any questions you may have.

Note: Some patients may feel sensations similar to an urge to urinate or defecate during the rectal exam. This urge usually passes quickly, but if the urge is strong, you can ask the provider to stop the exam.

The rectal exam generally can include:

EXTERNAL EXAM

A visual examination of the anus and area around it to look for sores, rashes and bumps. Your provider may position a light so they can see better. Your provider may also collect tests for sexually transmitted infections by placing a cotton swab into the rectum. The swab is inserted about 1 inch (2-3 cm), rotated gently, and removed.

DIGITAL EXAM

The provider inserts one gloved and lubricated finger into the anus and palpates to detect any lumps or other abnormalities. The provider may also push firmly on the prostate gland to check for pain or tenderness.

ANOSCOPE EXAM

Examination of the rectal canal aided by an anoscope (a rigid hollow tube 3 to 5 inches long, and about 2 inches wide) that allows the provider to examine the anus and rectum in detail. The anoscope is gently inserted with lubrication into the rectum then slowly withdrawn as the

provider exams the rectal canal. While the anoscope is being inserted, the provider may ask you to intensify your internal muscles and relax as you would when having a bowel movement. This eases the placement of the anoscope. The provider may position a light or ask a medical assistant to hold a light during the procedure.