

Prostate Exam By Female



Prostate Exam by Female: A Comprehensive Guide

Feeling apprehensive about your upcoming prostate exam? Many men experience anxiety surrounding this procedure, especially when considering the possibility of a female healthcare provider performing the exam. This comprehensive guide aims to demystify the process of a prostate exam conducted by a female doctor or nurse practitioner, addressing common concerns and providing a clear understanding of what to expect. We'll cover everything from the procedure itself to addressing anxieties and ensuring a comfortable experience.

Understanding the Prostate Exam

The prostate is a walnut-sized gland located just below the bladder in men. A digital rectal exam (DRE) is the most common method for examining the prostate. During a DRE, a healthcare provider inserts a lubricated, gloved finger into the rectum to feel the prostate gland. This allows them to assess its size, shape, consistency, and to detect any abnormalities such as lumps or nodules. These abnormalities could indicate benign prostatic hyperplasia (BPH), prostatitis, or, in some cases, prostate cancer.

Why a Female Healthcare Provider Might Perform the Exam

While many men may prefer a male provider, there's no medical reason why a female healthcare professional cannot, and indeed often does, perform a DRE. Highly trained and experienced female doctors, nurse practitioners, and physician assistants are completely capable of conducting this examination with professionalism, sensitivity, and skill. In fact, some men may find a female provider more approachable or comfortable, especially when discussing sensitive health issues. The focus should always be on the provider's expertise and competence, irrespective of gender.

What to Expect During a Prostate Exam by a Female

The procedure itself is brief and relatively straightforward. The steps typically involve:

Preparation: The healthcare provider will explain the procedure and answer any questions you may have. You'll be asked to disrobe from the waist down and assume a comfortable position, usually lying on your side with your knees bent.

Lubrication: A generous amount of lubricant will be applied to the gloved finger to ensure a smooth and comfortable insertion.

Insertion and Palpation: The provider will gently insert a lubricated finger into your rectum and palpate (feel) the prostate gland. This may cause some mild discomfort or pressure, but it shouldn't be painful.

Post-Procedure: After the exam, the provider will explain their findings and discuss any necessary next steps, such as further testing or referral to a specialist.

Addressing Anxiety and Ensuring Comfort

It's completely normal to feel nervous or anxious before a prostate exam, regardless of the provider's gender. To help alleviate anxiety:

Communication is Key: Don't hesitate to ask your provider any questions you may have before, during, or after the exam. Open communication can significantly ease anxiety.

Breathing Techniques: Deep, slow breaths can help to relax your body and mind.

Mindfulness and Meditation: Practicing mindfulness or meditation techniques before your appointment can promote calmness.

Choose a Provider You Trust: Selecting a provider you feel comfortable with can make a significant difference. Read reviews, ask for recommendations, and choose someone who prioritizes patient comfort.

Dispelling Myths and Misconceptions

One of the biggest hurdles to overcome is the discomfort or embarrassment many men feel. Let's address some common misconceptions:

Pain: While some slight pressure or discomfort is possible, a properly conducted DRE should not be painful. If you experience significant pain, inform your provider immediately.

Intimacy: The prostate exam is a purely medical procedure. It is not a sexual act and should be conducted with professionalism and respect.

Humiliation: Feeling embarrassed is understandable, but remember that your provider has seen many patients and is focused solely on your health.

Preparing for Your Prostate Exam

While no special preparation is usually required, it's helpful to:

Schedule the Appointment: Book your exam in advance to minimize stress and allow ample time.

Empty Your Bowels: Having a bowel movement beforehand can make the exam more comfortable.

Ask Questions: Prepare a list of questions you want to ask your provider.

Communicate Your Concerns: Don't hesitate to express any anxieties or concerns you have with your healthcare provider.

Conclusion

A prostate exam by a female healthcare provider is a routine and vital procedure for men's health. While apprehension is understandable, understanding the process and addressing concerns beforehand can help ensure a comfortable and positive experience. Remember, open communication with your provider is key to a successful and stress-free exam. Don't hesitate to seek clarification on anything you don't understand. Your health is paramount, and proactive healthcare is crucial.

FAQs

Q1: Is a prostate exam by a female doctor different from one performed by a male doctor? No, the procedure is the same regardless of the provider's gender. The difference lies solely in the provider's approach and your personal comfort level.

Q2: What if I experience pain during the exam? If you experience significant pain, tell your provider immediately. They will adjust their technique or stop the exam if necessary.

Q3: How often should I have a prostate exam? This depends on your age, risk factors, and family history. Discuss screening recommendations with your doctor.

Q4: What happens if something abnormal is found during the exam? Your provider will explain the findings and recommend further tests or specialist referral if necessary.

Q5: Can I bring a companion to the exam? Discuss this with your provider beforehand. Many clinics allow a companion to be present for support.

prostate exam by female: Colorectal Cancer Screening Joseph Anderson, MD, Charles Kahi, MD, 2011-04-23 Colorectal Cancer Screening provides a complete overview of colorectal cancer screening, from epidemiology and molecular abnormalities, to the latest screening techniques such as stool DNA and FIT, Computerized Tomography (CT) Colonography, High Definition Colonoscopes and Narrow Band Imaging. As the text is devoted entirely to CRC screening, it features many facts, principles, guidelines and figures related to screening in an easy access format. This volume provides a complete guide to colorectal cancer screening which will be informative to the subspecialist as well as the primary care practitioner. It represents the only text that provides this up to date information about a subject that is continually changing. For the primary practitioner, information on the guidelines for screening as well as increasing patient participation is presented. For the subspecialist, information regarding the latest imaging techniques as well as flat adenomas and chromoendoscopy are covered. The section on the molecular changes in CRC will appeal to both groups. The text includes up to date information about colorectal screening that encompasses the entire spectrum of the topic and features photographs of polyps as well as diagrams of the morphology of polyps as well as photographs of CT colonography images. Algorithms are presented for all the suggested guidelines. Chapters are devoted to patient participation in screening and risk factors as well as new imaging technology. This useful volume explains the rationale behind screening for CRC. In addition, it covers the different screening options as well as the performance characteristics, when available in the literature, for each test. This volume will be used by the subspecialists who perform screening tests as well as primary care practitioners who refer patients to be screened for colorectal cancer.

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prostate exam by female: Feeling Medicine Kelly Underman, 2020-08-18 Honorable Mention, Sociology of the Body and Embodiment Best Publication Award, given by the Body and Embodiment Section of the American Sociological Association The emotional and social components of teaching medical students to be good doctors The pelvic exam is considered a fundamental procedure for medical students to learn; it is also often the one of the first times where medical students are required to touch a real human being in a professional manner. In Feeling Medicine, Kelly Underman gives us a look inside these gynecological teaching programs, showing how they embody the tension between scientific thought and human emotion in medical education. Drawing on interviews with medical students, faculty, and the people who use their own bodies to teach this exam, Underman offers the first in-depth examination of this essential, but seldom discussed, aspect

of medical education. Through studying, teaching, and learning about the pelvic exam, she contrasts the technical and emotional dimensions of learning to be a physician. Ultimately, *Feeling Medicine* explores what it means to be a good doctor in the twenty-first century, particularly in an era of corporatized healthcare.

prostate exam by female: Evidence-Based Physical Examination Kate Sustersic Gawlik, DNP, APRN-CNP, FAANP, Bernadette Mazurek Melnyk, PhD, APRN-CNP, FAANP, FNAP, FAAN, Alice M. Teall, DNP, APRN-CNP, FAANP, 2020-01-27 The first book to teach physical assessment techniques based on evidence and clinical relevance. Grounded in an empirical approach to history-taking and physical assessment techniques, this text for healthcare clinicians and students focuses on patient well-being and health promotion. It is based on an analysis of current evidence, up-to-date guidelines, and best-practice recommendations. It underscores the evidence, acceptability, and clinical relevance behind physical assessment techniques. Evidence-Based Physical Examination offers the unique perspective of teaching both a holistic and a scientific approach to assessment. Chapters are consistently structured for ease of use and include anatomy and physiology, key history questions and considerations, physical examination, laboratory considerations, imaging considerations, evidence-based practice recommendations, and differential diagnoses related to normal and abnormal findings. Case studies, clinical pearls, and key takeaways aid retention, while abundant illustrations, photographic images, and videos demonstrate history-taking and assessment techniques. Instructor resources include PowerPoint slides, a test bank with multiple-choice questions and essay questions, and an image bank. This is the physical assessment text of the future. Key Features: Delivers the evidence, acceptability, and clinical relevance behind history-taking and assessment techniques Eschews “traditional” techniques that do not demonstrate evidence-based reliability Focuses on the most current clinical guidelines and recommendations from resources such as the U.S. Preventive Services Task Force Focuses on the use of modern technology for assessment Aids retention through case studies, clinical pearls, and key takeaways Demonstrates techniques with abundant illustrations, photographic images, and videos Includes robust instructor resources: PowerPoint slides, a test bank with multiple-choice questions and essay questions, and an image bank Purchase includes digital access for use on most mobile devices or computers

prostate exam by female: Prostate Cancer Unmasked Ray M. Schilling, M.d., 2017-04-20 The FDA approved the PSA test in 1986 as a monitor for treatment response and disease recurrence. Later in 1994 the FDA approved the PSA test as a screening tool for prostate cancer. But the question remained: what was the best treatment tool? I am reviewing 9 different treatment approaches in this book. They are all currently in use by different physicians. But they do not necessarily serve the patient best. Brachytherapy does not quite do it. It improves the cancer for a period of time, and after a few years it returns with a vengeance. The radical prostatectomy and the robotic prostatectomy have helped a significant amount of patients. But long-term studies show that there can be a recurrence rate of as much as 25 to 30%. In addition there are significant side effects like a killed sex life and involuntary dribbling of urine, if the bladder outlet was injured during the surgery. Quite often urologists recommend active surveillance. This approach to prostate cancer means that a 71 to 75 year old prostate cancer sufferer is kept in suspense by the urologist. An initial rectal biopsy is done with a histology assessment where a Gleason score is analyzed. If this score is 6 or less, the cancer is presumed to be less aggressive and active surveillance is done. Another biopsy is done 1 year later and this could go on until the patient dies of a heart attack or a stroke. I think that prostate cancer should be treated early before metastases develop and the cancer gets out of control. There are other methods that actually can get rid of the prostate cancer, for instance cryoablation therapy following a mapping biopsy. In this latter method 60 biopsies are placed like a grid through the entire prostate gland to identify the exact location where prostate cancer has developed. This is done through the perineum (between the scrotum and the anal opening). Prostate cancer can often be multifocal: there may be two or three areas where prostate cancer is located. One month after the mapping procedure probes are introduced in the same way,

through the perineum and the identified cancer lesions are treated with cryotherapy twice. I am explaining this in chapter 15 in more detail. According to Dr. Onik, an interventional radiologist in Ft. Lauderdale, active surveillance is something that should be abandoned. Instead the following treatment approach should be adopted. 1. A rising PSA or single PSA above 30 should trigger a referral for a mapping biopsy through the perineal approach under a general anesthetic. The treating physician can sterilize the area and perform biopsies in a sterile fashion, which prevents infection. This is a huge advantage above the standard transrectal approach, which can lead to infections like prostatitis and blood poisoning. 2. Based on the result of the mapping biopsy targeted ablation cryotherapy is performed one month later eradicating all the cancer foci determined through the mapping biopsy. 3. Follow-up PSA levels are obtained every three months for 2 years. If the PSA is less than 3.0, the patient is considered cured. If there is a rising PSA level point 1 and 2 above are repeated until a cure is achieved. Dr. Gary Onik published a 10-year follow-up study that had a 100% survival rate and a 94% cure rate in 70 men with prostate cancer. The reason for such good results is that attention is paid to detail, to the exact location of the cancer and that all cancer is completely eradicated. In my opinion this is the new blueprint of a common sense approach to prostate cancer. Read more details about this in chapter 15. Apart from the above mentioned treatment methods I reviewed external beam radiotherapy, laser ablation therapy and high-intensity focused ultrasound treatment. I noticed that the long-term cure rates over 10 years differ considerably from one treatment modality to the next. All of this is reviewed in detail in this book.

prostate exam by female: The Female Touch J. Grayson, 2015-04-01 Lacy Jones is hired at Dr. Eve Lyons' urology practice, instantly welcomed into a sisterhood of nurses. However, she discovers her expectations require more than the average employment. At a work social gathering, Lacy is forced to admit her husband's short comings. Armed with the information, Eve exploits the opportunity, preying upon a new victim. Forcing Mr. Jones onto the examination table, he will face pleausurably humiliating treatments for premature ejaculation. Though, the moment Dr. Lyons sees him, she is haunted by a familiar face. What was intended to be a fetish fix, turns into a mission of revenge. Warning: This 19,000 word story contains graphic language, erotic situations, oral sex, straight sex, male submission, medical play, anal play, orgasm denial, prostate play, enema play, penis milking, exhibition (F/F), voyeurism, domination, submission, humiliation, medical fetish, doctor/patient sex, sex with medical instruments, and is a story for adults (18+)

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and help decrease unnecessary testing for conditions that do not require absolute diagnostic certainty. In the end, the whole of this book is greater than its parts and can serve as a worthy companion to a traditional manual of physical examination.--Baylor University Medical Center (BUMC) Proceedings 5 STAR DOODY'S REVIEW! Physical diagnosis has been taught to every medical student but this evidence-based approach now shows us why, presenting one of medicine's most basic tenets in a new and challenging light. The format is extraordinary, taking previously published material and updating the pertinent evidence since the initial publication, affirming or questioning or refining the conclusions drawn from the data. This is a book for everyone who has studied medicine and found themselves doubting what they have been taught over the years, not that they have been deluded, but that medical traditions have been unquestionably believed because there was no evidence to believe otherwise. The authors have uncovered the truth. This extraordinary, one-of-a-kind book is a valuable addition to every medical library.--Doody's Review Service Completely updated with new literature analyses, here is a uniquely practical, clinically relevant approach to the use of evidence in the content of physical examination. Going far beyond the scope of traditional physical examination texts, this invaluable resource compiles and presents the evidence-based meanings of signs, symptoms, and results from physical examination maneuvers and other diagnostic studies. Page after page, you'll find a focus on actual clinical questions and presentations, making it an incomparably practical resource that you'll turn to again and again. Importantly, the high-yield content of *The Rational Clinical Examination* is significantly expanded and updated from the original JAMA articles, much of it published here for the first time. It all adds up to a definitive, ready-to-use clinical exam sourcebook that no student or clinician should be without. FEATURES Packed with updated, new, and previously unpublished information from the original JAMA articles Standardized template for every issue covered, including: Case Presentation; Why the Issue Is Clinically Important; Research and Statistical Methods Used to Find the Evidence Presented; The Sensitivity and Specificity of Each Key Result; Resolution of the Case Presentation; and the Clinical Bottom Line Completely updated with all-new literature searches and appraisals supplementing each chapter Full-color format with dynamic clinical illustrations and images Real-world focus on a specific clinical question in each chapter, reflecting the way clinicians approach the practice of evidence-based medicine More than 50 complete chapters on common and challenging clinical questions and patient presentations Also available: JAMAevidence.com, a new interactive database for the best practice of evidence based medicine

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supporting cells in nervous tissue; gametogenesis in the male and female reproductive systems; and hemopoiesis The CD-ROM provides interactive learning on both Mac and PC platforms. In addition to its hundreds of new images, this new edition features a navigational tool that tracks current locations within the contents, as well as allowing linear and nonlinear access to any screen. It also features randomized viewing of images, especially helpful to use alongside the self-quizzes. Digital Histology is an indispensable learning tool for students and teachers in medicine, histology, human biology, anatomy and physiology, and pathology.

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the many problems of doctor-patient-nurse communication than an experienced medical malpractice attorney? Mike Grace has seen and heard it all. The Mumbo Jumbo Fix is loaded with entertaining and revealing stories of miscommunication between doctors and nurses and between both and patients.... It is a must read for both health professionals in training and those with experience.

--Joseph E. Scherger, MD, MPH, Family Practice Physician, Primary Care 365 Physician Core Faculty, Family Medicine Residency Program, Eisenhower Medical Center, Clinical, Professor of Family Medicine, Keck School of Medicine, University of Southern California An absolute must read for anyone who wants to improve communication and patient relationships. A comprehensive communication guide. Even the most seasoned healthcare professional will benefit from reading this book. --Nicholas Wade, BSN, MPH, CEAS, Public Health Nurse, West Bay Area Director of Employee Health Service & Workers Compensation, Sutter Health The book was very worthwhile, easy to read, concise, and entertaining which holds all healthcare workers' attention. I appreciated the cartoons... I found myself smiling or laughing aloud at times. This book's subject has a role in the education of medical students and all healthcare workers. --Lori J. Beck, DNP, Nurse Practitioner, Indiana University Health [V]ery eloquently written.... [W]itty comical illustrations....[A]n easy read that can be read in one sitting or multiple sittings because you can pick right back up where you left off.... --Karen Seessengood, MSN, RN, CNOR, CST/CSFA, Nurse Perioperative Educator, Founder, Seessengood Perioperative Education and Consulting, Princeton, IN, Staff RN/ Perioperative Educator, Surgery Department, Logansport Memorial Hospital

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Cancer afforded an opportunity of gathering scientists from all over the world to discuss the various problems of early breast cancer detection with special reference to screening procedures. This book forms a synthesis of the information presented by leading scientists from many of the world's mammo graphic centers, particularly those in Sweden and the USA. Hence, the reader will have the opportunity to study the outstanding work carried out by various institutes and centers of breast cancer screening. It is our sincere hope that a study of this volume will encourage other scientists to join in the work on screening procedures. S. Brunner B. Langfeldt P. E. Andersen Contents S. A. Feig: 1 Hypothetical Breast Cancer Risk from Mammography S. A. Feig: Benefits and Risks of Mammography 11 R. L. Egan and M. B. McSweeney: Multicentric Breast Carcinoma 28 M. B. McSweeney and R. L. Egan: Breast Cancer in the Younger Patient: A Preliminary Report 36 M. B. McSweeney and R. L. Egan: Bilateral Breast Carcinoma ' 41 N. Bjurstam: The Radiographic Appearance of Normal and Metastatic Axillary Lymph Nodes 49 M. Moskowitz, S. A. Feig, C. Cole-Beuglet, S. H.

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