"When it Keeps Falling Out"

Rectal Prolapse

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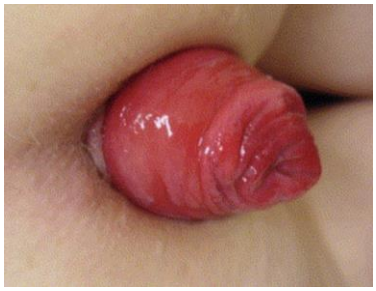
1

Introduction

- Full thickness protrusion
- More commonly affects multi-parous elderly women
- Symptoms range from incontinence, urgency, to constipation and outlet dysfunction, tenesmus, bleeding etc.
- Rarely does prolapse progress to a surgical emergency
- Most are surgically correctable



Peer review report 3 on "Perineal resectional procedures for the treatment of complete rectal prolapse: A systematic review of the literature". *International journal of surgery (London, England).* 2017;37:515. doi:10.1016/j.ijsu.2017.09.039

2

Pathophysiology

- Constipation and repeated straining
- Intestinal motility issues
- Multicompartment pelvic organ prolapse
- Connective tissue disorders
- Rectal mucosal prolapse vs full thickness prolapse

https://medicaranchi.in/chronic-constipation-does-it-need-treatment/

3

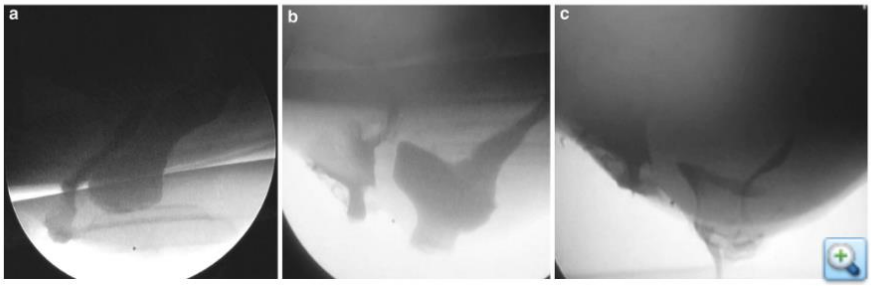
Evaluation

- Start with careful history
- Digital rectal exam
- Have the patient valsalva and prolapse while sitting on the toilet
- Review latest colonoscopy
- Fluoroscopic defecography
- IMPACT assessment tool

4

Defecography

Fig. 60.1



Defecography images: (**a**) Pre-evacuation – vaginal silhouette and rectum prior to evacuation. (**b**) Mid-evacuation – development of rectocele and loss of vaginal apical support. (**c**) End of evacuation – rectal intussusception has progressed into short segment of full-thickness prolapse

Whitlow CB, Read TE, Maykel JA, Hyman N, Hull TL, Steele SR. *The ASCRS Textbook of Colon and Rectal Surgery*. 4th ed. 2022. ed. ; 2022

5

Treatment

- Medical optimization and bowel habit hygiene
- Pelvic floor physical therapy
- Most cases will end up requiring surgical correction
- Abdominal vs perineal repair

6

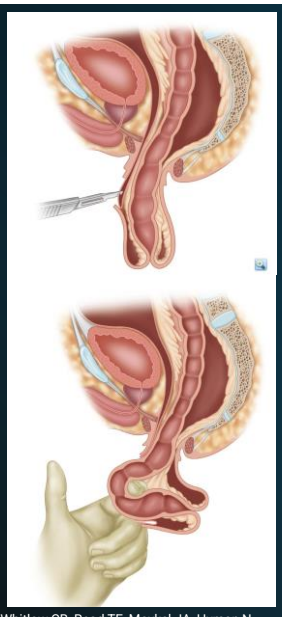
Abdominal repairs

- Suture rectopexy
  - The rectum is fully mobilized down to the pelvic floor and fixed to the sacral promontory after full reduction of the prolapse
  - Can improve continence and recurrence rates are around 20%
- Resection rectopexy
  - Adds a resection of redundant sigmoid colon along with suture rectopexy
  - Can aid in constipation as well as incontinence
  - Recurrence rates are low
- Ventral mesh rectopexy
  - Full dissection anteriorly between the vagina and rectum, a mesh is sutured to the reduced rectum and secured at the level of the sacral promontory to the anterior longitudinal ligament

7

Perineal repairs

- Can be used with light anesthetic, avoids abdominal incision, minimized post operative pain, less pulmonary complications, etc.
- High recurrence rates
- Delorme procedure
  - Mucosal sleeve resection. The mucosa is stripped and resected and the muscle layers are plicated
  - Used for shorter segment prolapse
- Altemeier procedure
  - Perineal rectosigmoidectomy, full thickness resection of prolapsing rectum/sigmoid with a handsewn coloanal anastomosis
  - Can combine a levatorplasty for additional support



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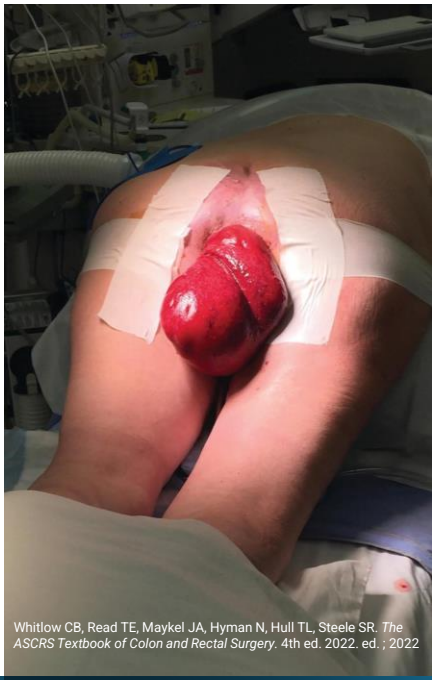
8

Incarceration

- Presents as a surgical emergency if unable to manually reduce
- Granulated sugar to reduce swelling
- Altemeier repair



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9

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10