

Digital Rectal Examination

Introduction

Digital rectal examination begins with a detailed health history, while ensuring patient privacy. Carefully observe nonverbal cues of pain or discomfort. Obtain consent for the examination and secure a chaperone. Order of examination is performed as inspection and then palpation. Explain each step of the examination to set patient at ease.

Optimal Patient Gowning/Positioning

- Provide the patient with privacy to change into a gown.
- A large drape or sheet should be used for additional coverage and patient comfort.
- Examine the patient in the left side lying position, with buttocks close to the edge of the examination table.
- Legs should be flexed at the hips and knees, with patient draped, exposing only the buttocks and anal area.

Exam methods

- Inspection
 - With gloved hands, gently separate the buttocks. Inspect the sacral, coccygeal, and perianal areas for inflammation, lumps, lesions, masses, tenderness, or excoriation.
 - Inspect the skin over the buttocks. Note any lesions or masses.
 - Inspect the anus. Note any lesions, hemorrhoids, masses, fistulae, fissures or tenderness.
- Palpation
 - Explain to the patient that the examiner will be placing a lubricated gloved finger into the rectum.
 - Using a water-based lubricant, insert a gloved finger into the rectum, pausing to allow the sphincter to relax.
 - Ask the patient to bear down to relax the sphincter and advise the patient that there may be a sensation of a bowel movement but that this is normal and will not happen.
 - Insert finger toward the umbilicus, palpating circumferentially to identify any masses, tenderness, or mucosal lesions.
 - If an anal fissure is suspected by history, inspection or if there is local tenderness upon insertion of the tip of a gloved finger, further digital examination should be deferred until the fissure is healed.
 - If the patient has a prostate, palpate for position, size, texture, mobility, tenderness, and any masses. Advise the patient they may have an urge to urinate during the prostate exam.

- Ask the patient to squeeze their anus onto the gloved finger to assess rectal tone.
- Upon withdrawing the examining finger, note any gross blood. Test for occult blood.
- Offer patient soft tissues or a towel to wipe away any excess lubricant.

PEARLS

- Hemorrhoids and anal fissures are the two most common causes of anorectal discomfort.
- Digital rectal examination may trigger a vagal response in some patients resulting in bradycardia or hypotension. This is usually self-limiting after aborting the examination.
- Digital rectal examinations, once a staple of preventative screening for prostate cancer in men over 50, is considered an optional adjunct to prostate-specific antigen (PSA) testing. Some society guidelines now do not recommend digital rectal exams for screening.
- Tenderness on palpation of the prostate may indicate prostatitis, with follow-up required.

Reference

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