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Digital rectal examination for initial assessment of the multi-injured patient: What's the point?

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Background: Digital rectal examination (DRE) is performed as part of the initial assessment of trauma patients as per Advanced Trauma Life Support (ATLS) to aid early diagnosis of potential intestinal, urethral and spinal injuries. Previous studies suggest that test characteristics of DRE are suboptimal. In view of previously demonstrated high false positive and false negative rates this study examines the correlation between DRE-finding and diagnosis and whether DRE findings have any impact on subsequent management of the multi-injured trauma patient.

Method: Patients were identified from the Karolinska University Hospital trauma database between 2007 and 2011. Only patients with ICD-10 codes for spinal, urethral and intestinal injuries were included. A retrospective medical records review was carried out examining the documented DRE-findings and subsequent management.

Results: 294 patients were included with a mean ISS of 26 ± 17 . The mean age was 44 ± 20 years, 76% were male and 87% of injuries were caused from blunt trauma. Out of 294 patients DRE documentation was identified in 178 patients (60.5%). Pathological DRE-findings were documented in 43% ($n=77$). Medical records' review revealed that 89.9% of patients with DRE documentation went from the trauma room to CT, regardless of DRE-findings. Only 1.1% went straight to the operating theatre due to deteriorating vitals. Over 58% of patients showed no correlation between DRE-findings and the injury diagnosed.

Conclusion: DRE as part of the initial assessment of trauma patients does not appear to change subsequent management and could instead risk delaying further treatment of the multi-injured patient.

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