

Procedure for Rectal Examination and Insertion of Suppositories

Introduction

Constipation is a common problem in advanced disease and as a consequence of opioid use in oncology and palliative care.

Information for health professionals is available in the Palliative Care Guidelines:

- Guidance on assessment and treatment
- Flow chart - *Management of Constipation Associated with Opioid Use*
- Information sheet for patients - *Constipation and Diarrhoea*
- Bristol Stool Chart

The assessment and treatment of constipation required health professionals to be competent to perform PR examinations and rectal interventions.

How to Perform a Rectal Examination

- Ensure the patient understands and consents to the procedure
- If possible lie the patient in the left lateral position with their knees drawn up
- Ensure the gloved finger is well lubricated
- Observe the perianal area for haemorrhoids, rectal tears and broken skin before proceeding
- Ensure the examination is performed **gently**, using one finger only

Rectum is empty and collapses

The rectal wall should be easily felt 'collapsed' around the examining finger (this is usually an indication of a functioning bowel). No further rectal treatment is required but continue to assess bowels daily.

Rectum is empty and dilated

Often feels and looks ballooned on examination. This may be due to faeces high up in the bowel which is indicative of gross constipation. Be aware that liquid stool may actually be an indication of impaction with **overflow**.

Rectum is full of faeces

Determine the consistency (hard or soft) of the faeces and manage as per treatment section

Tumour in the rectum

Sometimes a mass in the rectum is not faeces. On examination the rectum feels lumpy or hard/irregular and the mass is immobile. Refer to medical staff and do not proceed with rectal laxatives or enemas.

If you are unsure of your findings, please consult a colleague or medical staff

Performing a Rectal Intervention

- When oral laxatives have not produced a bowel motion or when rapid relief from rectal loading is required, suppositories or enemas may be appropriate
- Suppositories are more easily retained by palliative care patients so should be used as first line before enemas
- When inserting suppositories or microlax enemas, if possible, have patient lie in left lateral position, fleet enemas always tilt the foot of the bed
- Push suppositories about 4cm into the rectum
- A medicated suppository (bisocodyl) goes blunt end first and against the rectal wall for maximum effect
- Lubricant suppositories (glycerol) should be inserted pointed end first and into the faecal mass as much as possible in order to dissolve and soften the faeces
- Enemas should be administered at room temperature
- Use gravity and not force to administer an enema. Forcing can result in bowel spasm, leakage or shock