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Vaginal and Rectal Examinations performed by a Pelvic, Obstetric, and Gynaecological Physiotherapist Physiotherapy Department



Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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- Place your thumb or finger at the entrance to the vagina. You should feel it tighten and lift when you contract the pelvic floor muscles.
- Use of a vaginal or anal probe with instruction from your Physiotherapist.

Vaginal and Rectal Examinations

Introduction

This leaflet is intended to answer any questions that you may have regarding your pelvic floor examination which may include a vaginal or rectal examination. It is not, however intended to replace discussion with your Pelvic, Obstetric and Gynaecological Physiotherapist.

This leaflet should be read **before consenting** to vaginal or rectal examinations, which may be performed as part of your assessment. All of our Pelvic, Obstetric and Gynaecological Physiotherapists are female.

Why may a physiotherapist need to perform a vaginal or rectal examination?

Learning to do pelvic floor exercises will be part of your physiotherapy treatment to help improve symptoms associated with your pelvic floor. Having explained to you how to do pelvic floor exercises, it is important that you are able to do them correctly.

Benefits of an examination

When examining the pelvic floor, the physiotherapist can feel the muscle contraction, how well the muscle is moving, grade how strong it is and how long you can hold it. She can then design an

individual exercise programme suitable for exercising your muscles.

Precautions for a full vaginal or rectal examination

There are very few risks associated with a vaginal and rectal examination, but risks may exist for patients who currently have, or may have experienced the following:

- Inflammation or infection of the vagina or the anus.
- Have undergone pelvic or bowel surgery in the last 6 weeks
- Psycho-sexual problems.
- Been advised to avoid sexual intercourse during pregnancy.

If you have any concerns about the risks involved with the examination, please discuss these with your physiotherapist.

What is involved?

You may ask for a chaperone or bring somebody to accompany you. You will be asked to remove your underwear and lie on a bed. For a vaginal examination; you will lie on the bed on your back with your knees bent. For a rectal examination; you will lie on your left side with knees bent.

As part of the examination, the physiotherapist will observe the perineum to assess general health, you will be asked to contract

your pelvic muscles for observation and then to 'bear down' in order to assess for the presence of prolapse. The physiotherapist will then insert a gloved finger into the vagina or the rectum, feeling the pelvic floor muscles, left and right, assessing muscle tone and any areas of tenderness or discomfort.

You will then be required to hold a contraction while you cough. In order to assess your muscles further, you will be asked to hold a series of timed and counted contractions. This will objectively assess your pelvic floor muscle strength so the Physiotherapist can give you a training regime to strengthen these muscles according to your needs

Can I say no?

The examination is not compulsory and you can change your mind at any time and ask the physiotherapist to stop. However, treatment is most effective with an exercise programme that has been devised as a result of a vaginal or rectal examination.

If you choose not to have a vaginal examination, the physiotherapist will still continue to give you the advice you need and encourage you to do your exercises. She will suggest alternative ways for you to assess your own technique and muscle function. These may include:

- As a **one-off** test, attempt to stop the flow of urine (mid-stream by tightening your pelvic floor muscles. This is only a test and should not be repeated regularly.