Rectal Examination
Anatomy I

- The rectum is the curved lower, terminal segment of large bowel.
- It is about 12 cms long and runs along the concavity of the sacrum.
- Anterior to the lower 1/3 of the rectum lie different structures in men and women.
Anatomy II

- 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 examining finger it may be possible to feel cervix and even a retroverted Uterus.
When is it done?

- This is an intimate and sometimes uncomfortable examination which is most often done when disease (usually gastrointestinal or genitourinary disease) is suspected or already identified.
- It may also be done as part of a screening examination when there is no suspicion or expectation of disease but the examination is performed as part of a thorough screening process.
- It is important in all cases to explain the reasons for the examination and to get verbal consent.
“Honestly, if there was a virtual prostate exam, don't you think I'd want to be the first to know?”
Indications for R.E.

- Assessment of the prostate (particularly symptoms of outflow obstruction).
- When there has been rectal bleeding (prior to proctoscopy, sigmoidoscopy and colonoscopy).
- Constipation.
- Change of bowel habit.
- Problems with urinary or faecal continence.
- In exceptional circumstances to detect uterus and cervix (when vaginal examination is not possible).
HELLO MURRY, I'M DR. ROSS, YOUR PROCTOLOGIST.
Procedure

- The finger is then moved through 180°, feeling the walls of the rectum.
- With the finger then rotated in the 12 o'clock position, helped usually by the examiner bending knees in a half crouched position and pronating the examining wrist, the anterior wall can be palpated.
- Rotation facilitates further examination of the opposing the walls of the rectum. In men, the prostate will be felt anteriorly. In women, the cervix and a retroverted uterus may be felt with the tip of the finger.
- It is important to feel the walls of the rectum throughout the 360°. Small rectal wall lesions may be missed if this is not done carefully.
Examination of the Prostate Gland

- Normal size is 3.5 cms wide, protruding about 1 cm into the lumen of the rectum.
- Consistency: it is normally rubbery and firm with a smooth surface and a palpable sulcus between right and left lobes.
- There should not be any tenderness.
- There should be no nodularity.
Normal Prostate Anatomy

- Bladder
- Prostate gland
- Urethra

BPH Prostate Anatomy

- Enlarged prostate gland
- Constricted urethra

External Inspection

- Skin disease.
- Skin tags
- Genital warts
- Anal fissures
- Anal fistula
- External haemorrhoids
- Rectal prolapse
- Skin discolouration with Crohn's disease
- External thrombosed piles
Internal Inspection

- Simple piles (but best examined at proctoscopy)
- Rectal carcinoma
- Rectal polyps
- Tenderness
- Diseases of the prostate gland
- Malignant or inflammatory conditions of the peritoneum (felt anteriorly)
Contraindications

- Imperforate Anus
- Unwilling patient
- Immunosuppressed patient
- Absence of anus following surgical excision
- Stricture
- Moderate to severe anal pain
- Prolapsed thrombosed internal hemorrhoids
“It’s the crackle and pop I’m not looking forward to!”
Are you on the right team?

PUB QUIZ

19:30
14-04-2011
@Tres Gallos

Prizes

Teams: 4 people max

Raffles

CH Team: 120kc
NCH Team: 160kc

more info: www.mimsa.cz