

RECTAL PROLAPSE

What is rectal prolapse?

Rectal prolapse is a condition in which the rectum loses its internal support and protrudes out of the anus. In the earliest phase, the rectal prolapse may be internal, but as the condition progresses, the rectum can be seen or felt outside of the body. When this occurs, it is called a complete rectal prolapse. Weakness of the anal sphincter muscle is often an associate problem at this stage and may result in leakage of stool or mucus at unwanted times. The condition occurs in both sexes, but is more common in women than in men.

Why does it occur?

Rectal prolapse seems to be part of the aging process, due in part to weakening of supporting structures within the pelvis as well as loss of anal sphincter muscle tone. Several factors may contribute to the development of rectal prolapse. A lifelong habit of straining to have bowel movements may be a contributing factor. Prolapse it may occur as a late result of the stresses involved in childbirth. There may be a hereditary factor in some families. In most cases, however, there is no single cause which can be identified as causative.

Is Rectal Prolapse the same as Hemorrhoids?

No. Rectal prolapse involves a part of the rectum which is internally higher than the level of hemorrhoids. Some of the symptoms, however, may be the same. There may be bleeding and/or tissue which protrude from the rectum in both conditions, and neither condition typically is associated with pain.

How is Rectal Prolapse diagnosed?

Usually by taking a careful history and performing a complete anorectal examination, the physician can readily diagnose this condition. By asking the patient to strain, as in simulating a bowel movement, or by having the patient sit on the commode and strain prior to examination, the prolapse may be identified. At times the prolapse may be hidden or internal. An x-ray examination called a defecogram may be helpful in the diagnosis of the problem. Anorectal manometry also may be helpful. This test measures muscle function, and also can diagnose nerve disorders which may affect the sphincter muscles.

How is Rectal Prolapse treated?

Although constipation and straining may be possible causes of rectal prolapse, correction of these may not improve the actual prolapse. There are several different surgical methods used to correct rectal prolapse. Your doctor can help you decide which method will offer the best opportunity to resolve your problem.

The simplest method involves implanting a band of elastic material under the skin around the outside of the anal muscle. This is called a Thiersch procedure. This prevents the anus from stretching, and thus, prevents rectum from falling out. This procedure does require the use of an operating room and an anesthetic, but usually can be performed without requiring an overnight stay in the hospital.

Another approach involves surgically removing the extra tissue from the rectum. This approach is called the Delorme procedure or the Altemeier procedure. These operations usually require a brief hospital stay, but since no skin incisions are needed, there is usually little pain afterward, and patients rapidly return to their full activity.

The most complicated approach involves operating through the abdomen and correcting the rectal prolapse from the inside. This can be performed laparoscopically in some patients and this approach often involves removing a segment of the colon or rectum which is too long, as well as re-supporting the rectum from inside. This procedure involves a few days' stay in the hospital after surgery, but it is the most permanent and effective operation for advanced cases.

Your physician will discuss each procedure with you so that you may better understand each procedure along with the risks and benefits involved in each approach.

How successful is the treatment?

Success depends on a number of factors, including the status of the anal sphincter muscles before an operation, whether the prolapse is internal or external, the overall condition of the patient and the surgical method used. Repair of the prolapse is usually gratifying to both the surgeon and patient.