A digital rectal examination should be performed in EVERY patient with:

- GI bleeding/Rectal bleeding
- Chronic constipation
- Fecal incontinence
- Anorectal pain

Constipation: Utility of Rectal Exam

- Visual inspection of perineal area:
  - Fissures / hemorrhoids / masses / skin tags
- Excoriation of perineal skin:
  - Fecal soiling
- Stroking of perineal skin:
  - Absence of reflex contraction indicative of external anal sphincter neuropathy
- Hard stool in rectum:
  - Fecal impaction
- Assessment for dyssynergia
- Assessment for fecal incontinence
- Assessment for levator or coccygeal pain

Lacy, MedGenMed 2005; 7: 19
Normal Anorectal Physiology

At Rest

- Anorectal Angle ~90°

Defecation

- Sphincter relaxes
- Pelvic floor descends

Angle more Obtuse

Used with permission from Lembo A, Camilleri
During *simulated defecation*, failure of:

- The pelvic floor to descend during observation
- The anal sphincter to relax
- The puborectalis to relax
- The anorectal angle to become more obtuse
- The abdominal wall musculature to contract
- A sensation of your index finger being pushed out of the rectum
Digital Exam for Dyssynergia

During simulated defecation

- Angle widens
- Puborectalis relaxes
- Anal canal relaxes
- Perineum descends
Digital Exam for Continence

Position 1
Check anal tone at rest

- Internal anal sphincter
- Symphysis pubis
- Puborectalis
- External anal sphincter (EAS)
Position 1
Check anal tone at rest
Ask patient to squeeze
Digital Exam for Continence

Position 2
Insert finger deeper and feel puborectalis muscle
Digital Exam for Continence

Position 2
Insert finger deeper and feel puborectalis muscle
Ask patient to squeeze

Symphysis pubis
Internal anal sphincter
Puborectalis
External anal sphincter (EAS)
Digital Exam - Coccygodynia

- Squeeze coccyx between forefinger and thumb
- Tenderness suggests diagnosis