



## Thank you for choosing Columbia Women's Health for your Ob/Gyn care!

The first visit to a new clinician is a wonderful opportunity to be proactive and engaged in your own healthcare. The visit is focused on you. We want to empower you to set the tone and guide us by raising your concerns and goals for your healthcare. The first visit is primarily a conversation between you and your Ob/Gyn provider.

Your past medical history will guide the initial conversation. Information about your concerns and staying healthy will be discussed. Depending on your unique situation, we may recommend a physical exam and specific tests. These may occur during the initial visit or be scheduled for a future time.

### WHAT SHOULD I EXPECT AT MY OB/GYN APPOINTMENT?

The medical assistant will take your vital signs, gather your medical, surgical history and background including your allergies, and a list of medications you're currently taking.

Then, the clinician will ask you some open-ended questions, especially about any pressing concerns you want to discuss during your visit. The clinician may also ask specific questions about you, your family, your history, your health, and your experiences. Here are other common topic areas that your clinician may bring up or if you have questions regarding they can review:

- Your general well-being and happiness
- Any physical developments that you have questions about, like a lump in your breast
- Your menstrual cycle history
- Past obstetric history such as number of pregnancies and complications
- Past gynecological history such as abnormal pap smears, sexually transmitted infections, endometriosis, fibroids, ovarian cysts, cancer history, menopause/perimenopause transition
- Pelvic pain, vaginal and vulvar changes you may be experiencing
- Contraception, reproductive plans and fertility issues
- Your sexual activities (including vaginal, oral, and anal sex) and sexuality
- History of assault or sexual abuse
- Bowel or bladder dysfunction

Some of these questions can seem a little personal. It is natural to be worried about sharing private information. If you're over the age of 18, all of the information you share is confidential. If you're under 18, be sure to talk with your clinician about confidentiality – most, if not all of what you say to your provider can be kept confidential.

**Depending on your individual history and concerns, a physical exam may be recommended.**

Typical components of the exam are:

- General physical exam
- Breast exam
- Pelvic exam
- Pap smear for cervical cancer screening

## WHAT HAPPENS DURING THE EXAMS?

Before the exam, your clinician will step out of the room and give you privacy to change. You will have a sheet to cover up your legs. Your provider will come back into the room with a chaperone or nurse who will always be present during the physical exam. Your clinician will let you know what to expect before each part of the exam.

### Breast exam

Your clinician will manually palpate (touch with pressure) your breasts, feeling for lumps, thickening, or discharge. They will also teach you how to perform a self-breast exam.

### Pelvic exam

We understand that the pelvic exam can be uncomfortable, intrusive, and may cause anxiety. We are focused on your safety, comfort, and privacy at all times. Your clinician will explain what to anticipate before it happens.

You'll lie on your back on an exam table with your knees bent and your feet placed on the corners of the table or in supports (stirrups). You'll be asked to slide your body toward the end of the table and let your knees fall open.

The pelvic exam usually consists of:

1. A visual external exam, where the clinician examines the clitoris, labia, vaginal opening, and anus.
2. An internal visual exam, where your provider will use a speculum to look at your vagina and cervix. A gel may be applied so that it slides easily into your vagina. When the speculum is inserted, it may feel a bit cold and will be gently opened so that your clinician can see your vaginal canal and your cervix. It is normal to feel a sense of pressure.
3. A Pap test or Pap smear, occurs when your provider takes a sample from the cervix using a special tiny brush. If you are having unusual vaginal discharge, we will take another sample to check for causes of discharge.
4. A bimanual exam done to check your internal female organs. Your clinician will insert one or two gloved, lubricated fingers into your vagina. With the other hand, they will gently apply pressure to the lower part of your belly. You may feel slight discomfort when your clinician presses in certain places, but if it hurts, you should let us know.
5. Sometimes your provider will also do a rectal exam. This involves inserting one finger into your anus. This is usually done at the end of the bimanual exam. Like other parts of the exam, if you relax and take slow deep breaths, it should not be uncomfortable. If you feel pain, you can let us know.

After your physical exam, your clinician will announce that the exam is over and she/he as well as the nurse or chaperone will leave the room so that you can get dressed. Your clinician will come back when you are fully clothed and ready and discuss the results of the physical exam with you and steps moving forward.

### Can I stop the physical exam if I feel uncomfortable?

Of course. It is perfectly in your right to ask to stop the physical exam. We want you to feel in control of your body at all times.

## HOW SHOULD I PREPARE FOR MY OB/GYN VISIT?

You can get ready for your visit by preparing a list of questions. It's also helpful to know your about your own medical history including any developments in your obstetric and gynecologic status, new or recurring.