



# 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 health professionals. 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 health professionals in completing sensitive exams, procedures and care in a consistent, safe and respectful manner. A chaperone will always be present during sensitive exams/procedures/care 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/care. 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/care. 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/care or as the patient requests, and will position his/herself in a location that allows observation of the health professional's clinical actions.

Virtual visits are currently covered under the provisions of the Policy, as typically no physical contact will occur. However, there will be times that the genital, breast and rectal area will require virtual examination and these situations will be provided the same care and respect afforded to sensitive physical exams. A chaperone can be offered to and made available to the patient, or be present at a patient's request. The chaperone can be a third party, witnessing the virtual examination via split screens or can be present with the health professional or the patient.

Visits made to a patient within the patient's home by a visiting health professional do not require a chaperone.

Sensitive exams/procedure/cares are considered to be any exam/procedure/care that includes the physical examination of, or a procedure or care 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 professional 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 health professional 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 health professional 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 health professional 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 professionals 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 health professional 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 health professional 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 health professional 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 health professional may perform a bimanual exam. The health professional will insert one or two gloved fingers into the vagina. With the other hand, the health professional 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 health professional may use their fingers to gently move the cervix from side to side to check for signs of infection. In addition, the health professional 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 health professional 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:

### **PUBIC/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 health professional 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 health professional 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 health professional may examine the urethral meatus (opening of the urethra), and may use a swab to collect a lab sample. Sometimes the health professional 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 health professional 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 health professional 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 health professional 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

health professional may position a light so they can see better. Your health professional 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 health professional inserts one gloved and lubricated finger into the anus and palpates to detect any lumps or other abnormalities. The health professional 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 health professional 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 health professional 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 health professional may position a light or ask a medical assistant to hold a light during the procedure.