Rectal Prolapse

WHAT YOU NEED TO KNOW:

What is a rectal prolapse? A rectal prolapse is a condition that causes your rectum to come through your anus. The rectum is the end of your bowel. A prolapse may happen during a bowel movement. A prolapse may happen more often in women after childbirth or who are older than 50 years.

What causes a rectal prolapse?

- **Damage to your anal sphincter** may cause your anus to open wider than it should. Your anal sphincter is a ring of muscle around your anus. This muscle controls the opening and closing of your anus. Damage to your anal sphincter may occur from trauma such as pelvic floor surgery.
- **Damage to the muscles and ligaments** of your rectum and anus may cause a rectal prolapse. Ligaments help hold your rectum and anus in place. Muscles control how your rectum moves bowel movements through your anus. These muscles may become damaged from trauma such as childbirth or pelvic floor surgery.
- **You may have more space** between your rectum and other organs in your pelvis. Your rectum may be longer than normal. These changes can cause your rectum to move out of place and through your anus.

What increases my risk for a rectal prolapse?

- **Constipation** may cause you to push too hard during a bowel movement. The pressure from pushing may cause the rectum to come through the anus.
- **A chronic condition** can cause problems that lead to a prolapse. Cystic fibrosis can cause chronic constipation. Multiple sclerosis can weaken muscles that hold your rectum in place.
- **A condition** such as a stroke or spinal cord injury can damage nerves and muscles that make the rectum work. Rectal muscles may be too weak to hold your rectum in place.
- **Pelvic surgery** can damage the nerves, muscles or ligaments of the rectum.

What are the signs and symptoms of a rectal prolapse?

- Pain or discomfort during a bowel movement
- A swollen, red mass coming from your anus
- Bleeding or mucus from your rectum
- A small amount of blood in your bowel movement

- Feeling like you still need to have a bowel movement after you use the bathroom

- Trouble controlling your bowel movements

How is a rectal prolapse diagnosed? Your healthcare provider will ask when the prolapse happened. He will ask about any pain or other symptoms you had during and after the prolapse. He may ask about your bowel habits and foods you eat. Tell him about other medical conditions you have. If you are a woman, he may ask if you recently gave birth. You may also need any of the following tests:

- **Your healthcare provider will examine your anus** to check for a rectal prolapse. He may also check for rectal polyps. A rectal polyp is a small growth of tissue in the lining of the rectum. He may also feel inside of your anus to check for bumps that he cannot see from the outside. He may have you push like you are having a bowel movement and watch for a rectal prolapse.

- **An x-ray, ultrasound, CT, or MRI** may show problems with your rectum or the muscles, nerves and ligaments that control it. You may be given contrast liquid to help the rectum show up better in the pictures. You may be given contrast dye into your rectum. Tell the healthcare provider if you have ever had an allergic reaction to contrast liquid. Do not enter the MRI room with anything metal. Metal can cause serious injury. Tell the healthcare provider if you have any metal in or on your body.

How is a rectal prolapse treated? Treatment of rectal prolapse depends on the severity. You may need any of the following:

- **Stool softeners** help prevent constipation.

- **Laxatives** help your intestines relax and loosen to prevent constipation.

- **Injections** may prevent your rectum from moving through your anus. You may be given one or more shots of numbing medicine. A needle will be inserted into the rectum and medicine will be given. You may feel some pushing or discomfort as the needle enters your rectum.

- **Surgery** may be needed if other treatments do not work. The type of surgery may depend on the cause of your rectal prolapse. Surgery can help position your rectum so that it does not come down through your anus. Surgery may include placing sutures or mesh to hold the rectum in place. It may also involve removing part of the rectum.

How can I decrease my risk for a rectal prolapse?

- **Eat more high-fiber foods.** This may help decrease constipation by adding bulk and softness to your bowel movements. Your healthcare provider can help you create a meal plan that includes high-fiber foods. High fiber foods include fruit, vegetables, whole-grain breads, and cooked beans.

- **Increase the amount of liquid you drink.** Liquids can help keep your bowel movements soft and prevent constipation. Ask your healthcare provider how much liquid you should drink each

day.

- **Exercise your pelvic muscles.** Kegel exercises strengthen the pelvic muscles. These exercises involve tightening and relaxing vaginal and rectal muscles. Kegel exercises can make the rectal muscles stronger and improve bowel control. Ask your healthcare provider for more information on how to do kegel exercises.

- **Do not sit for long amounts of time.** You may put too much pressure on your anus. Pressure on your anus may cause a rectal prolapse.

What is manual reduction of a rectal prolapse? Manual reduction is a procedure you can do to place your rectum back inside of your anus. Your healthcare provider will show you how to do a manual reduction. You may need a family member to help you with manual reduction. The following are general steps to follow. Your healthcare provider may give you specific steps to follow.

- Your healthcare provider may tell you to apply sugar to your rectum before manual reduction. This may help decrease the swelling of your rectum, and make it easier to put back inside your anus. Ask your healthcare provider about how to apply sugar to your rectum.

- Lie on your back with your knees bent.

- Wash your hands and put on gloves. Lubricate your glove with petroleum jelly.

- Hold your rectum on both sides of the anus. Gently apply firm, steady pressure on your rectum and push it into your anus. You may need to apply pressure for several minutes if the bowel is swollen. Inspect your anus. You can use a mirror or have your family member inspect your anus. You should not see the rectum. If a prolapse happens again, you can repeat manual reduction.

- You can hold the rectum in place with gauze and tape across your buttocks. Before you apply gauze, place a quarter size amount of petroleum jelly on the gauze. The petroleum jelly will prevent the gauze from sticking to your rectum. Remove the gauze as directed by your healthcare provider.

Call 911 for any of the following:

- You have trouble breathing.

- Your heart is beating faster than usual.

When should I seek immediate care?

- You have severe pain in your abdomen.

- Your abdomen looks bigger than usual.

- Blood from your rectum soaks through your underwear.

When should I contact my healthcare provider?

- You have a fever.
- You have nausea or are vomiting.
- You see larger amounts of blood in your bowel movement than before.
- You have questions or concerns about your condition or care.

CARE AGREEMENT:

You have the right to help plan your care. Learn about your health condition and how it may be treated. Discuss treatment options with your healthcare providers to decide what care you want to receive. You always have the right to refuse treatment. The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.