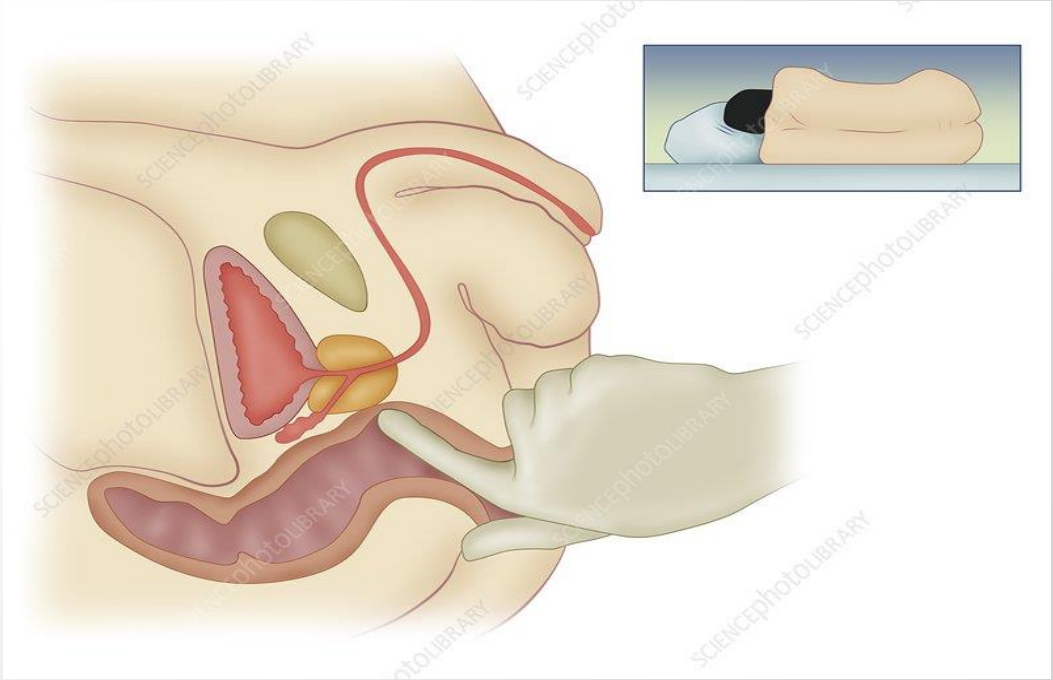
Digital Rectal Examination (DRE)

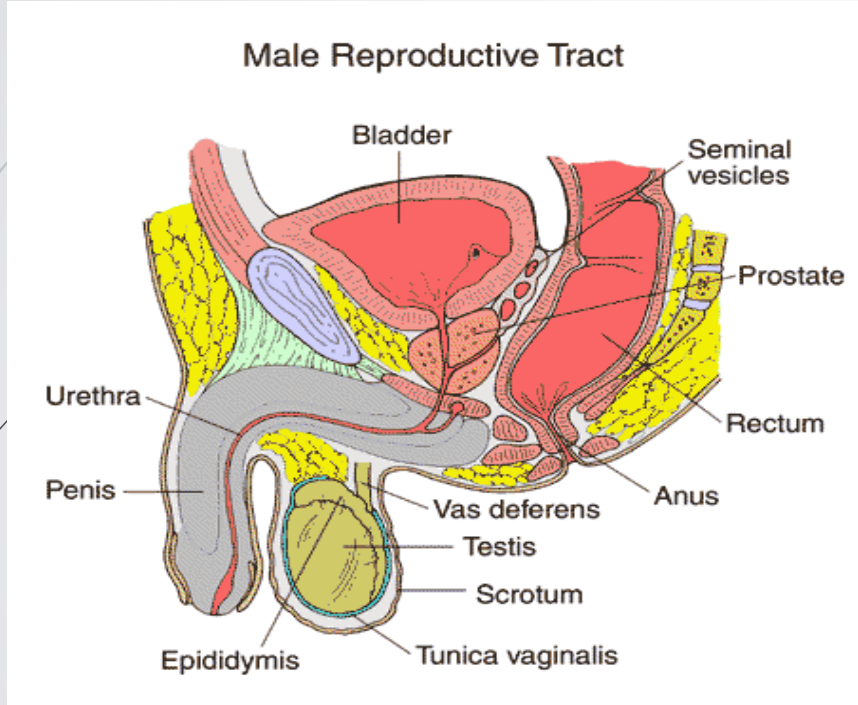


Definition :

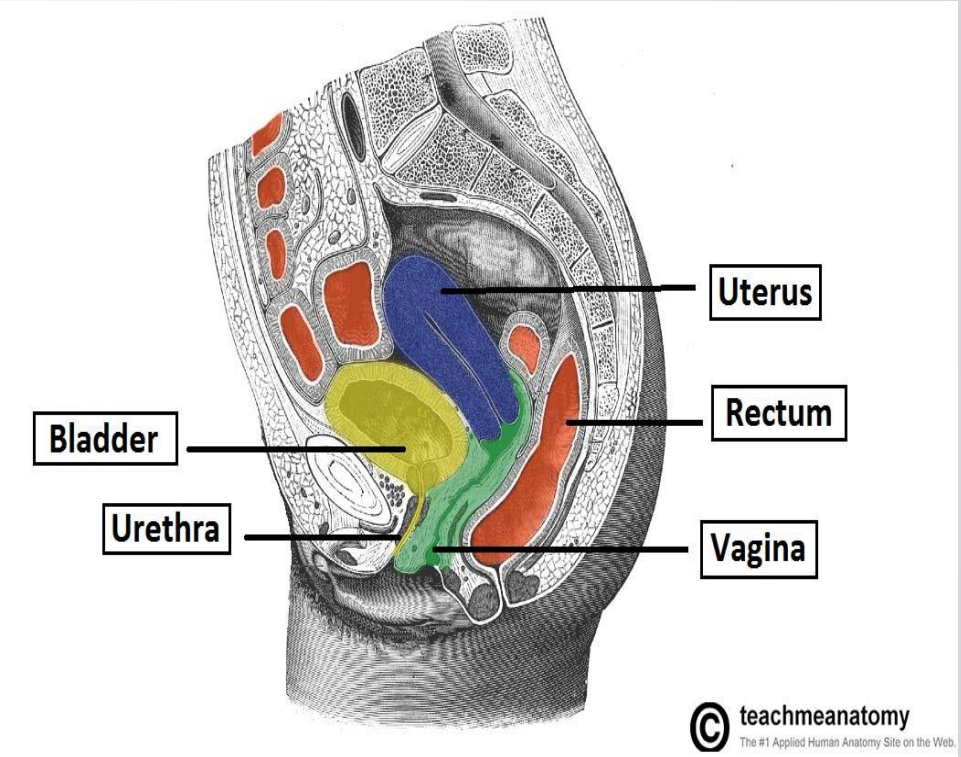
- A Physician insert his/her gloved fingers into anal opening to find out anal/ rectal pathology or anal sphincter tone.

- The normal rectum is usually empty and smooth- walled, with the coccyx and sacrum lying posteriorly .
- In male ,anterior to the rectum from below upwards, lie the membranous urethra ,the prostate and the base of the bladder. The normal prostate is smooth and firm ,with lateral lobes and median groove between them .
- In female ,the vagina and cervix lie anteriorly .
- The upper end of the anal canal is marked by the puborectalis muscle ,which is readily palpable and contracts as reflex action on coughing or conscious contraction by the patient .Beyond the anal canal, the rectum passes upwards and backwards along the curve of the sacrum

Anatomy



In men, anterior to the lower 1/3 of the rectum lie the prostate ,bladder base and seminal vesicles.



In women ,anterior to the lower 1/3 of the rectum lies the vagina .At the tip of the examination finger it may be possible to feel cervix and even a retroverted uterus

Indication for rectal examination:

- DRE is part of the abdominal examination .
- Diagnosis of rectal tumors and other form of cancer .
- Diagnosis of prostate disorder ,tumors and benign prostatic hyperplasia .
- Rectal pain and rectal bleeding
- Changes of bowel habit .
- Problems with urinary or faecal continence.
- In exceptional circumstances to detect uterus and cervix (when vaginal examination is not possible.

Contraindications

- sunA etarofrepml □
- tneitap gnilliwnU □
- tneitap desserppusonumml □
- lacigrus gniwollof suna fo ecnesbA □

excision

- erutcirtS □
- niap lana ereves ot etaredoM □
- lanretni desobmorht despalorP □

hemorroids

Steps for DRE :

STEP-I	**CONSENT ,EXPOSURE ,POSITION , EQUIPMENT**
STEP-II	**INSPECTION**
STEP-III	**PALPATION**
STEP-IV	**COMPLETION**

Consent :

Tell the patient what to do

The patient should give clear consent

Offer a chaperone

Exposure

From the waist to the mid-thigh

Good light

Equipment

gloves

Lubricating jelly

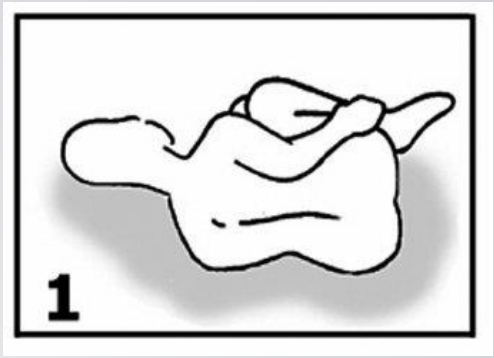
Positions :

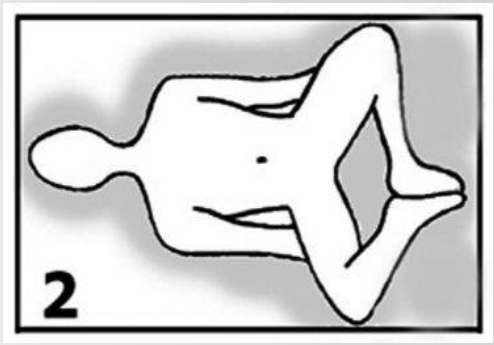
1 left lateral decubitus position /Left-lateral position: patient on his left-side with legs flexed toward the abdomen/chest
- It’s the best & easiest for doctor.

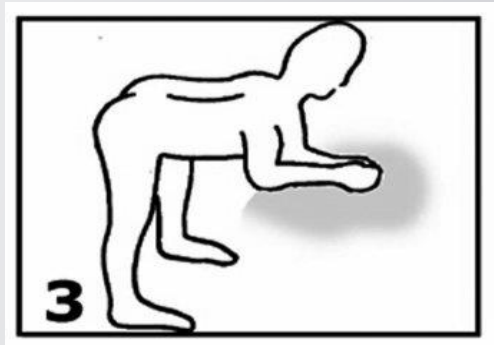
2 Modified lithotomy position: patient lies on the back with his knees flexed, and hips flexed and abducted.

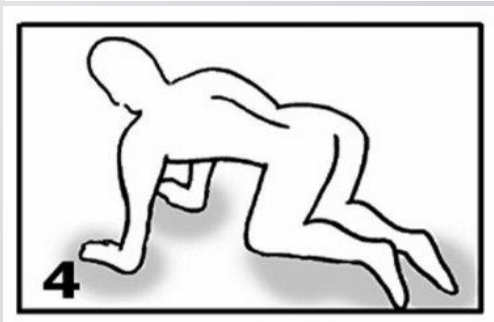
3 Standing-up position: patient standing up with heels slightly apart, toes turned in, and body leaning over the examining table on the elbows.

4 Kneeling while resting on the table with the hands (or elbows)







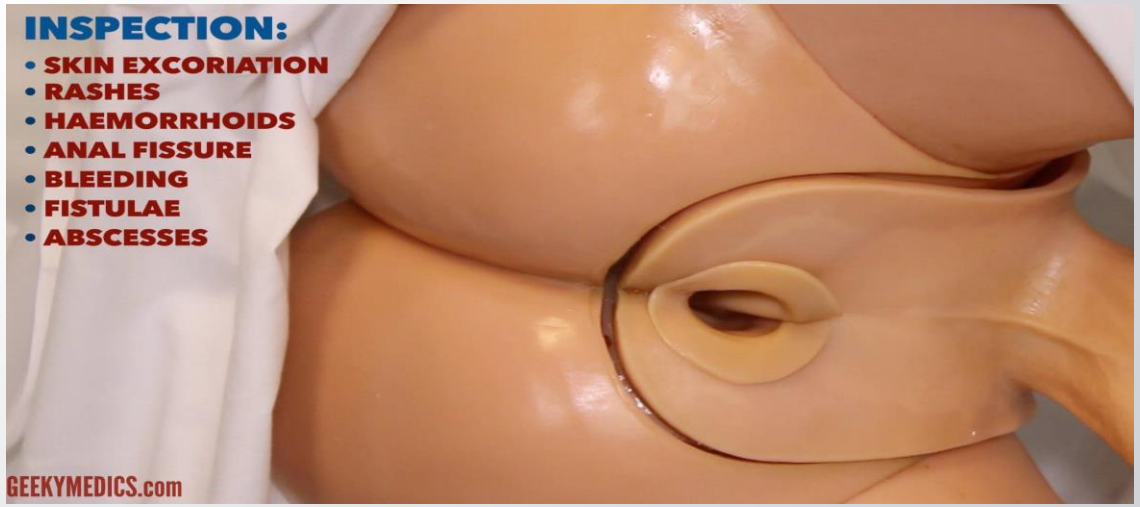


Examination sequence

INSPECTION:

. Put on gloves and examine the perianal skin, using an effective light source.

• Look for skin lesions, external hemorrhoids, fissures and fistulae.



Palpation

- Lubricate your index finger with water-based gel.
- Place the pulp of your forefinger on the anal margin and
apply steady pressure on the sphincter to push your finger gently through the anal canal into the rectum

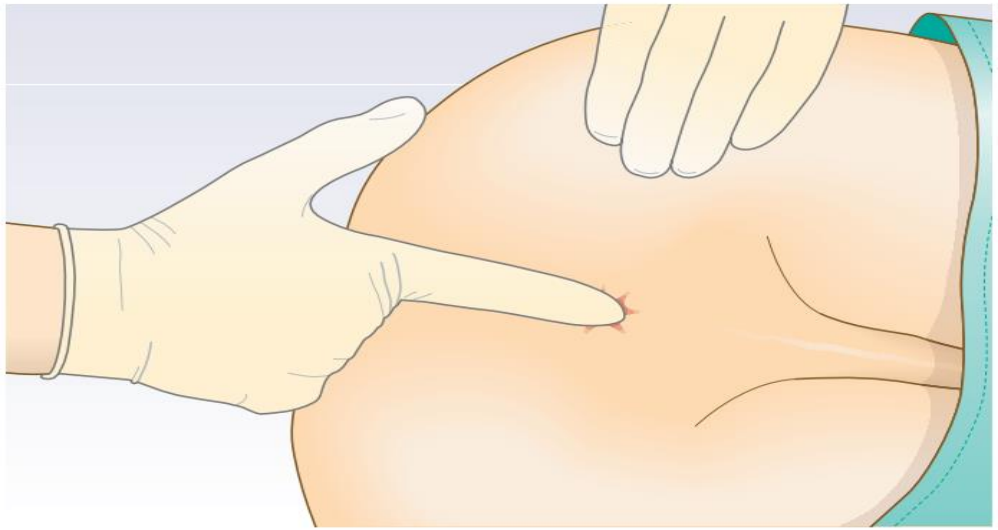
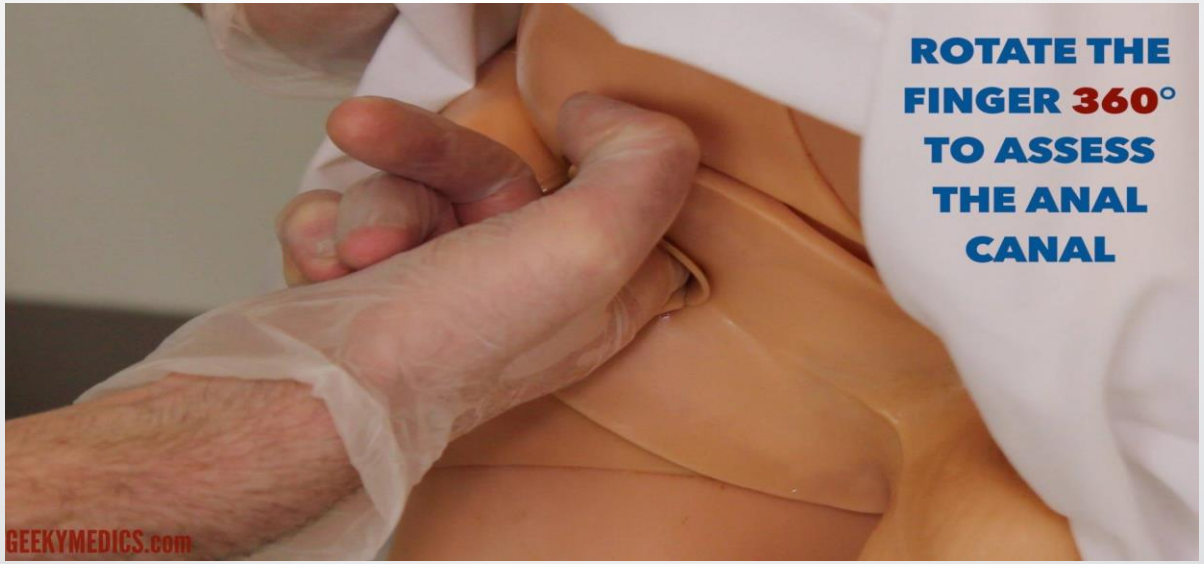


Fig. 6.23 Rectal examination. The correct method for inserting your index finger in rectal examination.

- If anal spasm occurs, ask the patient to breathe in deeply and relax. If necessary, use a local anaesthetic suppository or gel before trying again. If pain persists , examination under general anaesthesia may be necessary.

- Ask the patient to squeeze your finger with their anal muscles and note any weakness of sphincter contraction

.rotate the finger 360 to asses the anal canal



- Identify the uterine cervix in women and the prostate in men; assess the size, shape and consistency of the prostate and note any tenderness.
- If the rectum contains faeces and you are in doubt about palpable masses, repeat the examination after the patient has defecated.

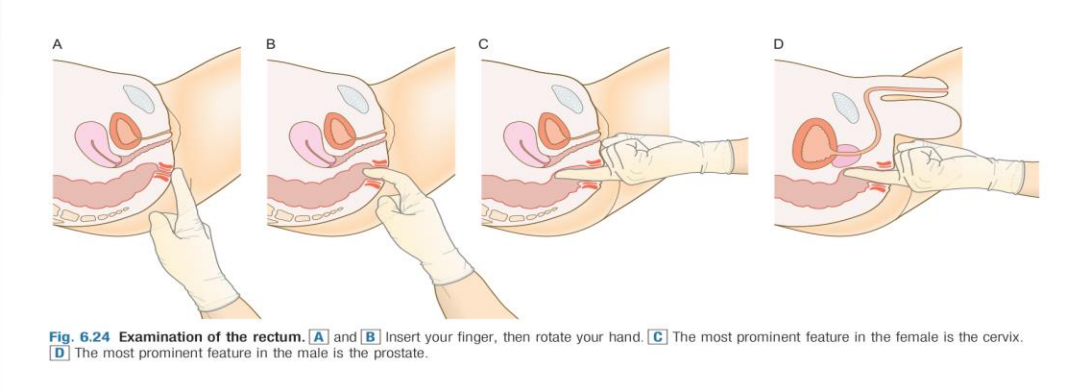
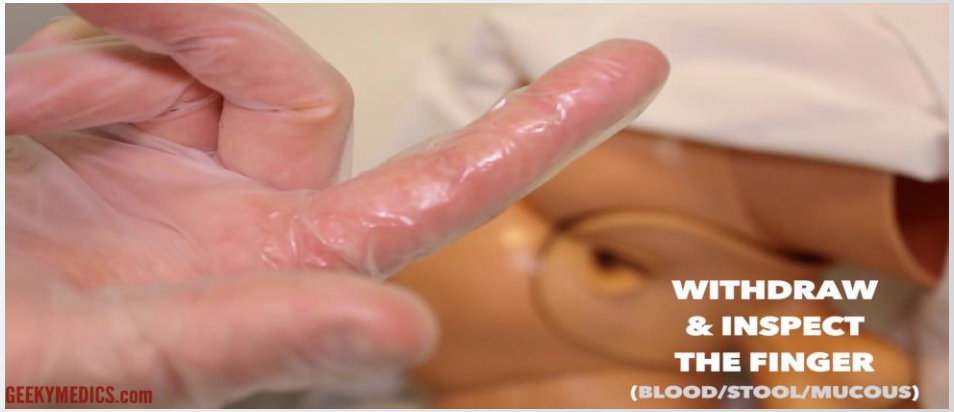


Fig. 6.24 **Examination of the rectum.** A and B Insert your finger, then rotate your hand. C The most prominent feature in the female is the cervix. D The most prominent feature in the male is the prostate.

- Slowly withdraw your finger. Examine it for stool colour and the presence of blood or mucus

https://youtu.be/bk1GTLpL_F8



6.16 Causes of abnormal stool appearance

Stool appearance	Cause
Abnormally pale	Biliary obstruction
Pale and greasy	Steatorrhoea
Black and tarry (melaena)	Bleeding from the upper gastrointestinal tract
Grey/black	Oral iron or bismuth therapy
Silvery	Steatorrhoea plus upper gastrointestinal bleeding, e.g. pancreatic cancer
Fresh blood in or on stool	Large bowel, rectal or anal bleeding
Stool mixed with pus	Infective colitis or inflammatory bowel disease
Rice-water stool (watery with mucus and cell debris)	Cholera

To complete the examination
1- document procedure
2- abdominal examination

Thank you