

PROSTATE EXAMINATION

INTRODUCTION:

A prostate exam is a screening test to look for early signs of prostate cancer. The average prostate examination age is 50, but some people may need to start screenings as early as age 45. A prostate exam can't tell you for sure if you have cancer, but an abnormal result means that you'll probably need a prostate biopsy.

LEARNING OBJECTIVES.

At the end of session students should have knowledge about be indications, contraindications and complications of prostatic examination, should know how to take consent , should take care of patient privacy, and proper poisoning of patient, what would be the equipment required and should always follow the principles of procedure with patients' comfort.

EQUIPMENT

- Lubricant
- Gauze
- Paper towels
- Put on gloves and apron

PROCEDURE

- Wash hands
- Introduce self; ask Patient's name, DOB.
- Explain examination and obtain consent
- Get a chaperone
- Explain that procedure is intimate and why it is necessary
- Explain what you want the patient to do: 'Undress from the waist down, then lie on your left side, bringing your knees up to your chest.'

- Allow the patient to undress in privacy and give them a sheet to cover up with
- Use the patient's name and take care to explain carefully what you are doing. Check they are OK throughout.
- The buttocks are spread apart, and the anus, posterior perineum, and gluteal folds are visually inspected to identify pathologic conditions such as condyloma, external hemorrhoids, abrasions, decubitus ulcers, abscesses or cellulitis, and, occasionally, malignancies (e.g. melanoma and anal or rectal carcinoma).
- The non-dominant hand is then placed on the patient's anterior pelvic bone to provide counter traction while the dominant hand, with the help of generous lubrication, slowly advances only the index finger through the sphincter and into the rectum.
- After a few seconds, the sphincter should relax slightly, at which point the digit is advanced further. Note should be made of sphincter tone, which can be lax or absent in neurologic diseases.
- Palpation of the internal structures then proceeds in a systematic fashion.
- Palpation begins at the apex of the prostate and progresses toward the base to determine the size of the gland and assess its consistency, which, in a normal gland, resembles that of the thenar eminence when the thumb and little finger are opposed. Prostate cancer typically feels like a harder nodule, and an abscess is typically fluctuant. In acute prostatitis, the gland can be quite tender, which can be a diagnostic finding; however, care should be taken not to manipulate the prostate vigorously, because of the risk of bloodstream infection.
- Note is made of the central sulcus of the prostate, and the lateral lobes are evaluated with respect to size and consistency. The seminal vesicles, located proximal to the base of the prostate, should be assessed because these structures may be absent in certain conditions or involved in invasive cancers.
- Circumferential palpation of the rectal vault is also performed to identify any internal hemorrhoids that may be present and thrombosed, to determine whether the consistency is smooth, and to detect any stool present and assess its consistency.

- Upon removal of the finger, the stool on the finger is evaluated for blood and can be sent for studies, including occult blood.
- After the examination, a generous supply of tissues should be made available to the patient, along with a sink with soap and water, privacy for cleaning up, and space for dressing.
- Occasionally, in obese patients and those who find it difficult to relax their buttocks, a digital rectal examination may be difficult to perform, and it may not be possible to palpate all of the structures
- Thank patient and allow patient to get dressed in privacy
- Dispose of waste, Wash hands.

INDICATION

A digital rectal examination is indicated as part of a full physical examination and is often incorporated in a focused urologic, gynecologic, gastrointestinal, and neurologic examination. Prostate examination during digital rectal examination is mainly to differentiate benign to malignant enlargement of prostate in urology.

Contraindications

Although there are no circumstances in which a digital rectal examination is overtly contraindicated, caution should be exercised in examining and vigorous manipulation, specifically of the prostate, should be avoided in severely neutropenic patients and patients with prostatic abscesses or prostatitis.

Complications

- Discomfort and pain.
- Tearing of the perianal skin.
- Abrasion of hemorrhoidal tissue.
- Infection and bacteremia.

One possible complication of digital rectal examination is vasovagal syncope, which is typically treated with rest and administration of fluids. Disseminated infection resulting from prostatic abscess or acute prostatitis that was massaged too vigorously is treated with culture-specific antibiotic therapy narrowed from broad-spectrum urinary coverage and supportive care, depending on the nature and severity of the illness.

THE END