Prolapse

Muosa prolapsing from the anal opening may represent true rectal prolapse (procedentia) or prolapse of redundant rectal mucosa associated with large internal hemorrhoids. To determine which of the above is the etiology one only needs to carefully examine the prolapsed segment. If the patient is noted to have concentric circles of mucosa, this is a true prolapse (a telescoping of the rectum on itself). If the mucosa is noted to have radial folds, this represents hemorrhoids. Of course, the treatment for each of these entities is completely different so making an accurate diagnosis is essential.

Rectal prolapse can be either full thickness or mucosa only (internal prolapse). Prolapse may present with constipation, rectal pain, possibly blood, and in the case of long standing prolapse, incontinence. Full thickness prolapse occurs most often in women and may be treated by an operation to re-anchor the rectum to the sacrum (rectopexy) or with resection of the redundant colon and reanastamosis through an abdominal approach. Resection is often combined with rectopexy. An alternate approach to resection is the perineal proctosigmoidectomy (Altmeir procedure). This procedure is a good alternative for patients who have significant comorbidities that may preclude a larger abdominal procedure.

Mucosal prolapse from Grade III or IV hemorrhoids is best treated by a three-column hemorrhoidectomy.