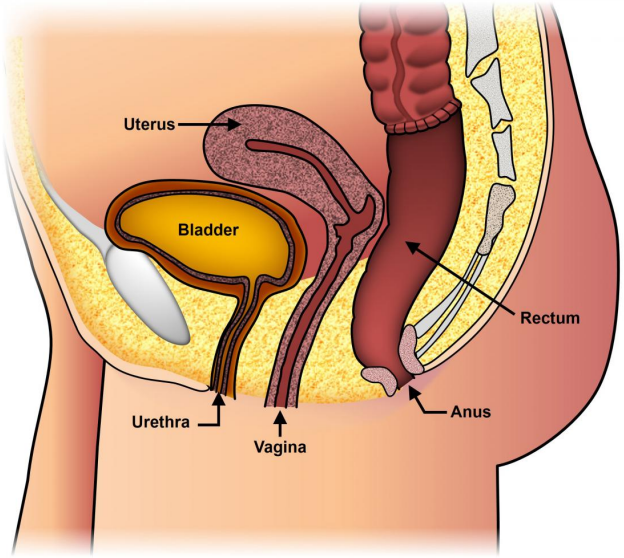
Rectal Prolapse

Rectal prolapse is a condition in which the rectum (the last part of the large intestine) loses the normal attachments that keep it fixed inside the body, allowing it to slide out through the anal opening, turning it “inside out.” Rectal prolapse affects mostly adults, but women ages 50 and older have six times the risk as men. It can be embarrassing and often has a negative effect on a patient’s quality of life. Although not always required, the most effective treatment for rectal prolapse is surgery.

CAUSES

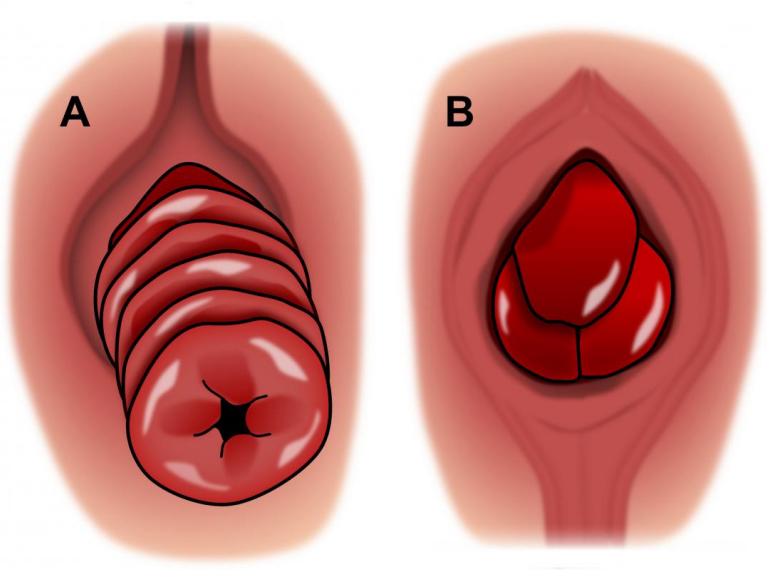
While a number of factors are thought to be linked to rectal prolapse, there is no clear cut “cause.” An estimated 30% to 67% of patients have chronic constipation (infrequent stools or severe straining) and an additional 15% have diarrhea. In the past, this condition was assumed to be linked to giving birth multiple times by vaginal delivery. However, as many as 35% of patients with rectal prolapse never gave birth and it can occur in men.



SYMPTOMS

A common question is whether hemorrhoids and rectal prolapse are the same. Bleeding and/or tissue that protrudes from the rectum are common symptoms of both, but there is a major difference. Rectal prolapse involves an entire segment of the bowel located higher up within the body. Hemorrhoids only involve the inner layer of the bowel near the anal opening. Rectal prolapse can lead to fecal incontinence (not being able to fully control gas or bowel movements).

A = Rectal Prolapse B = Hemorrhoids



DIAGNOSIS

During the first visit, your colon and rectal surgeon will perform a thorough medical history and anorectal exam. In some cases, a rectal prolapse may be "hidden" or internal, making diagnosis more difficult. You may be asked to sit on a toilet at your physician's office and strain as if having a bowel movement.

Other tests used for diagnosis include:

- Videodefecogram: X-rays are taken while you are having a bowel movement to test muscle movement.
- Anorectal Manometry: Evaluates muscle functions and reflexes of the pelvis, rectum and anus used during bowel movements.

TREATMENT

Although constipation and straining play a role in this condition, correcting this may not improve an existing rectal prolapse. There are several methods used to surgically repair rectal prolapse. Your colon and rectal surgeon will make the decision what surgery to use based on your age, physical condition, extent of prolapse and the results of tests. Options include removing part of the rectum or pulling the rectum back up and anchoring it. Sometimes

mesh is used to reinforce the rectum.

Surgical approaches include:

- Abdominal repair through traditional surgery (open approach)
- Laparoscopic surgery
- Robotically assisted surgery

POST-TREATMENT PROGNOSIS

For a large majority of patients, surgery relieves or greatly improves symptoms. Prolapse or some other condition may have weakened the anal sphincter muscles. However, these muscles have the potential to regain strength after the prolapse has been corrected.

Factors that influence outcome include:

- Condition of the anal sphincter muscles before surgery
- Whether the prolapse is internal or external
- Overall health of the patient

It may take as long as one year to determine the impact of surgery on bowel function. Chronic constipation and straining after surgical correction should be avoided.

WHAT IS A COLON AND RECTAL SURGEON?

Colon and rectal surgeons are experts in the surgical and non-surgical treatment of diseases of the colon, rectum, and anus. They have completed advanced surgical training in the treatment of these diseases, as well as full general surgical training. They are well versed in the treatment of both benign and malignant diseases of the colon, rectum, and anus and are able to perform routine screening examinations and surgically treat conditions, if indicated to do so.

DISCLAIMER

The American Society of Colon and Rectal Surgeons is dedicated to ensuring high-quality patient care by advancing the science, prevention and management of disorders and diseases of the colon, rectum and anus. These brochures are inclusive but not prescriptive. Their purpose is to provide information on diseases and processes, rather than dictate a specific form of treatment. They are intended for the use of all practitioners, health care workers and patients who desire information about the management of the conditions addressed. It should be recognized that these brochures should not be deemed inclusive of all proper methods of care or exclusive of methods of care reasonably directed to obtain the same results. The ultimate judgment regarding the propriety of any specific procedure must be made by the physician in light of all the circumstances presented by the individual patient.

The information presented on The American Society of Colon and Rectal Surgeons (ASCRS) website is solely intended to provide you with information that will help educate you on various conditions. No information provided on this website or otherwise offered by ASCRS is intended to replace or in any way modify the advice of your health care professional.

© Copyright 2020 The American Society of Colon and Rectal Surgeons. All rights reserved.