P.R. Examination

By

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Indications

- Diagnosis of perianal abscess, hemorrhoids, fissures and fistulae.
- Diagnosis of rectal tumors (polyps, cancer) and carcinoma of anal canal.
- Diagnosis of prostatic disorders (carcinoma & benign prostatic hyperplasia).
- Estimation of the tonicity of the anal sphincters (weak in case of fecal incontinence and in traumatic spinal cord injuries).
- Examination of the hardness and color of stool (i.e. in cases of constipation, and fecal impaction).
- Diagnosis and drainage of pelvic abscess.
- In females, for bimanual palpations of tubes, uterus and ovaries.
- Prior to a colonoscopy or proctoscopy.
- In newborns to exclude anorectal anomalies (imperforate anus).
- Finally, PR is an important step in abdominal examination for any abdominal complaint.
Next is to discuss the procedure with the patient.

**Explain** that:

1. She/he will feel pressure and some pain during examination.
2. You will insert your finger into their rectum.

Ensure you have taken a full consent for the procedure.
Prepare for PR Examination

- Care for privacy, Ensure you have a nurse with you.
- **Tools:**
  - Hand gloves, Water soluble lubricant (KY Jelly); Tissue paper; Variety of proctoscopes, a long non tooth forceps; Biopsy forceps;
  - Proper table height, Good illumination (a flexible wall hung lamp).
  - Sit on a Chair in Lithotomy position
- **Exposure:** from umbilicus to mid thigh
Positions of the patient:

- Left lateral position (Sim;s position), left lower limb extended, Rt. lower limb flexed. Suitable for females

Knee elbow position
Lithotomy position
Suitable for PR exam and anal surgery

Dorsal position
Suitable for prostatic exam
Inspection:

- Wearing a disposable glove (without lubricant):
  - First inspect the underwear of the patient for any soiling (blood, mucous or pus)
  - Separate buttocks and Inspect the perianal area for skin color changes, swellings, fistulas or sinuses, discharge, scars of previous surgery.
**Inspection:**

- **Wearing a disposable glove (without lubricant):**
- **Inspect the anal opening for:**
  - Swellings, Prolapse of mucous membrane (piles, partial rectal prolapse, complete rectal prolapse),
  - Anal fissure, Fistula, Anal warts, Carcinoma, Signs of incontinence, diarrhea.
- **Ask the patient to strain** and inspect for prolapse with straining, Incontinence and ask if straining is painful.
- Look for spontaneous reduction after straining.
Inspect

Fissure

Fistula
Hemorrhoids
Palpation the perianal area:

1- Wearing a disposable glove (without lubricant);

- Palpate the perianal area for:
  - Swellings
  - Tenderness
  - Indurations
2. Then, Lubricate the Index finger and tell the patient that you are going to insert your finger gently assuring him that there will be little pain.

- Ask the patient to relax
- Press with the pulp of your finger against the posterior margin of the anal verge for a few seconds to help relaxing the sphincter and then slide your finger gently into the anal canal
• Insert the tip of your finger slowly, assessing internal sphincter tone as enter.
• You need to systematically examine each part of the rectum.
• This is done by sweeping the whole of your finger around the entire circumference.
• Palpate the four sides of the anal canal and lower rectum for:
  • **Intraluminal:** hard stool, foreign bodies, apex of intussusceptions
  • **Intramural (Wall):** swellings, ulcers, indurations around internal fistulous opening, tenderness of submucous abscess.
**Extraluminal:**

- **Anterior for Males:**
  - **Prostate** & look for preservation of the sulcus (normal size 4x4 cm, rubbery), presence of any masses or nodules:
    - Hard nodule (prostate cancer, prostatic calculi, TB nodule).
    - Tenderness (prostatitis).
  - Tumors at the **Base of urinary bladder**
  - Seminal vesicles, normally not felt (felt only if calcified in bilharziasis).
  - Fullness in rectovesical pouch (fluid, blood, pus, malignant deposits).

- **Anterior for females:** posterior wall of vagina & cervix and fullness in rectovaginal pouch (Douglas pouch).

- **Posteriorly:** Ask the patient to **contract his sphincter and palpate the tone of the ano-rectal ring.**
Aftercare

- Withdraw your finger slowly.
- Inspect withdrawn fingertip for:
  - Blood, melena.
  - Stool color.
  - Pus.
  - Mucous.
- If indicated, do a fecal occult blood test: blue result means blood.
- Send a sample from any lesion for bacteriological and cytological exam.
Aftercare

- Clean the perianal area with tissue papers, and allow the patient to put on clothes and cover him
- Thank him/her and apologize for the patient for any inconvenience.
- Wash your hands
- Document the date of examination and your provisional diagnosis.
THANK YOU