

The Digital Rectal Exam – FAQs

What is a digital rectal exam (DRE)?

A DRE, often referred to as the “finger up the bum test” is when the doctor inserts a gloved and lubricated finger into the patient’s back passage to feel the surface of the prostate.

Doctors are feeling for size and irregularities on the surface of the prostate that might indicate a prostate problem.

More information about the DRE on the Prostate Cancer UK website:

<https://prostatecanceruk.org/prostate-information-and-support/prostate-tests/digital-rectal-examination-dre>

What have Prostate Cancer UK and the British Association of Urological Surgeons (BAUS) said about the rectal exam?

Prostate Cancer UK and the British Association of Urological Surgeons (BAUS) agree that the DRE is no longer a useful test for prostate cancer – and they are calling for an end to its routine use.

BAUS has announced it will work with NHS England and other stakeholders in advising GPs that men with suspected prostate cancer do not need a rectal exam before being referred for further tests.

In a joint statement, Prostate Cancer UK and the British Association of Urological Surgeons said: “The digital rectal exam is a poor test for prostate cancer. The way that prostate cancer is diagnosed has improved vastly in recent years with the introduction of MRI scans and new biopsy techniques.”

Why have Prostate Cancer UK and the British Association of Urological Surgeons (BAUS) said the rectal exam is a “poor test”?

Although the DRE was historically considered a standard test, the information a GP can get from a rectal exam is of extremely limited value.

The DRE only allows for the clinician to feel the back wall of the prostate gland, so any abnormalities located in the middle or front part of the gland cannot be felt — although these would be visible in an MRI.

Who are the British Association of Urological Surgeons (BAUS)?

The British Association of Urological Surgeons (BAUS) is a group of expert doctors responsible for promoting the highest standards of practice in urology, including the diagnosis and treatment of prostate cancer.

Do other experts agree?

Yes.

In 2024, a group of experts from across the prostate cancer field — comprising researchers, clinicians, patients, and Prostate Cancer UK representatives — formed a landmark consensus that the DRE is not a useful test for finding prostate cancer. Paper available [here](#).

This conclusion was also backed up by the latest medical guidelines in the [Getting it Right First Time \(GIRFT\) prostate cancer programme](#), produced by the NHS.

What is the test for prostate cancer, if not the rectal exam?

The first test for prostate cancer is a simple blood test (the PSA blood test), which you can get for free from your GP. You don't need a 'finger up the bum'.

Since the introduction of MRI and modern targeted biopsies as standard in the NHS in 2019, the diagnostic process is more accurate than it's ever been.

It's also never been safer: research led by Prostate Cancer UK shows that the way prostate cancer is diagnosed — with a PSA blood test followed by an MRI scan — reduces potential harms to men by 79%.

I've heard that the PSA blood test isn't perfect – will there be better tests one day?

The PSA blood test isn't a perfect test, and it can't tell you on its own whether or not you have prostate cancer. However, if your PSA level is raised, your GP may refer you for further tests – which nowadays includes an MRI scan first and innovative biopsies. The way prostate cancer is diagnosed is safer and more accurate than it's ever been.

Prostate Cancer UK has launched its [£42m TRANSFORM trial](#), the biggest prostate cancer screening trial in a generation. TRANSFORM will compare the most promising

tests and provide definitive evidence about the best way to screen for prostate cancer. The rectal exam will not be part of TRANSFORM, further confirming the test must be left in the past.

Is the thought of the rectal exam stopping men from speaking to their GP about prostate cancer?

Research from Prostate Cancer UK found that in a group of more than 2,000 men, 60% were concerned about having a rectal exam. Of those, 37% would not speak to a GP about prostate worries because they feared the DRE.

In more recent research we found that in a group of 992 men aged 50-70 who had not checked their risk of prostate cancer, 46% thought that they needed to have a finger up the bum to get tested for prostate cancer. This belief is linked to lower likelihood of checking for prostate cancer risk and is one of the biggest factors preventing men from taking action.

Why might some men not want a rectal exam? Why does it put men off speaking to their GP about prostate cancer?

The DRE is an invasive test when the doctor inserts a gloved and lubricated finger into the patient's back passage to feel for abnormalities on the prostate.

Some men might find the test embarrassing or there might be cultural stigmas. The deterrent may be larger in the men at higher risk of a late diagnosis — Black men report significantly more cultural stigma around the rectal examination, but face double the risk of dying from prostate cancer.

For some men it's natural for them to feel worried or embarrassed about having tests, but some men find the idea of having a DRE upsetting. There could be many personal reasons why you might feel very upset about having this test. There's no right or wrong way to feel, and it's men's choice whether or not to have a DRE. If they do decide to have a DRE, they can explain their situation to their doctor. A doctor can talk men through the test and help to reassure.

My prostate cancer was found after having a finger up the bum, so why are you saying GPs shouldn't do a DRE?

The first step to finding early prostate cancer is a prostate-specific antigen, or PSA, blood test.

If a man's PSA is raised, then their GP can refer them for further investigation, usually an MRI scan in the first instance.

Men and their GP can still consider the DRE in cases where a man's PSA level is not above the level to trigger a referral, particularly in men with symptoms that might suggest a prostate problem.

Possible symptoms of prostate problems include changes in how you wee or if it becomes painful. Erectile dysfunction and lower back/hip pain are less common possible signs too.

If you have these symptoms, it doesn't mean you have cancer: they are also signs of other conditions. Speak to your GP to find out what's causing them and get the right diagnosis and treatment.

What if I still want a DRE, will I be able to get one?

If you've had a PSA blood test, you can still ask your doctor for a digital rectal examination (DRE) if you'd like one. The PSA test is the best first step in checking for prostate cancer. If your PSA level is raised, your GP may refer you for further investigations, such as an MRI scan.

If your PSA level isn't raised enough to meet the referral threshold, your GP might still offer you a DRE - especially if you have urinary symptoms - like needing to urinate more often, difficulty starting, or a weak urine flow - that could suggest a prostate problem other than prostate cancer.

What should I do if I'm concerned about prostate cancer?

Prostate cancer often causes no symptoms in its earlier stages, so it's important you know your risk of getting it.

Find out your risk of prostate cancer, and what you can do about it, by doing Prostate Cancer UK's online risk checker. If you decide to talk to your GP about testing, know that you can ask to have just a blood test. You don't need a finger up the bum to test for prostate cancer.

Where should I go to if I want more information?

- Prostate Cancer UK's [Risk Information Service](#) on 0800 448 0821

- [Prostate Cancer UK Specialist Nurses](#) on 0800 074 8383 or via webchat

- Prostate Cancer UK's [30-second online Risk Checker](#)