Rectal prolapse occurs when the upper portion of the rectum turns itself inside out and comes out through the rectal opening. It occurs most often in elderly women, but it can occur in men and women of any age.

**Causes of Rectal Prolapse**

Rectal prolapse is associated with chronic straining to pass stool. It is known that the attachments of the rectum to the pelvic bones progressively weaken. When these attachments are weak, straining to pass stool causes the rectum to turn itself inside out. In many cases, the cause is unknown.

**Symptoms of Rectal Prolapse**

The primary symptom is the feeling of tissue coming out of the rectum. Bleeding and mucus drainage frequently accompany rectal prolapse. When the problem first starts, the rectum may turn itself inside out but not come out the rectal opening. During this phase a common symptom is the frequent urge to have a bowel movement when there is no need to pass stool. As the prolapse progresses, it occurs just with bowel movements and returns into the rectum by itself. Later the prolapse may occur with any activity and finally just standing up may cause it. It may become necessary to push the tissue back into the rectum. Constipation commonly occurs with rectal prolapse. The chronic straining associated with constipation may be a predisposing factor, or constipation may occur because the prolapse partially blocks the rectal opening. Continued straining and the prolapse itself may damage the sphincter muscle that controls the passage of stool. If that occurs, fecal incontinence or accidental leakage of stool can result. It can be difficult at times to differentiate true incontinence from mucus discharge directly from the prolapsed tissue.

**How Rectal Prolapse and Hemorrhoids Differ**

Hemorrhoids are a cluster of anal cushions (spongy tissue with a lot of blood vessels). A
ring of hemorrhoids lies under the skin just outside the rectal opening. A second ring lies under the lining of the rectum just inside the rectal opening. If an inside hemorrhoid enlarges, it may come out the rectal opening with a bowel movement or during exercise. However, only the lining and the blood vessels come out, unlike rectal prolapse where all layers of the rectal wall come out. An examination is necessary to determine the diagnosis.

The Diagnosis of Rectal Prolapse

Your doctor can usually diagnose rectal prolapse by taking a careful history and performing a complete anorectal examination. To demonstrate the prolapse, the patient may be asked to strain as if having a bowel movement or to sit on the commode and strain prior to examination. If the prolapse is internal or the diagnosis uncertain, a video defecogram (x-ray pictures taken while the patient is passing contrast instilled in the rectum) can help the doctor determine whether surgery would be helpful and what procedure would be best. Anorectal manometry, a test which measures whether or not the muscles around the rectum are functioning normally, may also be used.

How Rectal Prolapse Is Treated

Rectal prolapse can be corrected. Options are available for treatment, regardless of age and condition of the patient. Treatment depends on the age of the patient and the severity of the condition. In adults, a high-fiber diet to prevent constipation is recommended if the symptoms are mild. Surgical correction is required in adults if the prolapse does not resolve by itself. Rectal prolapse can successfully be repaired through either an abdominal or rectal procedure. Your doctor will discuss which procedure is most appropriate for you. If incontinence accompanies the prolapse, the incontinence improves over half the time after the prolapse is corrected. If continence does not improve, other treatment is available. Before surgery the prolapse should be reduced promptly and a high fiber diet instituted to avoid constipation and straining.

Rectal prolapse in children frequently corrects itself. The doctor will instruct parents how to reduce the prolapse when it occurs and how to prevent constipation in their child.

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