American Urological Association

Key Features of the Digital Rectal Exam
This content was developed by the following members of the AUA Medical Student Education Committee:

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Disclosures: Alnylam, Spouse Employed

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Disclosures: Nothing to disclose
Educational Goals

• By the end of these educational materials, viewers will be able to:
  — Appropriately prepare patients for examination
  — Adequately visualize and inspect the anus
  — Identify the posterior surface of the prostate
  — Carry out optimal movements for prostate and rectum palpation
  — Recognize common abnormal findings
Background and Anatomy

- The digital rectal exam (DRE) provides information on several important structures:
  - Perineum
  - Sacrum and anus
  - Rectum
  - Prostate
  - Seminal vesicles
  - Bladder
Preparation

• Options for patient positioning:
  – Left lateral decubitus with knees tucked to chest
  – Bent over table at the waist with forearms resting on the table
  – Supine with flexed hips and knees
Preparation

• 1) Wash hands with soap and water in front of patient
• 2) Put on gloves
• 3) Place lubricant on index finger of dominant hand
Sacrum and rectum inspection

• 1) Examine and palpate the sacral spine
• 2) Use thumbs to spread the buttocks and visualize the anus
• 3) Inspect the anus
Sacrum and rectum inspection

- Abnormal anal findings:
  - Skin warts
  - Melanomas
  - Hemorrhoids or other masses
  - Fistulas, Fissures, ulcers, or other lesions
  - Perineal rash
    - Consider shingles
Insertion of examining finger

- 1) Spread buttocks with thumb and index finger of nondominant hand
- 2) Place pad of lubricated finger against anus
- 3) Slide finger into anus as far as possible along anterior rectal wall
Palpation of the rectum and prostate

• 1) Ask patient to squeeze finger to assess rectal tone
• 2) Sweep examining finger from side to side over surface of prostate
• 3) Sweep finger along rectal walls
Palpation of the rectum and prostate

• Abnormal anal or rectal findings:
  — Neurologic abnormality
    • Diminished rectal sphincter tone
    • NOTE: Rectal sphincter tone is always diminished under anesthesia
  — Rectal masses
    • Calcifications or reduced mobility of rectal wall
    • Hard mass on palpation
  — Anal tenderness
    • Consider fistula or fissure
Palpation of the rectum and prostate

• What part of the prostate am I feeling?
  • Consider the anatomy of the prostate
  • BASE of prostate is most distal portion of prostate from your vantage point
  • APEX of prostate is most proximal portion from your vantage point
Palpation of the rectum and prostate

- **Note the size of the prostate**
  - Estimate actual size (cm³)
  - “Normal” in a young man is 20cm³
  - 1+, 2+, 3+

- **Note the consistency of the prostate**
  - Prostates vary in consistency even if “normal”
  - Hard prostate is concerning for malignancy
Palpation of the rectum and prostate

• Presence of nodules
  – Tend to very hard, like a small pebble
  – Note the location (left or right lobe)

• Occasionally, patient may have calcification in rectal wall that can feel like a prostate nodule
  – Tends to be mobile and more superficial
Palpation of the rectum and prostate

- Abnormal prostate findings:
  - Benign prostatic hyperplasia
    - Large prostate size
  - Prostate cancer
    - Asymmetric prostate
    - Hard nodules
    - Prostatic induration
  - Prostatitis
    - Boggy, spongy prostate
    - Pain with palpation
What about post-(radical) prostatectomy?

• In the absence of a prostate, the prostatic fossa can be described as “empty” – generally flat without any nodularity

• When concerned about local prostate cancer recurrence:
  • Palpate for nodular areas or induration
  • Not a perfect test! Exam may be normal even with known local recurrence
Other considerations

• Vocalize steps to patient throughout procedure
• Periodically verify patient comfort
• For those with shorter fingers, rotate hand 90 degrees to obtain further depth
References and Further Reading