Rectum

Rectum

1 History of Bleeding per rectal / Hematochezia

Introduction: Greet the patient, introduce yourself, explain what you plan to do, & take Patient ID	
Site	**Anorectal anatomy:** • Importance of the Dentate line (pectinate line): • Divided the anal canal into upper 2/3 and lower 1/3 • Above: cells are lined with simple columnar epithelium (adenocarcinoma) • Below: stratified squamous non keratinized epithelium (If carcinoma occurs it's squamous cell carcinoma)
Onset, duration, timing	• When did it start? • How did you notice it? • Suddenly or gradually? How long did it last? • Constant or intermittent? (How many times if intermittent/timing)? • Progressive?
Character	• Can you describe what you saw? Was it mixed (above sigmoid colon) surface of the stool (below the sigmoid colon) With no relation to stool (purgative) On toilet paper (distal to anal canal & due to abrasions) • Volume? Was it a cup of fresh blood or only small clots mixed with the stool? What is the color? Bright\dark, Fresh\clotted? • Mucus? • Associated with defecation (b4 = fissure & after = internal hemorrhoids & mixed = CA) only or was it spontaneous (laxatives/purgative)? • Painless? (Diverticular disease, Colonic angiodysplasia, Ischemic colitis) or Painful? (Anal fissure)
Alleviating & Exacerbating F	• Is there anything that relieves it or makes it worse?
Severity	• How many times do you go to the toilet? Compare b4 and after • How has this affected your daily life?
Associated symptoms	• Abdominal pain? Bloating? • Dysphagia? Vomiting? Heartburn? If so, Color and Amount? • Yellowish discoloration? • Change in urine color? Blood? • Constipation? Diarrhea? • Discharge? Color, pus, mucus or stool? (if it is stool? It will become incontinence) (fistula) • Incontinence (nerve/muscle damage)? Stool (levator anai/spinal cord injury) or gas (internal sphincter damage) or liquid (external sphincter damage)? • Lump? Smooth? Mobile or not? Reducible or not? • Tenesmus (painful urge to defecate) (tumor/UC)
Risk factors	• Have you done any procedure (colonoscopy)? Liver disease? • Medications? (Antiplatelets agents, heparin and warfarin, steroids)? • Hx of Diverticular disease? Varices or portal hypertensive gastropathy? • Hemorrhoids? anal fissure? Colorectal cancer? IBD? Bleeding disorders? • Any one in the family with GI problems? Especially lower GI
Constitutional Symptoms	• Nausea? Vomiting? Night sweats? Weight loss? Loss of Appetite? Fever? Fatigue?
Finishing & Thank the patient	

Rectum

2 Examination

WIPER: wash hands, introduce yourself, permission, expose patient, reposition

Patient should be in the left lateral position, exposure from the waist to the knees.

Preparation: Tell the patient to flex their hips to **90°** or more and flex their knee to just less than 90°. Tell the patient that the exam may be uncomfortable but not painful.

1. Inspection:

Lift the upper buttock with your left hand and observe the anus, perianal skin and perineum. Inspect for:
Skin rashes, scars, sinuses, blood, ulcers, fissures, lumps.

2. Palpation: (Put a lubricant on your index finger)

A. Gently insert the finger into the anus, pointing to the patient's genitalia, through the anal canal and into the rectum, ask the patient if they feel any pain, test anal tone by asking the patient to squeeze your finger.

B. Rotate the finger so as to palpate the entire circumference of the anal canal and rectum. Feel for any masses, ulcers, etc.

C. In males comment on the: Size, surface, sulcus, consistency and tenderness of the prostate gland.

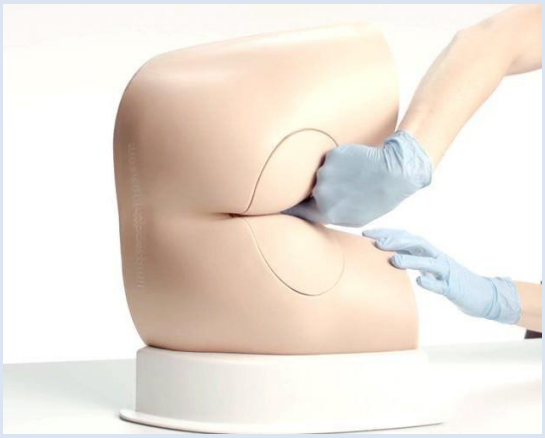
- Normal Prostate: firm, rubbery, smooth and with a shallow central sulcus.
- In BPH: the gland is enlarged, lobulated and central sulcus is still present.
- In Carcinoma of Prostate: the gland is irregular, with a hard enlargement that is usually unilateral and the central sulcus is lost.

Fig. 16.2 The prostate gland.

emove the finger and examine the glove and look for: The color of any stool
nd for any mucous or blood.

Finally, WIPE OFF the lubricant and COVER the patient!

	Introduction	A	B	C	Mark
1	Greeting the patient				
2	Self-introduction & permission				
3	Positioning & Exposure of patient				
4	Put a pair of gloves & prepare lubricant				
	Inspection (gently separate the buttocks)	A	B	C	Mark
5	Skin tags / redness				
6	Discharge				
7	Ulceration / fissure				
8	Prolapsed hemorrhoids / mucosa				
	Palpation	A	B	C	Mark
9	Lubricate index finger of your right hand				
10	palpate anus for tenderness (superficial)				
11	Gently insert the finger to anus				
12	Test the anal tone (ask patient to squeeze)				
13	Rotate the finger to assess any abnormality (circumferential)				
14	Palpate rectum for intraluminal/intramural/extramural abnormality				
15	ask the patient to bear down				
16	In male : assess the prostate & fixity to overlying mucosa				
17	Remove the finger & inspect it for feces, blood or discharge				
18	Wipe the anus with gauze				
	Finishing	A	B	C	Mark
19	Cover the patient & thank him				

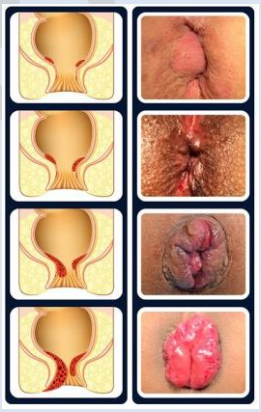


Rectum

3 Theoretical Notes

- Hemorrhoids can't be felt in PR (they are soft you need a proctoscopy to see them)

- What are hemorrhoids?
  - Dilated veins in the anal canal caused by weak vessels or high pressure.
- What happens when hemorrhoids rupture?
  - Bleeding (bright (fresh) and painless

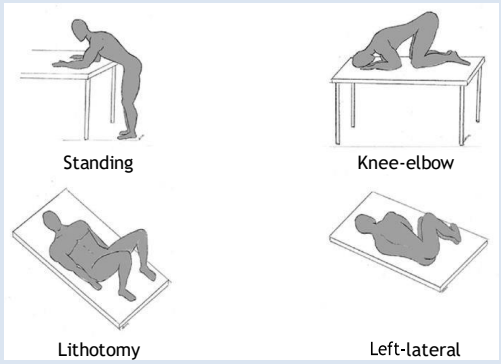


- What are the grading of hemorrhoids ?
  - Grade I: no prolapse
  - Grade II : spontaneously reduces
  - Grade III : manual reduction is required
  - Grade IV : manual reduction is ineffective

- What are fissures?
  - A vertical tear in the lower half of the anal canal (most commonly in the posterior wall (the weakest))
  - Clinical manifestations: pain, no bleeding (opposite to hemorrhoids)

- Ddx of rectal bleeding:
  - Hemorrhoids
  - Colon cancer
  - Rectal cancer

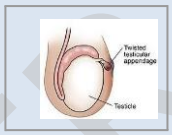
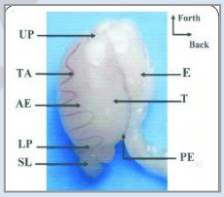
- What are the examination positions of per-rectal exam. ?
  - Left-lateral
  - Lithotomy
  - Standing
  - Knee-elbow



Scrotum

Scrotum

1 History of Scrotal Swelling and Pain

Introduction: Greet the patient, introduce yourself, explain what you plan to do, & take Patient ID	
Site	• Where is the swelling? • Unilateral or bilateral? • Diffuse (hydrocele, varicele, testicular torsion) or upper pole (epididymitis, testicular appendage torsion)?
Onset, duration, timing	• When did it start? • Did it start suddenly or gradually? • Constant or intermittent? • After prolonged sitting? (Epididymitis) • Come during the day and disappear after lying down? (hydrocele) • Progressive?  

Character	• Swelling:
	  ○ Change in skin color? temperature? (severity grading, hernia strangulation)
	  ○ Reducible? Increased in size with straining? (hernia)
	• Pain:
	  ○ Where exactly? Constant or intermittent? Dull (hydrocele, varicele)? Sharp (testicular appendage torsion, testicular torsion)? How severe from 1-10?
	• Recurrent episodes that resolve spontaneously? (testicular torsion)

Alleviating & Exacerbating F	• Is there anything that relieves it? Such as elevation of the scrotum (epididymitis) • Is there anything that exacerbated it? Such as elevation of the scrotum (testicular torsion)
Severity	• How has this affected your daily life? • Wake you up from sleep? • Moderate? (Torsion of testicular appendage or Epididymitis) • Very Severe or Awakening with severe pain? (Testicular torsion, strangulated hernia) • Do you have abdominal pain? Constipation? Can't pass gas? Vomiting? (Obstruction of hernia)
Associated symptoms	• Dysuria? Hematuria? (Epididymitis, Trauma) • Gynecomastia? (testicular cancer) • FUN WISE, fever, pain upon sitting down, painful ejaculation (prostatitis)
Risk factors	• After trauma or sexual or physical activity? (Testicular rupture/torsion) • After urinary procedure or vasectomy? (Epididymitis) • Chronic constipation? Do you lift heavy weights? Any abdominal surgeries? (hernia)
Constitutional Symptoms	• Nausea? Night sweating? Fever? Fatigue? Weight loss? Loss of appetite?
Finishing & Thank the patient	

Scrotum

2 Examination

WIPER: wash hands, introduce yourself, permission, expose patient, reposition

Patient should be in the standing position, exposed from the waist to the knees.

1. Inspection:

- **The Penis**: Inspect the penis for the size, shape, color, presence/absence of foreskin, ulcers, discharge and urethral meatus.
- **The Scrotum:**
  - Inspect the scrotum for size, shape, symmetry, skin changes, ulcers, swellings.
  - Ask the patient to cough and inspect if there is any impulse.
  - Lift the scrotum and inspect the area behind it.

2. Palpation:

- **The Penis:**
  - Palpate the texture of the body of the penis.
  - Retract the prepuce (foreskin) and examine the skin of the inner aspect.

- **The Scrotum:**
  Place your index and middle finger behind the scrotum and your thumb in the front, palpate the testis from down to up:
  - Confirm the scrotum contains two testicles, check the position and the texture of the testis.
  - Palpate the epididymis and the spermatic cord.
  - Perform a transillumination test.
  - Perform cremasteric reflex test: stroke the skin of the inner thigh and observe for ipsilateral testicular elevation.

End your examination with a PR and regional Lymph Node examination