ALASKA
COLORECTAL SURGERY

Rectal Prolapse

What is a "rectal prolapse?"

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

Why does it occur?

Rectal prolapse seems to be part of the aging process. It is due in part to weakening of supporting structures within the pelvis, as well as loss of anal sphincter muscle tone. Several things may contribute to the development of rectal prolapse. A lifelong habit of straining to have bowel movements may contribute. It also 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; it just happens.

Is rectal prolapse the same as hemorrhoids?

No. Rectal prolapse involves a part of the rectum which is 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. Rectal prolapse is not typically associated with pain.

How is rectal prolapse diagnosed?

Diagnosis is usually made after taking a careful history and performing a complete anorectal examination. The prolapse can be identified by asking the patient to strain, as if they are having a bowel movement, or by having the patient sit on the commode and strain prior to examination. At times the prolapse may be hidden or internal. An x-ray examination called a videodefecogram may be helpful for diagnosis in this case. This examination takes pictures during a simulated bowel movement and may help to determine the appropriate type of surgery. Anorectal manometry also may be helpful. This test measures muscle function, and 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 conditions may not improve the actual prolapse. There are several surgical methods used to correct rectal prolapse. Your doctor can help you decide which method likely will give the best result, given your individual situation.

The simplest method involves implanting a band of elastic material under the skin around the outside of the anal muscle. This is called the Thiersch procedure. This keeps the anus from stretching to allow the rectum to fall out. This procedure does require the use of an operating room and an anesthetic, but usually can be done without requiring an overnight stay in the hospital. Unfortunately, in nearly half of the cases, the elastic material is rejected by the body, necessitating its removal. Despite this, there may be enough scar tissue formed to improve control of the anus and to delay the return of the prolapse for months or years after removal of the elastic material.

Another approach involves operating through the anus and removing the extra tissue from the rectum. This approach is used to perform a Delorme's procedure, or an Altemeier procedure. These operations usually require a brief hospital stay, but are typically followed by a swift recovery. There is relatively minor pain during recovery after these procedures, due to a lack of surgical incisions in the skin. Rectal prolapse may recur in 1 out of 10 patients after a variable period of time, but the correction is permanent in 9 out of 10.

The most complicated approach involves operating through the abdomen and correcting the rectal prolapse from inside. 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.

How successful is this treatment?

Success depends on a number of factors, including the status of the anal sphincter muscles before surgery, whether the prolapse is internal or external, the overall condition of the patient and the surgical method used. If the anal muscle has been weakened due to the prolapse, this will often, but not always, improve after correction of the rectal prolapse. In situations where the anal sphincter muscle remains weak and incontinence or seepage is continued, the Thiersch procedure is sometimes helpful after full recovery from the original procedure. The great majority of patients is completely and permanently relieved of symptoms, or is significantly improved by the appropriate procedure.