# Rectal prolapse

## Introduction

Rectal prolapse occurs when a mucosal or full-thickness layer of rectal tissue protrudes through the anal orifice. There can be complications if it is not treated promptly and properly.

Rectal prolapse is a relatively rare condition but more common in adults than children. Most cases are due to underlying conditions causing chronic straining with defecation & constipation. In children, it is usually seen as a complication of acute diarrhoea or worm infestation.

## Target users

* Doctors
* Nurses

## Target area of use

* Outpatient
* Ward

## Key areas of focus/ new additions/changes

This guideline primarily describes the diagnosis of rectal prolapse as well as the immediate medical management.

## Limitations

Adults with rectal prolapse should be referred to the surgeons as soon as possible. Children with worms or recent diarrhoea may be managed medically if the prolapse is reducible and doesn’t recur.

## Presenting symptoms and signs

The patient or their caregiver will complain of a mass protruding through the anus. Pain may be variable and sometimes may present with rectal bleeding. History may also include constipation or fecal incontinence.

## Examination findings

On inspection of the anus, the rectal mucosa will be protruding through the anus. Rectal bleeding may be seen or a solitary rectal ulcer. There is usually a decreased anal sphincteric tone.

The patient may give a history of a recent diarrhoeal illness or itching anus.

## Investigations

Evaluation depends on the underlying disorder.

Laboratory test such as FBC may be necessary to exclude anaemia.

Barium enema or colonoscopy should be done for all adults to rule out malignancies.

## Management

If the condition is a new problem and has been present for no more than a few days, then you should be able to gently return the anus to its normal place with a gloved finger. If there is a history of diarrhea or constipation then treat accordingly. The presence of itchy anus should be treated as per helminth infestation.

**If the condition has been recurrent, longstanding or the anus cannot be reduced, then consider referring to the EFSTH surgical unit.**

Note: In adults medical treatment of rectal prolapse is essentially surgical; no specific medical treatment is available. Children, however, can usually be treated nonsurgically, by managing the underlying condition.

**Refer urgently to a general surgeon if any of the following is seen (Danger signs);**

* Irreducible prolapse
* Presence of gangrene or rupture of the rectal mucosa
* Anal incontinence

## Key Issues for Nursing care

* Recognize quickly the danger signs and refer to the doctor.
* Counsel the patient on the risk factors, sitz baths and how to keep a good anal hygiene.

## References

Gourgiotis S, Baratsis S. Rectal prolapse. Int J Colorectal Dis. 2007 Mar. 22(3):231-43. [Medline]

Wilkinson IB et al. Oxford Handbook of Clinical Medicine. Oxford University Press, 2017.

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