

## Internal Examination Consent Form

### What is an internal vaginal/rectal exam?

The pelvic floor is much like any other muscle - it can be weak, inactive, tight or overloaded. Like any muscle, to get an idea of if there are any problems associated with it, we ideally need to physically feel it and test its strength and activity. Because it sits internally, such assessment is best completed via an internal examination.

An internal digital vaginal/rectal exam (DVE/DRE) is an examination performed by a suitably trained Physiotherapist. A single lubricated and gloved finger is inserted into the vagina (rectum if vaginal examination is not appropriate) to assess the condition of the pelvic floor muscles. In some cases, if appropriate, the Physiotherapist may attempt to treat your pain/problem directly during this examination.

You can ask your Physiotherapist to stop the procedure at any point and they will do so immediately.

### Why would this be beneficial for me?

The following problems may benefit from this kind of assessment (and associated treatment) as often the pelvic floor muscles are involved in, if not a direct cause:

- Urinary Incontinence
- Urinary Retention
- Vulvodynia or Vestibulodynia
- Pelvic Organ Prolapse
- Vaginismus or Dyspareunia
- Interstitial Cystitis
- Pregnancy-related pelvic girdle pain (PGP)
- Low back, hip or sacroiliac joint (SIJ) pain

### Do I have to have an internal examination?

No. Whilst an internal exam is often the best way of accurately assessing your pelvic floor, there are other techniques that can be employed, eg. external palpation / use of aids. These methods do not always give as accurate and extensive a picture as an internal examination would normally do.

### What are the risks to me from this procedure?

All procedures carry risks. In this case, the risks are: infection (urinary or vaginal), pain and bleeding.

Every care is taken to minimise these risks through clear communication with you and the use of clean procedures.

- I acknowledge that I have read the above and discussed the need for and risk/benefits of the procedure described above with my therapist. Yes / No
- I consent to the above procedure Yes / No
- I would prefer the presence of a chaperone Yes / No

Name:

Signed:

Date: