

RECTAL PROLAPSE



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RECTAL PROLAPSE

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Mucosal
prolapse

Full-thickness
prolapse



Mucosal prolapse

- The mucous membrane and submucosa of the rectum protrude outside the anus for approximately 1–4 cm.
- This distinguishes mucosal prolapse from full-thickness prolapse where the entire rectal wall exits from the anal canal.



In infants

- The direct downward course of the rectum, due to the as-yet undeveloped sacral curve, predisposes infants to this condition.



In children

- Mucosal prolapse often commences after an attack of diarrhoea, or from loss of weight and consequent loss of fat in the ischiorectal fossa.
- It may also be associated with cystic fibrosis, neurological disorder, Hirschsprung's disease, rectal polyps and maldevelopment of the pelvis.



In adults

- The condition in adults is often associated with third-degree haemorrhoids, when it is referred to as mucohaemorrhoidal prolapse
- In the female, a torn perineum, and in the male straining from urethral obstruction, predispose to mucosal prolapse.
- In old age, both mucosal and full-thickness prolapse are associated with weakness of the sphincter mechanism.



Treatment

IN INFANTS AND YOUNG CHILDREN

Digital
repositioning



The parents are taught to
replace the protrusion

Submucosal
injection or banding

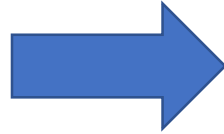


injection of 5% phenol
in almond oil or
rubber band ligation is
carried out under
general anaesthetic



IN ADULTS

Local
treatments



Submucosal injections of phenol in almond oil or the application of rubber bands may be successful in cases of mucosal prolapse.

Excision of the prolapsed
mucosa.



Full-thickness prolapse

- The protrusion consists of all layers of the rectal wall and is usually associated with a weak pelvic floor and/or chronic straining.
- The process starts with the anterior wall of the rectum, where the supporting tissues are weakest, especially in women.
- It is more than 4 cm and commonly as much as 10–15 cm in length.



- The prolapse feels much thicker than mucosal prolapse, and consists of a double thickness of the entire wall of the rectum.



Incidence

- Complete prolapse is uncommon in children but may occur as a result of malnutrition.
- In adults, it can occur at any age, but it is more common in the elderly and sometimes in patients with anorexia nervosa.
- Women are affected six times more often than men, and it is commonly associated with other pelvic organ prolapse.



Complications

- Rectal ulceration and bleeding
- Incontinence
- Incarceration with strangulation of the rectum.

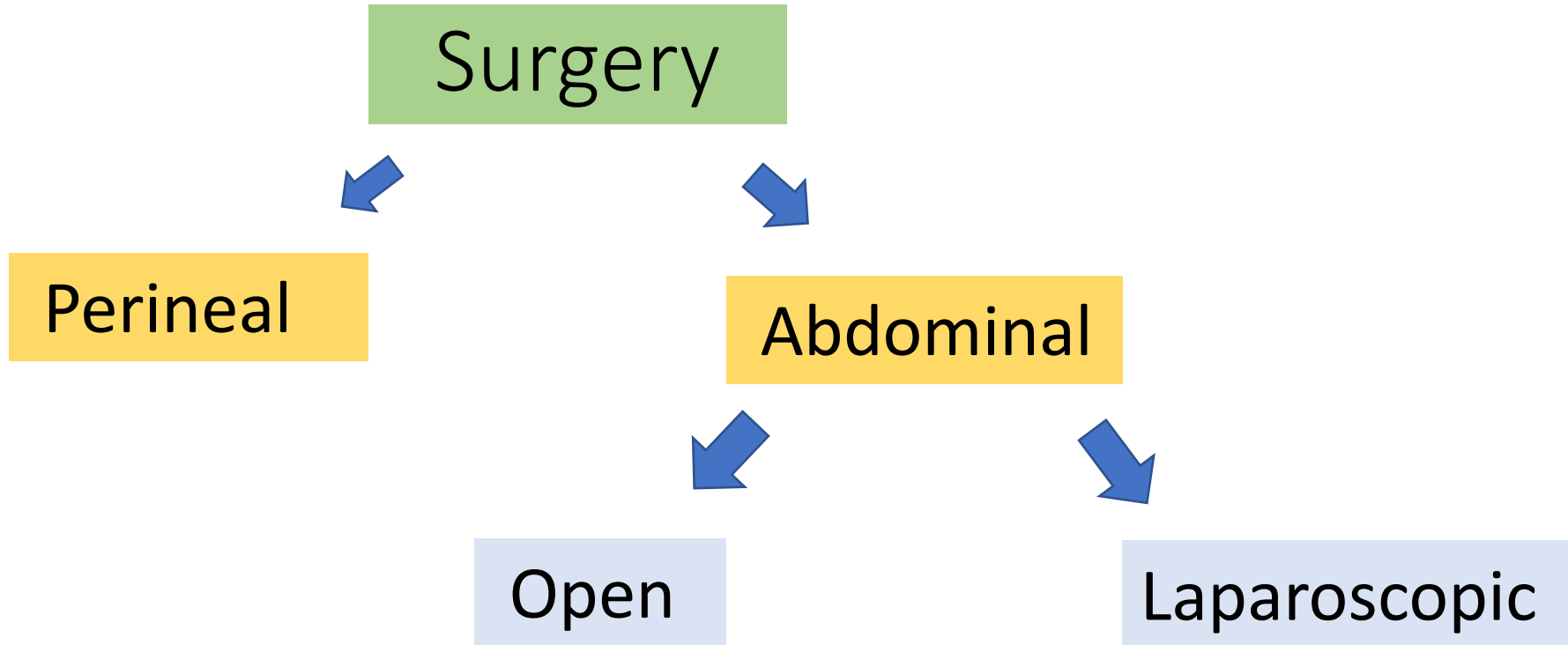


Differential diagnosis

- This should also be distinguished from intussusception protruding from the anus.



Treatment



PERINEAL APPROACH

- Thiersch operation
- Delorme's operation
- Altemeier's procedure



ABDOMINAL APPROACH

- The principle of all abdominal operations for rectal prolapse is to fix the rectum in its normal anatomical position.
- Sutured rectopexy is done.

