Rectal Prolapse
(Procidentia)

BH PIENAAR
DEPARTMENT OF SURGERY
RECTAL PROLAPSE

• Known since Hippocrates
  – 1500 BC

• What is it actually
  – Full thickness
  – Mucosal
  – Internal intussusception

• Diagnosis
What is it actually?

• Moschowitz 1912
  – Sliding herniation pouch Douglas
  – Anterior part rectum

• Broden/Snellman 1968
  – Intussusception
  – +8 cm above dentate line

• Concept:
  – Obstructive defaecation
  – Tissue laxity
  – Pudendal nerve damage
Common features

- Pelvic floor weakness
- Herniation
- Sphincter complex
  - Internal
  - External
- Redundancy
Patient population

• Females
  – 50+
  – Peak 70
  – Not necessarily multiparous

• Males
  – < 40
  – Psychiatric disorders
Anatomical features

- Pouch of Douglas
- Anal sphincter tone
- Levator ani diastasis
- Rectal sacral attachment
Chicken & Egg
PT PPT SYNDROME

• POOR
• TISSUE

• POORLY
• PUT
• TOGETHER
Predisposing conditions

• Defaecatory difficulty
• Neurologic disorders
• Nulliparity (younger age)
• Common denominator weak pelvic floor
  – Anterior
  – Middle
  – Posterior

COMPARTMENTS
Internal vs External

- Oxford grading system I-V
- Progression?
- 50% volunteers IRP
- No symptoms
- Follow up?
Natural History

• Wijfels 2010
• Gradual process
• Identifiable stages
• Rate
  – Anatomical
  – Physiological
• Age/prolapse grade
• ERP end result
Symptoms

• Incontinence
  – Sphincter
  – Extruded mucosa
• Straining at stool
• Incomplete evacuation
• Digital assistance
• Frequent visits
Full thickness/Mucosal

• Radial folds

• Concentric

• Solitary rectal ulcer

• Anal sphincter tone
Investigation?

- Colonoscopy
- Barium enema
- Transit studies
- Defaecography
- Sphincter complex
- Ulcer biopsy
Oxford Grading

I

II

III

IV

V

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YUNIBESITHI YA PRETORIA
ERP
Management

• Acute
  – Manual reduction
  – Investigate

• Chronic
  – Stage
  – Patient
  – Method
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Author (year)</th>
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<tbody>
<tr>
<td><strong>Transabdominal</strong></td>
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<tr>
<td>Pelvic floor reconstruction</td>
<td>Moschcowitz (1212)</td>
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<td>Graham (1942)</td>
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<td>Goligher (1970)</td>
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<td>Sullivan (1990)</td>
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<td><strong>Anterior fixation</strong></td>
<td>Pemberton (1937)</td>
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<td>Nigro (1958)</td>
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<td>Wells (1959)</td>
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<td>Sudeck (1923)</td>
<td>Muir (1962)</td>
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<td><strong>Resection</strong></td>
<td>Frykman (1969)</td>
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<td><strong>Perineal</strong></td>
<td>Parks (1975)</td>
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<td>Thiersch (1981)</td>
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<td>Delorme (1964)</td>
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<td>Altemeier (1971)</td>
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<td>Thomas (1975)</td>
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<tr>
<td>Douglas closure</td>
<td>Anterior levatoropexy</td>
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<tr>
<td>Anterior &amp; posterior levatoropexy</td>
<td>Total pelvic mesh repair</td>
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<tr>
<td>Sigmoidopexy</td>
<td>Anterior Teflon sling</td>
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<tr>
<td>Ventral Teflon sling</td>
<td>Ivalon sling</td>
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<tr>
<td>Suture rectopexy</td>
<td>Anterior resection</td>
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<tr>
<td>Sigmoid resection &amp; rectopexy</td>
<td>Postsigmoid resection</td>
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<tr>
<td>Posterior anal repair</td>
<td>Perineal sling</td>
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<tr>
<td>Transanal repair</td>
<td>Rectosigmoidectomy</td>
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<tr>
<td>Suture rectopexy</td>
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LOOKING FOR THE SOLUTION
Is it down there?
LOOKING FOR THE SOLUTION

Is it up there?
Solution

• Perineal?
  – Perineal
    • Altemeier
    • Delorme
    • STARR

• Abdominal?
  • Open
  • Laparoscopic

• Resection?

• LEVATORPLASTY?
Hammer & Nail
What should we aim for?

• Oblivious/unaware/unconcerned

• Passage of stool

• Continent

• Satisfied
Straining at stool
THE END
THANK YOU