

## Introduction

- **W**ash hands, **I**ntroduce self, ask **P**atients name & DOB & what they like to be called, **E**xplain examination and get consent
- Get **chaperone**
- Explain procedure is intimate but explain why it is necessary
- Explain what you want the patient to do "undress from the waist down, then lie on your left side then bring your knees up to your chest"
- Give them a sheet to cover up until you are ready
- Use the patients name and comfort them, explaining what you are doing and checking they are OK throughout

## Gather equipment

- Gloves: put on
- Lubricant
- Gauze

## Inspection

- Part the buttocks and look for any blood, rashes, fistulae, fissures, excoriations and warts
- Ask the patient to bear down and look for any rectal prolapse
- Ask the patient to squeeze their bottom and look for anal sphincter competency

## Examination

- Lubricate gloved finger and approach the anus from posteriorly. Pause when the finger is over the anus and wait until the sphincter relaxes.
- Advance finger into anus
  - Comment on consistency of any faeces
  - Ask the patient to bear down (brings high rectal lesions lower)
  - Ask the patient to squeeze your finger (tests anal tone)
- Do a 360° sweep feeling for any masses or wall thickenings
- Feel the 2 lobes of the prostate gland and comment on any masses, symmetry, consistency and size
- Remove finger and wipe on cotton wool gauze - determine if there is any faeces and any mucus or blood
- Clean the anus

## To complete

- Thank patient and cover patient
- Document procedure finding and that a chaperone was present and who it was
- Summarise and suggest further investigations you would do after a full history e.g.
  - PSA
  - Rectal USS