Abstract

Objective: To evaluate patients' perception of pain and discomfort during DRE, the impact of discomfort on potential future screening compliance, and if emptying the bladder immediately before DRE reduces patient discomfort. Methods: One-hundred patients undergoing DRE for prostate cancer screening answered an anonymous questionnaire regarding pain, urinary urgency and bowel urgency during DRE and its potential impact on future examination. Another group with 100 patients was randomized in two subgroups to analyze if urinating immediately before DRE reduces patient discomfort. Results: Seventy-three (73%) patients reported moderate or higher discomfort for at least one of the domains evaluated: 61% complained of pain; 22% of urinary urgency; and 22% of bowel urgency. Emptying the bladder immediately before examination did not reduce pain (58% vs. 50%, p = 0.115), urinary urgency (22% vs. 16%, p = 0.151), or bowel urgency intensity (16% vs. 14%, p = 0.264). There was no difference in the number of patients that answered they will repeat the prostate exam next year (96% vs. 90%, p = 0.211) or in those that would encourage a friend that needs the prostate exam to do it (96% vs. 98%, p = 0.378). Conclusions: Pain and discomfort during DRE are not negligible but they do not affect intention to have a prostate exam in the future. Urinating immediately before examination does not significantly reduce the incidence of pain, urinary urgency, or bowel urgency during DRE.

Keywords
Prostate cancer. Screening. Pain