Digital rectal stimulation (DRS)

For further information refer to (MASCIP 2012) Guidelines for Management of Neurogenic Bowel Dysfunction in Individuals with Central Neurological Conditions (see appendix 3, page 53).

(RCN 2012) states that this procedure must only be performed by a competent registered nurse who has undertaken relevant education.

**Definition of digital rectal stimulation**

The digital stimulation of the anal-rectal reflex to trigger peristalsis and aid defaecation.

**Indications**

- Faecal impaction/loading.
- Incomplete defaecation.
- Inability to defaecate.
- Other bowel emptying techniques have failed.
- In patients with spinal injury as part of a bowel management programme.

**Exclusions and contra-indications**

Registered nurses should not undertake digital rectal stimulation when:

- no consent has been obtained (NHS Lothian 2014)
- the patient’s doctor has given specific instructions that these procedures should not take place
- the patient has recently undergone rectal/anal surgery or trauma (seek medical advice)
- the patient gains sexual satisfaction from this procedure (open discussion between doctor and patient is advised and a chaperone facility offered)
- they do not feel competent to perform the procedure (NMC 2015)
Precautions
Registered nurses should exercise particular caution when performing these procedures on patients who have the following diseases and conditions:

- active inflammation of the bowel, including Crohn’s disease, ulcerative colitis and diverticulitis
- recent radiotherapy to the pelvic area
- rectal/anal pain
- surgery/trauma to the anal/rectal area
- tissue fragility due to age, radiation, loss of muscle tone in neurological diseases or malnourishment
- obvious rectal bleeding
- patient has a known history of abuse
- spinal inured patients (due to autonomic dysreflexia)
- patient has known history of allergies (for example latex)

Requirements

- Disposable apron
- Non sterile disposable gloves
- Lubricating jelly
- Procedure pad
- Receptacle for faeces
- Paper tissue
- Equipment to clean buttocks
- Access to toilet, commode or bedpan
- Disposal bag as per National Infection Prevention and Control Manual
### Observations while undertaking procedure

While undertaking digital rectal stimulation the listed observations should be recorded. (If the patient’s condition and vital signs deteriorate stop the procedure and reassess. Commence resuscitation if the patient’s condition deteriorates further and access emergency services).

- Obtain a baseline pulse and blood pressure whilst patient has rest prior to procedure.
- Record pulse and blood pressure during and after the procedure.
- Monitoring the pulse and blood pressure is especially important in spinal injured patients and the frail elderly.
- Observe for signs and symptoms of autonomic dysreflexia – headache, flushing, sweating, hypertension.
- Observe for distress, pain, discomfort, rectal bleeding, collapse and stool consistency.

### Procedure for digital rectal stimulation (DRS)

**Prior to examination**

- Explain the procedure to the patient.
- Obtain informed consent and document in nursing notes.
- Ask the patient if they wish to have a chaperone present.
- Give the patient the opportunity to empty their bladder as a full bladder may cause discomfort during the procedure.
- Ensure privacy and dignity is maintained at all times.
- A bedpan, commode or toilet should be readily available.

Please note that you should exercise caution for patients who have a spinal cord injury (SCI). Observe the patient throughout the procedure for signs of autonomic dysreflexia.

- Ask the patient to remove clothing from the waist down. Offer assistance if required.
- Ask the patient to lie in the left lateral position with knees flexed (if possible) so that the anal area can be easily visualised.
- Wash your hands (refer to hand hygiene in National Infection Prevention and Control Manual). Place a protective pad under the patient’s hips and buttocks.
- Wash your hands again. Put on a disposable apron and gloves.
Examination

- Explain to the patient that you will be starting the procedure.
- If the patient suffers local discomfort (or symptoms of autonomic dysreflexia) during this procedure local anaesthetic gel may be instilled into the rectum prior to the procedure. It should also be considered if this is undertaken as an acute intervention. This requires five to ten minutes to take effect and lasts up to 90 minutes. Note that long term use should be avoided due to systemic effects.
- Lubricate one gloved finger with plain lubricating gel.
- Insert the gloved finger slowly and gently into the patient’s rectum.
- Turn the finger so that the padded inferior surface is in contact with the bowel wall.
- Rotate the finger in a clockwise direction for at least 10 seconds, maintaining contact with the bowel wall throughout.
- Withdraw the finger and await reflex evacuation.
- Repeat every five to ten minutes until rectum is empty or reflex activity ceases.
- Remove soiled glove and replace, relubricating as necessary between insertions.
- If no activity during the procedure, do not repeat it more than three times. Use digital removal of faeces (DRF) if stool is present in the rectum.
- Place faecal matter in an appropriate receptacle as it is removed. Dispose as per National Infection Prevention and Control Manual.
- When the procedure is completed, wash and dry the patient's buttocks and anal area and position comfortably before leaving.
- Remove the gloves and apron disposing of them as per National Infection Prevention and Control Manual. Wash your hands (refer to hand hygiene).
- Allow the patient to dress in private, unless they require assistance.
- Explain your findings and discuss and agree plan.
- Document in nursing notes all observations, findings and action. Consider onward referral to another healthcare professional if appropriate.