

Patient Guide to Sensitive Health Exams



The University of Texas at Austin
University Health Services
Division of Student Affairs

General Things to Know

An assistant will be with your provider during the exam. You are in charge. Ask questions and say something if you are uncomfortable or need specific clarification.

Medical history includes but is not limited to:

- Current symptoms and concerns
- 5 Ps of sexual history:
 - Partners (Current, Past and Future)
 - Prevention of Pregnancy (History of Pregnancy)
 - Protection from Sexually Transmitted Infections (STI's)
 - Practices
 - Past History of STIs
- Physical and mental health history, family history
- Smoking, alcohol and other drug use.

Types of Exams

- **Clinical Breast Exam (CBE)** for general screening or if you have breast symptoms such as pain, rashes, or lumps
- **Pelvic Exam** can include visual inspection, speculum exam (to collect cells for a pap test beginning at age 21 and in some cases to test for STI's), and bimanual exam (to diagnose conditions of the abdomen and pelvis such as pain)
- **Pubic/Groin Region and Hernia Exam** to diagnose symptoms such as pain, lumps, rashes, and lesions in this area and to check for a hernia
- **Penile Exam** to diagnose symptoms including pain with urination, rashes, sores and discharge from the penis (may also collect sample for STI screening)
- **Rectal Exam** to diagnose symptoms of the abdomen, pelvis, and gastrointestinal system such as abdominal pain, blood in the stool, and sores or lesions. Can include visual inspection, a digital exam (finger inserted into the rectum), testing for STIs, and an anoscopy exam (this scope is made of disposable plastic and allows your doctor to get a detailed look at the tissue within your anal-rectal areas).

Medical History Conversation

The provider will explain what the examination consists of, ask questions in order to establish your general health and gather any history that may be contributing risk factors to your good health. Your provider may provide educational information to help you better understand optimizing your reproductive and sexual health.

Questions about your sexual history:

- Some patients may not be comfortable talking about their sexual history, sex partners, or sexual practices, and wonder why such sensitive, personal, and specific information is needed.
- These questions are important because there is no single test or panel for screening or testing for sexually transmitted infections. Sexual practices and risk behaviors vary among individuals. Identifying each person's risks and what parts of the body are used for sex is important for the provider to recommend what individual tests are needed and what parts of the body should be tested. (Source: [cdc.gov/std/prevention/screeningreccs.htm](https://www.cdc.gov/std/prevention/screeningreccs.htm))
- You have the right to refuse to answer any questions, but this may limit your provider's ability to adequately evaluate you. The information that you provide is confidential.

Your provider may ask you questions about:

- Your general physical and mental health, smoking, alcohol and other drug use, allergies and medications you are taking
- Your past and current sexual activities, including number and gender identity of your sexual partners, detailed questions about types of sexual contact (oral, vaginal, anal, penile), use of barriers such as condoms, and if you have ever exchanged sex for money or drugs, or had sex with someone who has
- If you have been diagnosed with a sexually transmitted infection or if you have had sexual contact with someone who has
- If you have been sexually abused or assaulted
- If you or your partner are concerned about risk of pregnancy and what protection you are using
- Any family history of certain conditions such as breast or ovarian cancer or blood clots
- Your menstrual period, such as how old you were when you first got it, how long it lasts, how often it comes, how much you bleed, the first day that your last period started, if you have cramps or other symptoms with your period
- If you have vaginal itchiness, discomfort, sores, bumps, any unusual discharge (drainage) or unusual odors
- If you have had penile discharge, sores, bumps, or other discomfort.

Sensitive Health Examinations

A trained medical assistant or nurse will be present at all times during a sensitive health exam; you may request an assistant of a specific gender. You can also have a friend or family member present in addition to the medical assistant or nurse.

In addition to you, the patient, and the provider who is providing your care, a trained medical assistant or nurse will be present at all times during examination of the genital area, rectum or female breast.

You can also have a friend or family member present during the exam, in addition to the trained assistant.

You are in charge during the examination, and you have the right to stop the exam at any time, as well as the right to seek care elsewhere.

Tell your health care provider if something bothers or frightens you.

Be clear about your modesty needs. If for religious, personal, or cultural reasons you need to have a provider of a specific gender identity, University Health Services has male and female providers available and will make every effort to accommodate your preference.

If you need to remove your clothing to be examined, you will be given a gown or sheet. Only the part of your body being examined should be uncovered.

Breast and Pelvic Exams

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 based on your personal and family risk assessment.

Visual Examination

During a clinical breast exam, your health care provider checks your breasts' appearance. This is usually conducted with the patient lying and sometimes sitting on an exam table, opening the front of the dressing gown. You may be asked 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. 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, aided by a speculum (a duck bill-shaped instrument that is gently inserted and opened to provide visual access into the vaginal opening). During this part of the exam, the provider can conduct a Pap test (beginning at age 21), using a thin plastic cervical 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 diagnosing vaginal discharge. The speculum will be closed gently and removed. The provider may need to move the speculum once it is inserted to fully see the cervix.

Diagnosing Causes of Pain or Unusual Symptoms—Bimanual Exam

Sometimes at an annual exam or 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.

Penile and Testicular Exams

Male Urogenital Exam

A male 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 male 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 the 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 into 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

Rectal Exam

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 standing, lying on one's side, or lying down on the exam 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 in males to check for pain or tenderness.
- **Anoscope Exam**
Examination of the rectal canal aided by an anoscope (a rigid hollow tube 3 to 4 inches long and about 1 inch 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.

Conclusion of the Visit

Ask any questions about follow-up care, make plans for your next appointment, and congratulate yourself—you've taken important steps to safeguard your good health by participating in this appointment.