TEST

Digital rectal exam

A digital rectal exam uses a gloved finger to feel the anus, rectum, and nearby organs.

WHAT IT MEASURES
Abnormalities felt in the anus, rectum, and nearby organs

SAMPLE
None

FASTING NEEDED?
No

HOW LONG IT TAKES
Usually a few minutes

RESULTS IN
Immediately; no laboratory processing needed

USED FOR
Assessing symptoms, supporting diagnosis, and occasionally screening

MAIN LIMITATION
Only structures within finger reach can be assessed

Overview

A digital rectal exam, or DRE, is a physical examination of the anus and lower rectum. "Digital" means that the examiner uses a finger; it does not refer to electronic technology.

A healthcare professional gently inserts a lubricated, gloved finger into your rectum. They feel for swelling, tenderness, narrowing, lumps, changes in muscle tone, and other abnormalities.

In people with a prostate, the exam can assess the part of the prostate next to the rectum. It may detect enlargement, tenderness, unusual firmness, or a lump. In other people, it may help assess the wall between the rectum and vagina or nearby pelvic structures.

A DRE is brief and usually done as part of a wider assessment. It cannot by itself confirm most diagnoses.

Why the test is ordered

A DRE may be offered when symptoms could come from the anus, rectum, prostate, or nearby pelvic structures. Reasons include:

The exam may help identify hemorrhoids, a tear in the anal lining, impacted stool, prostate enlargement, tenderness, or a mass. These findings are not always visible from outside.

A DRE is sometimes included in prostate assessment. However, it is not a reliable stand-alone test for prostate cancer. Prostate-specific antigen testing, usually called a PSA blood test, and other tests may be more useful depending on your circumstances.

A DRE also does not replace recommended bowel cancer screening tests.

- Rectal bleeding or blood noticed in stool
- Anal or rectal pain
- A change in bowel habits
- Difficulty passing stool or a feeling of incomplete emptying
- A lump, swelling, or discharge near the anus
- Urinary symptoms in someone with a prostate
- Pelvic pain or unexplained lower abdominal symptoms
- Concern about reduced anal muscle control

Who should have the test

There is no single recommendation that everyone should have a routine DRE. Whether it is useful depends on your symptoms, age, sex, anatomy, medical history, medicines, and the condition being considered.

You may be offered the exam during an assessment of bowel, anal, urinary, prostate, or pelvic symptoms. It may also be used to check anal muscle function or to decide whether further testing is needed.

Prostate screening guidance differs between organizations. A DRE may add information in selected situations, but PSA testing is generally the main initial blood test when assessing prostate cancer risk.

The examination requires your consent. You can ask why it is being suggested, request a chaperone, ask for an examiner of a particular gender when available, or stop the examination at any time.

How to prepare

No fasting, bowel-cleansing medicine, or special diet is normally needed. You can eat, drink coffee, take your usual medicines, and use the toilet beforehand if you wish.

Tell the healthcare professional before the examination if you have severe anal pain, recent rectal or prostate surgery, a known anal tear, significant bleeding, or a condition that makes examinations difficult. Also mention previous trauma or anxiety related to intimate examinations. The approach can often be adjusted, delayed, or replaced with another test.

You will usually be asked to undress from the waist down and given privacy and a covering. Ask any questions before the examination begins.

What happens during the test

You may lie on your left side with your knees drawn slightly upward. Other positions are sometimes used, depending on what needs to be examined and your mobility.

The healthcare professional first looks at the skin around your anus. They may ask you to squeeze or bear down briefly to assess the muscles and look for swelling or prolapse.

They then apply lubricant to a gloved finger and gently insert it into the rectum. You may feel pressure or an urge to open your bowels. The examiner slowly feels the rectal walls and any nearby structure relevant to the assessment, such as the prostate.

The finger is then removed, and you will be offered tissues or wipes. The internal part usually lasts less than a minute, although the full appointment takes longer.

Understanding your results

The findings are usually explained immediately. There is no numerical result or universal reference range.

A result may be described as normal if no unexpected tenderness, lump, narrowing, blood, or change in nearby structures is felt. In someone with a prostate, the examiner may comment on its estimated size, firmness, shape, symmetry, and tenderness.

An abnormal finding does not establish a diagnosis. For example, an enlarged prostate is often non-cancerous, and tenderness may have several causes. Blood on the glove can come from hemorrhoids or a small tear, but it may require further assessment.

A normal DRE cannot rule out disease. Much of the bowel cannot be reached, and only part of the prostate can be felt. Interpretation also varies with age, sex, pregnancy status, anatomy, medicines, previous procedures, and the wider clinical context.

What affects the results

The examination is based on what can be felt, so several factors can make it incomplete or misleading without anything having gone wrong with the examination.

Stool in the rectum may hide a small abnormality. Pain, anxiety, or tightening of the anal muscles can limit how far or how thoroughly the examination can be performed. Body position, mobility, and individual anatomy also affect which areas can be reached.

Previous surgery, radiotherapy, inflammation, or scarring can change how tissues feel. Hemorrhoids, prostate enlargement, infection, and recent irritation may produce abnormal findings that are not cancer.

A small lesion, a soft abnormality, or something located beyond finger reach may not be detected. Results also depend partly on the examiner's technique and experience.

Medicines do not usually alter what is felt directly. However, blood-thinning medicines can make minor bleeding more noticeable, while medicines affecting the bowel may change how much stool is present.

Accuracy and limitations

There is no single accuracy figure for a DRE because it is used to look for many different conditions. Its ability to find a problem depends on the problem's size, location, texture, and the examiner's experience.

The examination can miss small prostate abnormalities and changes on the side of the prostate that cannot be reached. An abnormal-feeling prostate can also turn out not to be cancer. PSA testing, prostate MRI, and biopsy provide different information and may be more appropriate when cancer is a concern.

A DRE can find some low rectal or anal masses, but it cannot inspect most of the bowel lining. Anoscopy or proctoscopy provides a direct view of the anus and lower rectum. Sigmoidoscopy or colonoscopy reaches farther into the bowel and allows tissue samples to be taken.

The exam also cannot detect invisible blood reliably. Stool-based screening tests are designed for that purpose. A normal DRE should not be used to delay further assessment when symptoms continue.

Risks and complications

A DRE may cause brief pressure, discomfort, embarrassment, or mild pain. A small amount of bleeding can occur, particularly if you have hemorrhoids, inflammation, or an anal tear.

Feeling faint is uncommon but possible during an intimate or uncomfortable examination. Serious complications from a routine DRE are rare.

What happens next

If the examination is normal and your symptoms are mild, you may be advised to monitor them or attend routine follow-up. Continuing or unexplained symptoms may still need another test because a DRE examines only a small area.

Depending on the findings, next steps may include a stool test, blood tests, PSA testing, urine testing, imaging, anoscopy, sigmoidoscopy, colonoscopy, or referral to a specialist. A suspicious finding usually needs confirmation rather than being treated as a final diagnosis.

Arrange prompt medical advice if bleeding continues, symptoms worsen, or you develop new bowel or urinary problems after the appointment.

Seek urgent medical care for heavy rectal bleeding, severe or rapidly worsening pain, fainting, or weakness associated with ongoing bleeding. These are not expected effects of a routine DRE.

Common questions

Can I drink coffee before a digital rectal exam?

Yes. Coffee does not affect the examination, and fasting is not normally required.

Does the time of day matter?

No. A DRE can usually be performed at any time of day. Opening your bowels first may make you more comfortable, but it is not essential.

Can I exercise beforehand?

Yes. Ordinary exercise does not usually affect the findings. If exercise has worsened anal pain or bleeding, mention this before the exam.

Will it hurt?

You may feel pressure, an urge to pass stool, or mild discomfort. Tell the examiner immediately if you feel pain. They can pause, adjust the examination, or stop.

Can a digital rectal exam detect prostate cancer?

It can sometimes detect an unusually hard area or lump, but it misses some cancers and cannot confirm cancer. PSA testing, MRI, and sometimes biopsy may be needed.

Can I ask for a chaperone?

Yes. You can request a chaperone and discuss examiner gender or other needs before the examination. You remain in control and may withdraw consent at any point.

Sources

- National Health Service. Rectal examination
- National Institute of Diabetes and Digestive and Kidney Diseases. Diagnosis of prostate problems
- American Urological Association and Society of Urologic Oncology. Early Detection of Prostate Cancer Guideline
- US Preventive Services Task Force. Final Recommendation Statement: Prostate Cancer Screening
- Merck Manual Professional Edition. How to do a rectal examination