



Colon & Rectal Surgery

Rectal Prolapse

What is rectal prolapse?

Rectal prolapse occurs when the rectum (the lower end of the colon just above the anus) turns itself inside out. In the early stages of this condition, the rectum does not stick out of the body, but as the condition worsens, it may protrude.

Weakness of the anal sphincter muscle often is associated with rectal prolapse and may result in leakage of stool or mucus. The condition is more common in women than in men.

Why does it occur?

Several factors may contribute to this condition. It may come from a lifelong habit of straining to have bowel movements or as a delayed result of stresses involved in childbirth. In rare cases, families may have a genetic predisposition to develop rectal prolapse.

This condition seems to be a part of the aging process. Many older patients experience weakening of the ligaments that support the rectum inside the pelvis as well as loss of tightness of the anal sphincter muscle. In some cases, neurologic problems (such as spinal cord transection or spinal cord disease) can lead to prolapse. In most cases, however, no single cause is identified.

Is rectal prolapse the same as hemorrhoids?

Some symptoms may be the same. There may be bleeding and/or tissue that protrudes from the rectum. Rectal prolapse, however, involves a segment of the bowel located higher within the body, while hemorrhoids develop near the anal opening.

How is rectal prolapse diagnosed?

Our doctors can diagnose this condition by taking a careful history and performing a complete anal-rectal examination. To demonstrate prolapse, patients may be asked to “strain” as if having a bowel movement or to sit on the toilet and “strain” before the examination.

Sometimes, rectal prolapse may be “hidden” or internal. In this situation, an X-ray examination (called a videodefecogram or dynamic MRI) may be helpful. This exam, which takes X-ray pictures while the patient is having a bowel movement, also can help the doctor determine whether surgery may be beneficial and which operation may be appropriate.

Anal-rectal manometry may be used as well. This test measures whether the muscles around the rectum are functioning normally.

How is rectal prolapse treated?

Although constipation and straining may be causes of rectal prolapse, simply correcting these problems may not take care of the prolapse. There are many ways to surgically correct rectal prolapse.

Abdominal or rectal surgery may be suggested. Your doctor can help you decide which method is best for you.

Treatment depends on several factors:

- Patient’s age
- Physical condition
- Extent of prolapse
- Test results

How successful is treatment?

Success depends on many factors, including the condition of a patient’s anal sphincter muscle before surgery, whether the prolapse is internal or external, the overall condition of the patient and surgical method used. If the anal muscle has been weakened, either because of the rectal prolapse or for some other reason, it may regain much of its strength after the rectal prolapse has been corrected.

It is important to avoid chronic constipation and straining after surgery. With the appropriate procedure, most patients experience complete or significant relief of symptoms.

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