

Examination per rectum

Examination per rectum (*indagatio per rectum*, examination of the finger through the rectum) is a very important, but often neglected examination. At the same time, the examination is fast, cheap and highly effective. The detection of serious pathological conditions (**colorectal carcinoma**) by this examination is definitely not negligible.

Indication

The per rectum examination should be a part of every more complex examination, every preventive examination, and also in case of suspicion or screening of the following pathological conditions:

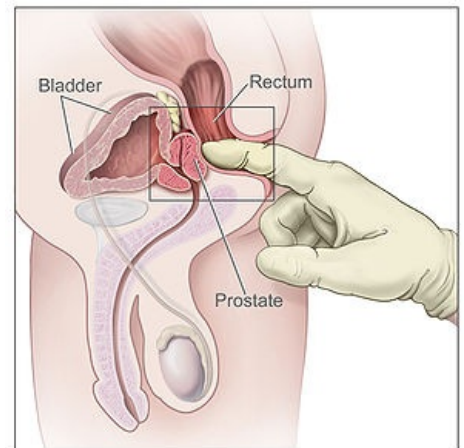
- **A sudden abdominal incident.**
- **Melena or enterorrhea.**
- **Colorectal cancer screening** (every man over the age of 50 should have a rectal examination regularly - at least every 2 years).
- **Screening Prostate cancer a benign prostatic hyperplasia.**

Implementation and evaluation

- The patient occupies a position on his back - gynecological position or also lithotomy, on "all four" - genupectoral position or on the side. In practice, the most commonly used position is on the left side with the knees flexed slightly to the head.
- The doctor puts on a glove. The examination is performed with one finger (forefinger), on which he applies a suitable gel (eg a gel with mesocaine, which serves both as a lubricant and anesthetic). He must inform the patient that he will begin before the procedure begins
- Then:

We will evaluate the **landscape of the anal orifice** (hemorrhoids, fissure, postoperative scars, etc.).

1. We carefully penetrate the rectum with an examining finger, evaluate the **tone of the anal sphincters and possible pain**
2. We will also be interested in **the contents of the rectum, rectal mucosa and especially the presence of tumors**. The location of the disease findings is determined by the clock face, with the number 12 adjacent to the coccyx (for example, the description reads: tumor located between the number 1 to 3)
3. We palpate the **prostate** (physiological prostate is soft, painless, chestnut-sized, symmetrical).
4. In women, we palpate the **cervix** (physiological cervix is smooth, painless, medium-firm consistency, symmetrical).
5. At the end of the examination, we evaluate the **consistency and color of the stool** on the glove (we look especially carefully for the presence of blood, mucus and pus).



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Some pathological findings:

- If Douglas's space is filled with pus – the patient feels pain during the examination on the left side of the right. The rectal mucosa in this locality has a pasty consistency and is smooth.
- Weak sphincter tone is present in low bowel obstruction and peritonitis.

We would enter the physiological finding in the medical record or course as follows:

- Per rectum:
1. without a disease finding - it is enough
 2. surroundings are calm, indagation painless, the tone of the sphincter is normal, at your fingertips without resistance, on the glove brown stool without blood - to be absolutely accurate.

Links

related articles

- Examination of the abdomen
- Physical exam

References

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Source

ws:Vyšetření per rectum