

## **Rectal Prolapse**

### Introduction

A rectal prolapse occurs when part or all of the rectum (part of the large intestine just above the back passage) slides out through the anus (back passage). It usually happens because the tissues holding the rectum in place (muscles and ligaments) have weakened so it is no longer supported adequately and when the pressure in the abdomen increases – for example when opening the bowels or coughing – the muscles around the back passage aren't strong enough to hold it in.

### Symptoms and signs

The most obvious symptom is of a lump that can be felt outside the back passage. At first it may only appear after opening the bowels (going to the toilet) but later it may come out when standing or walking or when coughing or sneezing. The lump can usually be pushed back inside but sometimes if it stays outside it can swell and become very painful (strangulated prolapse). If this happens then an emergency visit to the hospital is necessary.

Other symptoms include a slimy clear or brown discharge (mucus) through the back passage, involuntary loss of stool or bleeding. It may be difficult to maintain hygiene because of these problems.

### Diagnosis of a rectal prolapse

The diagnosis of a rectal prolapse is usually based on the symptoms that you have and a routine examination of your rectum. To get a more accurate assessment of the size and significance of a rectal prolapse, a special x-ray (called an evacuation proctogram) may be performed.

### Non operative or conservative treatment

Conservative treatment includes helping people to avoid straining when opening the bowels.

- Increasing the amount of fibre in the diet (such as including five portions of fruit / vegetables daily).
- Drinking six to eight glasses of water each day. helps to avoid constipation.
- Having a bulk laxative such as Fybogel can help soften the bowel movements
- Using suppositories or enemas can help to empty the rectum more effectively without having to strain.

### Surgical treatment

If the rectal prolapse is causing lots of problems and interfering with daily life, then surgery is often advised. Each patient will need to discuss the risks and benefits of surgery based on his or her circumstances with the treating surgeon.

Surgery may be performed through the rectum, through the perineum (the skin between the vagina and the anus), through the abdomen most commonly using laparoscopic (key-hole) techniques. Unfortunately some patients will suffer a recurrence of their rectal prolapse depending upon the technique and their individual circumstances. This is best discussed with the treating surgeon.

### Surgery for mucosal prolapse

Mucosal prolapse is treated with a haemorrhoidectomy or a mucopexy where the lining is sutured back inside the rectum. Stapled haemorrhoidopexy could also be an alternative to conventional surgery.

### Abdominal operations for rectal prolapse

Abdominal procedures are preferred for all patients fit for abdominal surgery as they have better results and lower recurrence (failure) over a period of time. There are a number of different operations that involve lifting the rectum by operating at the front or back of the rectum inside the abdomen. The rectum can be fixed up using sutures (stitches), metal tacks or synthetic/ collagen meshes.

Sometimes a piece of the lower bowel might also be removed at the time of the operation and these operations have a slightly higher risk than if no bowel is removed.

Laparoscopic rectopexy is considered to be a good operation for rectal prolapse in patients who are fit for a general anaesthetic and the type of operation along with the risks and benefits can be discussed in detail with the surgeon.

### Perineal operations for rectal prolapse

Perineal procedures have a higher recurrence (failure) rate but a lower morbidity rate and are often best for the elderly or in patients who have are considered unfit for a general anaesthetic.

Perineal procedures include



- Thiersch's procedure in which a permanent suture (stitch) is used to encircle the back passage and prevent the prolapse falling out.
- Delorme's procedure which involves removing a sleeve of the lining of the rectum stitching together the muscle wall of the rectum to prevent it falling out.
- Altemeier's rectosigmoidectomy in which the surgeon operates through the anus to remove (cut out) the prolapsing bowel and stitch the cut ends together.

### Conclusion

Surgery for rectal prolapse requires a careful discussion with the surgeon about your symptoms and medical problems to help you decide which the best procedure for your circumstances is. All operations have varying risks of recurrence (failure) but laparoscopic abdominal operations have higher success rates generally.