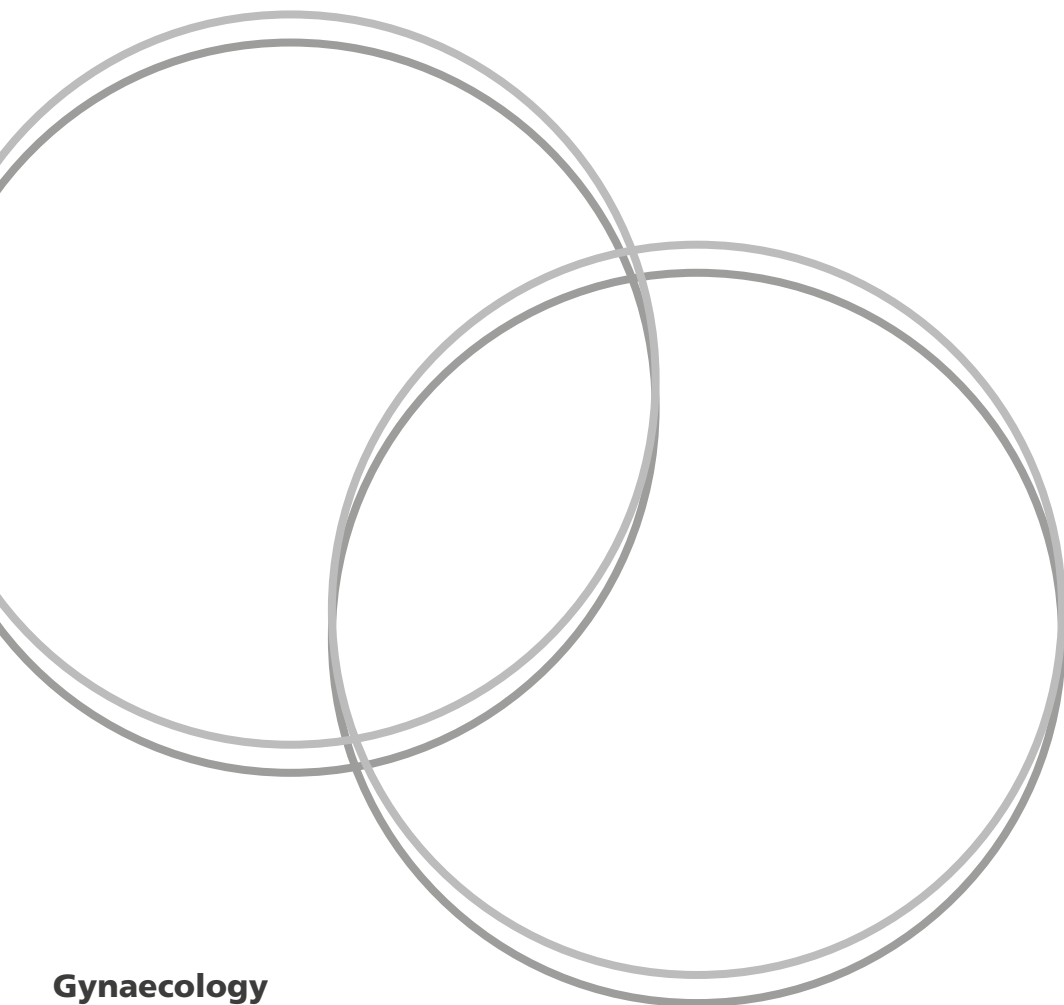


# Having an Intimate Examination in Gynaecology Services

Information for patients



You have been booked in for an appointment in clinic where you may or may not require an intimate examination. If you do require an intimate examination, it is likely that one or more of the following will take place:

- Perineal examination
- Vaginal examination
- Transvaginal ultrasound

The information provided in this booklet is designed to answer many of the common questions patients may have regarding the examination and to ensure you are fully informed.

# Perineal and vaginal examination:

## Why are these examinations offered?

There are several reasons why these examinations may be offered. These include:

- To assess the function of your pelvic floor. This includes both how the muscles tighten and relax.
- To assess for pelvic organ prolapse, which means the descent or bulging of one or more of the pelvic organs (the bladder, uterus, or bowel into the vagina).
- To look for causes of pain in the vagina, back passage and/or pelvic region.
- To examine scar tissue in this area and advise on scar management strategies.
- To insert, replace or remove a vaginal pessary or intra-uterine device.
- To look at the possible cause of any vaginal bleeding you may have been experiencing.

## What is involved?

Intimate assessments including perineal and vaginal examination are performed by a healthcare professional with specific training in Gynaecology.

- The examination will take place in a single patient treatment room to preserve your privacy and dignity.
- The healthcare professional will ask you to remove your outer clothes (below your waist) and underwear, and to lie on an examination trolley on your back, with your knees bent. You will be given a sheet to put over your lap.

## Perineal examination

The perineal area is the area around the vagina and rectum (also known as the back passage).

- The healthcare professional will begin by checking the skin condition and reflexes in the perineal area (around the vagina and back passage) which may include touching the area with a gloved finger.
- The healthcare professional will visually inspect the perineal skin, and might assess touch sensation externally on the labia, clitoris, and perineum, using a gloved finger or cotton bud.

## Vaginal examination

- The healthcare professional will begin by checking the external skin, vulva, labia and perineum and may check the reflexes in the perineal area. This may include touching the area with a gloved finger.
- They will then insert a lubricated gloved finger into your vagina. You may be asked to:
  - Tighten and relax the pelvic floor muscles several times, which allows the healthcare professional to assess the muscle tone, length, strength, and endurance, as well as to assess for any tenderness.
  - Cough or “bear down”.
  - Describe what you are feeling if the assessment relates to pain symptoms.

Throughout the examination the healthcare professional will provide feedback regarding the assessment and explain what they want you to do. Short pauses in the examination may take place to allow the muscles to recover.

## **Speculum examination**

A speculum (a plastic instrument) may be used to allow an internal examination of the vagina. This is gently passed into the vagina by the healthcare professional to examine the walls of the vagina, the top of the vagina (the 'vault') or the neck of the womb (the 'cervix') with the aid of an examination light.

Intimate examinations may cause some discomfort, but don't usually cause any pain and should not take very long. If you feel discomfort, please tell the healthcare professional.

## **Transvaginal ultrasound**

A transvaginal ultrasound allows a healthcare professional to look more closely inside the body at organs such as the ovaries or the womb.

A "transvaginal" ultrasound means "through the vagina". During the procedure, you'll be asked to lie on your back, with your knees drawn up towards your chest or on a footrest.

A small ultrasound probe, which is a small medical instrument with a sterile cover (not much wider than a finger) is then gently passed into the vagina and images are sent to a monitor.

## **Are there risks associated with an intimate examination?**

Although intimate examinations carry low risk when performed with correct infection control procedures, there are some considerations that are useful for the healthcare professional to be aware of prior to performing the examination. You should therefore inform the healthcare professional performing the examination if any of the following apply:

- You are not sexually active.
- You may be pregnant.
- You have had a baby recently.
- You have recently had pelvic surgery
- You currently have a vaginal infection.
- You currently have a urinary tract infection (UTI).
- You have recently received radiotherapy.
- You have been diagnosed with a fistula.
- You have an allergy to latex.
- Your cultural or religious beliefs do not allow this type of examination.
- If you have ever seen your doctor with a complaint of pelvic pain or other problems around the pelvic area.
- You are on your period.
- You have undergone Female Genital Mutilation (FGM).

Other relevant circumstances to inform the healthcare professional of are listed below. Some of these are very sensitive issues, and you are under no obligation to disclose them if you do not wish to:

- Psychosexual problems.
- You have had previous negative experiences with pelvic examinations or smear tests.
- You have a history of sexual assault or exploitation.
- If you feel that an internal examination could be an uncomfortable or difficult experience for you.

## Consent

We understand that this is an intimate examination and that for several reasons, some women may not want to be examined. We need to gain your permission (or “consent”) to perform this examination. We will ask for your consent verbally.

The healthcare professional will answer any questions you have, and you can discuss any concerns you have with them.

**If you do not want to be examined, it is your right to say no to an assessment. You can also change your mind at any point during the examination, even after you have given consent.**

Before the examination starts, you may find it helpful to think about what you would say if you wanted the examination to stop. For example, you could say “stop”, “pause”, or “could you stop for a moment?”. The healthcare professional will listen and understand.

## Chaperone

A chaperone is a person who is present during an examination to protect the safety and wellbeing of all parties present (both patient and the healthcare professional). A chaperone who is a clinical staff member may be in the room during any intimate examination. They will be there to assist the healthcare professional carrying out the examination. Your privacy and dignity are important to us, and we will do all we can to make you comfortable. If you wish to bring a support person, for example a family member or friend, you are welcome to do so.

If you have any questions or concerns regarding this examination, please speak to your healthcare professional who will be happy to discuss any issues with you.

## What happens after the examination?

The healthcare professional will discuss the results of the examination with you. Using all the information gained from the examination, we can discuss your options and agree on a treatment plan designed for your individual needs.

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Gynaecology Matron. Gynaecology Patient Information Co-ordinator  
July 2024  
Review: July 2027  
Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



*Making a difference across our hospitals*

[charity@ouh.nhs.uk](mailto:charity@ouh.nhs.uk) | 01865 743 444 | [hospitalcharity.co.uk](http://hospitalcharity.co.uk)

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

