PELVIC FLOOR EMG

Your physician has requested that you undergo a pelvic floor EMG. The primary goal of this study is to evaluate the electrical function of the pudendal nerve. The nerve helps control anal and urinary sphincter muscle activity. Damage to this nerve can occur from trauma, prolonged pressure to the perineum as seen during bike riding, childbirth, bleeding, masses and pelvic surgery. Typical symptoms of pudendal nerve dysfunction include pelvic pain (sensed in the rectal region, vulva, penis, scrotum, vagina, perineum) and may cause dysfunction or incontinence of bowel or bladder.

Since this nerve runs deep in the lower body cavity along the bony ridges of the pelvis, it cannot be reached for study with superficial techniques such as skin surface EMG. Instead, the nerve is accessed through the rectum. You will be placed comfortably on your side with a medical assistant in attendance. A specialized paper-thin electrode capable of stimulating and recording simultaneously is attached to the physician’s gloved finger, with lubricant also on the surface of the electrode. The finger is gently inserted into the rectum and the course of the pudendal nerve is identified using palpation of certain bony landmarks. Using an EMG machine at bedside, the nerve is stimulated using very low electrical current. Typically the stimulation feels like a “tapping” in the pelvis/inner rectum region. Sometimes the patient may detect a muscular contraction of the anal sphincter at that time, which is normal. The stimulation is done on the right and left sides of the pelvis. Mild limited discomfort may be related to the stimulation or digital rectal exam. After electrical recordings are obtained, the gloved finger with the attached electrode is removed from the rectum.

The second portion of the exam is then performed with the patient placed prone (lying on the stomach) or on one side. The anal region is cleansed with soap. Using an EMG recording needle placed into the anal sphincter muscles, muscular activity is recorded and analyzed in 3-4 sites (spaced in a small circular pattern.) The patient is given medicated wipes to cleanse with and sent home. No anesthesia is necessary for this test.

A supplemental electrical diagnostic test called Lower Extremity Tibial Somatosensory Evoked Potential Study is also scheduled to evaluate the connections of electrical activity that surrounds the pudendal nerve (leg, pelvis, spinal cord) for additional clinical information your doctor may need for a more accurate diagnosis and treatment plan. You can discuss the results of the testing with your referring physician, as they will receive the results in 1-2 days.

DISCLAIMER

OUR OFFICE WILL OBTAIN AUTHORIZATION FOR YOUR TEST; HOWEVER, THIS IS NOT A GUARANTEE OF PAYMENT. IT IS IMPORTANT THAT YOU UNDERSTAND YOUR INSURANCE PLAN’S CURRENT BENEFIT AND COVERAGE RULES. SOME INSURANCE PLANS PAY DIFFERENTLY DEPENDING ON THE PLACE OF SERVICE, FOR EXAMPLE; OUT-PATIENT HOSPITAL VERSUS A DOCTOR’S OFFICE. YOU MAY BE AT RISK FOR A GREATER OUT-OF-POCKET FINANCIAL RESPONSIBILITY; THEREFORE, YOU SHOULD CALL THE MEMBER SERVICES OR BENEFITS TELEPHONE NUMBER LISTED ON YOUR INSURANCE CARD TO FIND OUT WHAT YOUR FINANCIAL OBLIGATION MAY BE PRIOR TO ANY APPOINTMENT.

A CANCELLATION / NO-SHOW FEE OF $100.00 WILL BE BILLED TO YOU IF YOU DO NOT GIVE AT LEAST 24 BUSINESS HOURS NOTICE PRIOR TO CANCELLATION OF YOUR APPOINTMENT.