

△ GENERAL INFORMATION

Rectal prolapse is a condition in which part of the rectum starts to come out through the anus or actually does come out (Fig. 1). It occurs most often in children younger than 3 years of age and in older women.

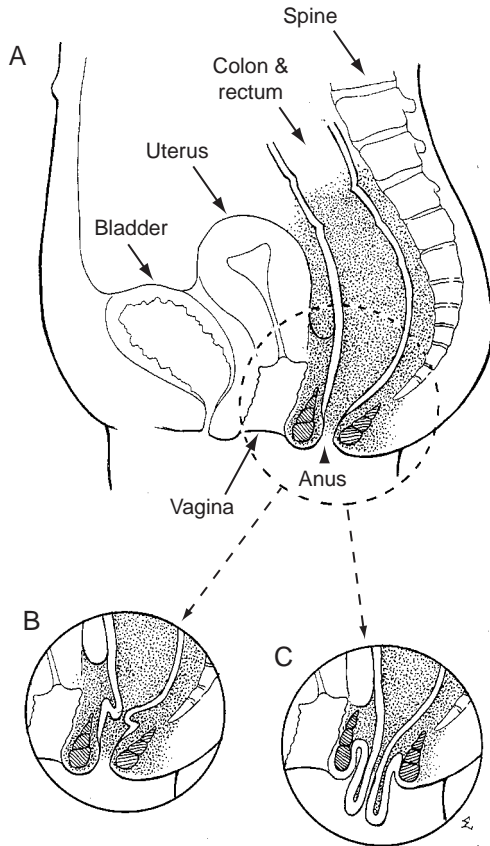


Figure 1. A, Normal anatomy of the female pelvis. B, Close-up view of the anus. C, Close-up view showing the lining (*mucosa*) of the rectum prolapsing through the anus and coming to the outside.

COMMON SIGNS AND SYMPTOMS

The symptoms depend a lot on the seriousness of the condition and can include the following:

- A little of the lining of the rectum (the *mucosa*) hangs out, giving the appearance of hemorrhoids.
- Mucus is discharged from the prolapsed mucosa.
- There is fecal soiling of the anal area or the underclothing.
- There is bleeding.
- A few inches of rectum hang out, especially after a bowel movement, and need to be pushed back in.
- Sometimes there is severe constipation.

DIAGNOSIS

- A meticulous history is taken, including, in females, the number of births and their difficulty and details

of a hysterectomy if one has been done. You will be asked about any urinary or fecal incontinence, constipation, use of enemas, injuries to your back, nerve problems, and prior operations on the anus.

At least some, and possibly all, of the following will be done:

- An examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- *Barium enema*: Liquid barium (it has the consistency of buttermilk) will be given somewhat like a regular enema and x-rays taken of it as it flows throughout the colon. This can reveal unsuspected problems in the colon.
- *Colonoscopy*: This is done with an instrument that has lenses in it and a light at its tip, is smooth and flexible, and is as big around as your little finger. During the colonoscopy, you will be given medicine to make you feel drowsy. The tip of the instrument will be gently introduced into your anus and then advanced until your entire large bowel is examined.
- If you suffer from constipation, a detailed discussion will take place about your diet and eating habits. If you have done all the right things and they have not helped, special x-ray studies will be done to see how well your colon and rectum move.
- The strength of your sphincters will be measured.
- *Ultrasonography*: Harmless, painless ultrasound waves will be used to study your anal sphincter to see if it is scarred or torn, even though on the surface everything may appear normal.

○ TREATMENT

- There are a number of operations for rectal prolapse. Which one is best for you depends on the following:
 - The degree of prolapse.
 - Associated problems in the area.
 - The presence of fecal or urinary incontinence or constipation.
 - Other general conditions that may add to the problem.
 - The reasons for your wanting care.
- The goals of any operation are to improve the symptoms by anchoring the colon and the rectum inside your pelvis so that they are not able to slide down.
- The repair of rectal prolapse can be done either entirely from the bottom (perineal) area or entirely from the abdomen. From the abdomen, the operation can be done with the abdomen open, or it can be done without a regular incision by using long tubes called laparoscopes that are the size of your little finger. They are inserted into your abdomen through tiny incisions.

After careful consideration of all factors, the recommendation is that you have an operation to repair your prolapse and that this be done through the bottom, the perineal route.

PREOPERATIVE PREPARATION

- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- Do not eat or drink anything for 8 hours before the operation.
- You will be instructed on how to clean out your bowel.

□ OPERATION

- You will be asleep for the operation.
- The incision will be entirely in your anal area; there will not be an abdominal incision.
- The length of the operation depends on what is found and what needs to be done.

POSTOPERATIVE CARE

- You will be taken to a recovery room and observed. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- There will be a catheter in your bladder to drain the urine for a short period.
- That evening you will be helped to sit up in bed and on the next day to get out of bed.
- When you are able to take food by mouth, your diet

will be regulated so that you will have a soft, formed stool.

- You should be able to go home in about 3 days.
- Arrangements will be made for your medicine, follow-up office visit, and stitch removal.

⊕ HOME CARE

- You may walk about as you wish, even climb stairs, but don't overdo things.
- An appropriate diet will be outlined for you.
- Include plenty of roughage and liquids in your diet to help prevent constipation.
- You may shower if you wish.
- Engaging in sexual intercourse too soon can be harmful to your recovery. If you wish, we can talk about this during your follow-up visit.
- You may return to work when you feel up to it.

℘ CALL OUR OFFICE IF

- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 100°F.
- You do not have a bowel movement for 2 days.
- You have any questions.