

A Patient's Guide to Sensitive Health Examinations and Procedures

At the Lehigh University Health & Wellness Center we understand that certain medical exams and procedures are more sensitive than others and we want to make sure that you are as comfortable as possible. We are committed to providing all patients with a safe, comfortable environment. Our goal is to provide the best possible care with minimal risk for both our patients and health care 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 health care providers 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 students as defined in our Chaperone Policy. Students may decline a chaperone if they wish. In some cases, the health care provider may decide not to perform a particular exam or procedure without a chaperone present. In this case, an appropriate referral will be made to address the medical concern of the patient. A chaperone is always available for any patient to request to be present 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, assisting with communicating to the patient what will happen and why and monitoring the patient for signs of discomfort during the exam/procedure. The chaperone will generally only be present during the sensitive parts of the procedure/exam/care or as the patient requests or according to Health & Wellness Center policy, and will position him/herself in a location that allows observation of the health professional's clinical actions.

Sensitive exams/procedure/care 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(s).

Below is an overview of these exams (patients may ask their health care provider for additional information):

BREAST AND PELVIC SENSITIVE EXAM

CLINICAL BREAST EXAM (Female)

A clinical breast exam (CBE) is usually performed if you have a breast issue or concern, such as pain, lumps or discharge from the nipple. Your health care provider (doctor, nurse practitioner, physician assistant) may also offer you a clinical breast exam as part of your routine well woman examination.

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 or if the gown is "open" on the patient's back side, by pulling the gown up to uncover the breasts while keeping the lower part of the body covered with a paper or cloth drape. The health professional may ask you to raise your arm(s) over your head during the examination, which also allows 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 care 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 health care 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 the nipple is lightly squeezed. If you experience any pain or tenderness, please tell the health care provider right away, and ask any questions you may have. This pain or discomfort is important for the health care provider to know about as it may help to determine the cause of your symptoms. If at any time, you want the health care provider to stop the examination you can request that and the examination will be stopped.

PELVIC EXAM

Current medical guidelines recommend that women start screening for cervical cancer at age 21, which requires an internal pelvic exam. In addition, women having symptoms such as discharge or lower abdominal pain will often have a genital and or internal pelvic exam performed to determine the cause of the symptoms.

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 care provider right away, and ask any questions you may have. This pain or discomfort is important for the health care provider to know about as it may help to determine the cause of your symptoms. If at any time, you want the health care provider to stop the examination you can request that and the examination will be stopped.

The pelvic exam generally may include:

External Exam: Examination of external labia, clitoris, vaginal opening, perineum (area between the anus and the vulva), and anus/rectum area. This 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 provider may need to move the speculum once it is inserted to fully see the cervix and to visualize the entire vagina. 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. While the speculum is still inserted in the vagina, additional swabbing of the vagina or opening of the cervix may be performed using soft swabs, to obtain specimens for STI testing if clinically indicated (ie: if you have been sexually active). Your health care provider may also collect a vaginal fluid sample using another soft swab for evaluating vaginal discharge and diagnosing infection. These tests may require 3 or more swabs of the cervix and/or vagina. Obtaining these swabs should not be painful. The speculum will then be closed gently and removed.

Bimanual Exam: During a routine pelvic exam (part of a well woman visit with PAP test) as well as if you have pain or other symptoms in the lower abdomen and reproductive organs, the health care provider may perform a bimanual exam. The health care provider will insert one or two gloved fingers into the vagina. With the other hand, the health care 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 health care provider may use their fingers to gently move the cervix from side to side to check for signs of infection. In addition, the health care provider may use a single digit (finger) inserted into the vagina to evaluate the pelvic floor muscles for tenderness due to muscle spasm. The health care provider may perform a rectal examination, where one finger is inserted into the anus/rectum while another finger is in the vagina. Again - If you experience any pain, tenderness, or excessive pressure, please tell the health care provider right away, and ask any questions you may have. This pain or discomfort is important for the health care provider to know about as it may help to determine the cause of your symptoms. If at any time, you want the health care provider to stop the examination you can request that and the examination will be stopped.

INGUINAL EXAM (Groin)

During a routine examination in male or female patients (such as during a pre-participation sports physical, evaluation of fever or other swollen glands or evaluation of elevated blood pressure), the health care provider may examine the inguinal area (the groin crease area between pubic area and hip) including palpating the femoral pulse and palpating for inguinal lymph node enlargement. In general, this type of examination is not considered a “sensitive” examination, but at any time a student requests a chaperone for this examination, that will be provided. In addition, this type of examination typically doesn’t require that the health care provider wear gloves.

SENSITIVE EXAM OF THE PENIS AND SCROTUM

UROGENITAL EXAM

A urogenital exam may include an examination to check for a hernia, or if the patient is experiencing pain, swelling or discharge, has sores or other unusual symptoms. If you experience any pain, tenderness, or excessive pressure, please tell the health care provider right away, and ask any questions you may have. This pain or discomfort is important for the health professional to know about as it may help to determine the cause of your symptoms. If at any time, you want the health care provider to stop the examination you can request that and the examination will be stopped.

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 may include:

Visual examination: During the visual examination of the urogenital region, the health care provider will have you remove your underwear and pants/shorts. You will be provided with a gown or drape to cover yourself as much as possible while still allowing the health care provider to be able to see the urogenital region. You will be asked to either stand up or to lie on the exam table on your back. The examination may include visual inspection of the inguinal area including the groin, and hip crease, as well as visual inspection of the pubic area, penis and scrotum. This may require the health care provider to move the penis or scrotum to be able to see the entire area.

Manual examination: Manual examination of the urogenital region may include palpation of the groin, inguinal area (inner upper thigh crease), lower abdomen, the testicles, the epididymis (small gland that is located above each testicle) as well as the spermatic cord connected to the testis inside the scrotum. During a hernia exam the health care provider places finger(s) through the scrotum while you are standing to palpate along the spermatic cord to the abdominal wall. You may also be asked to cough during this procedure (this creates abdominal pressure and if there is a hernia, the health care provider will feel the abdominal contents).

Examination of Penis: If you have pain, sores or other unusual symptoms in the urogenital area, 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 care 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 health care provider may examine the urethral meatus (opening of the urethra), and may use a swab to collect a lab sample. Sometimes the health care

provider may press along the shaft of the penis to express any potential fluid from the urethra. If you prefer and are comfortable doing so, you may swab the area yourself. On occasion, the health care provider may need to squeeze the muscle of the penis to check for scarring (Peyronie's disease). If there is a sore or ulcer on the penis, the health care provider may swab the sore or ulcer to send a sample to the lab (to test for certain infections, such as herpes), which can be uncomfortable.

RECTAL EXAM

If you have pain in the lower abdomen or reproductive organ, have blood in your stool, or have other gastrointestinal or rectal symptoms, your health care provider may perform a rectal exam. It is also performed to collect tests for sexually transmitted infections of the rectum. A rectal examination is performed with the patient 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 care provider inserts one gloved and lubricated finger into the anus and palpates to detect any lumps or other abnormalities. The health provider may also push firmly on the prostate gland (in males) to check for pain or tenderness.

Sources:

University of Michigan, Michigan Medicine. Patient's Guide to Sensitive Health Exams and Procedures. <http://www.med.umich.edu/pdf/policies/patient-guide-to-sensitive-exams.pdf> accessed July 26, 2019.

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