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Key Features of the Digital Rectal Exam

This content was developed by the following members of the
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Disclosures: Alnylam, Spouse Employed

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Disclosures: Nothing to disclose



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Educational Goals

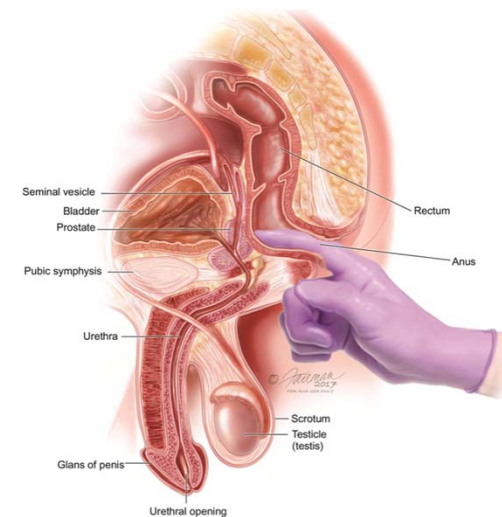
- By the end of these educational materials, viewers will be able to:
 - Appropriately prepare patients for examination
 - Adequately visualize and inspect the anus
 - Identify the posterior surface of the prostate
 - Carry out optimal movements for prostate and rectum palpation
 - Recognize common abnormal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



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Background and Anatomy

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



Digital Rectal Exam of the Prostate

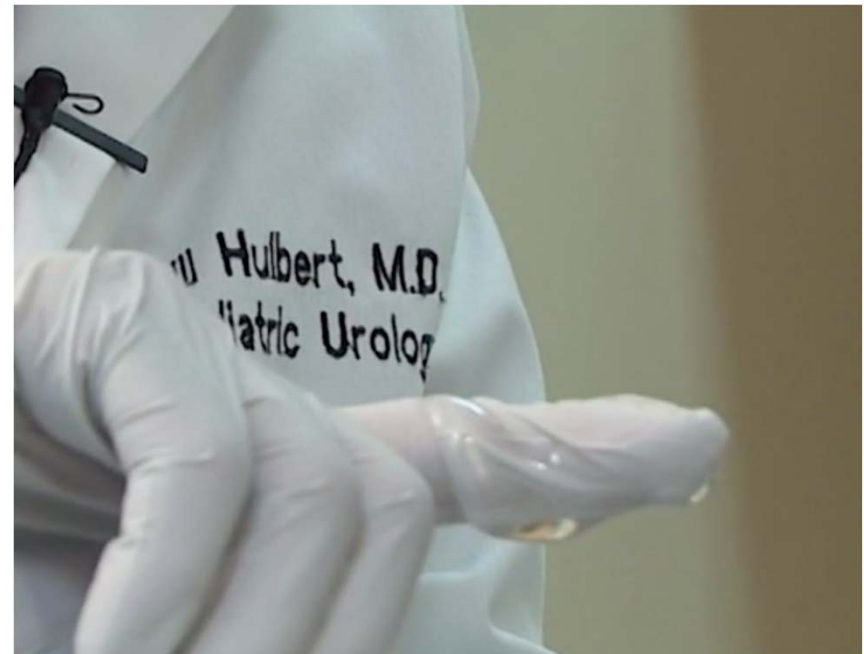
Preparation

- 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



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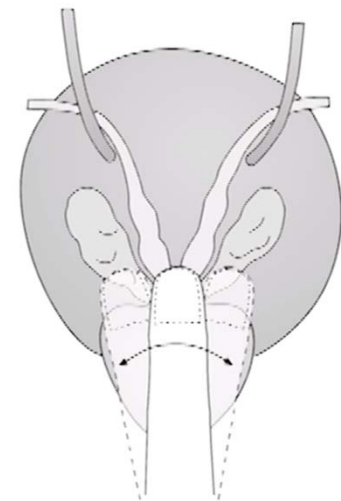
Insertion of examining finger

- 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

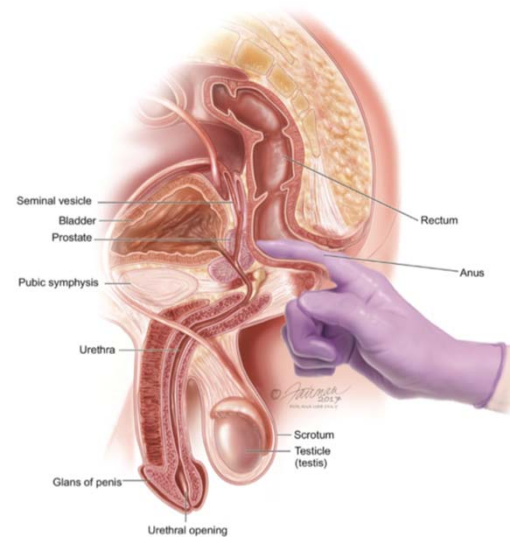
- Abnormal anal or rectal findings:
 - Neurologic abnormality
 - Diminished rectal sphincter tone
 - NOTE: Rectal sphincter tone is always diminished under anesthesia
 - Rectal masses
 - Calcifications or reduced mobility of rectal wall
 - Hard mass on palpation
 - Anal tenderness
 - Consider fistula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



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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



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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



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Palpation of the rectum and prostate

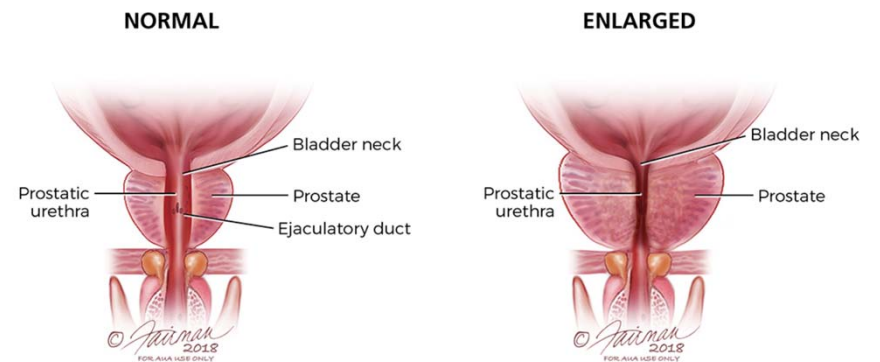
- Presence of nodules
 - Tend to very hard, like a small pebble
 - Note the location (left or right lobe)
- Occasionally, patient may have calcification in rectal wall that can feel like a prostate nodule
 - Tends to be mobile and more superficial

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

BPH



Normal and Enlarged Prostate

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



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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

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