

Madigan Army Medical Center Referral Guidelines

Rectal Prolapse

Diagnosis/Definition

- Abnormal protrusion of rectal mucosa through the anus.
- There is a partial overlap of this diagnosis with chronic prolapsed hemorrhoids.
- In general, rectal prolapse is a protrusion of the entire circumference of the rectal mucosa, whereas in chronic protruding hemorrhoids, the protrusion occurs only in defined (usually lateral) sectors of the clock-face as one inspects the anal verge.
- In general, patients with rectal prolapse are likely to be elderly and with a history of chronic constipation or laxative abuse.
- There is also a subset of patients in the pediatric age group, usually related to toilet training problems.
- Rectal prolapse in children may be a sign of Cystic Fibrosis.

Initial Diagnosis and Management

- Diagnosis suspected by history or physical examination.
- Children with unexplained rectal prolapse should have a sweat chloride test to evaluate for Cystic Fibrosis.

Ongoing Management and Objectives

- Rectal prolapse is most often a chronic condition, and can usually be reduced with the patient recumbent with gentle manual pressure.
- Patients should minimize their time sitting at commode, and should be maintained on a suitable stool softener pending specialty assessment.

Indications for Specialty Care Referral

- Refer all patients with suspected rectal prolapse.
- Adults should be referred to Colorectal Surgery.
- Children and adolescents should be referred to Pediatric Surgery.
- Patients with rectal prolapse that present acutely and is nonreducible, or have marked mucosal swelling should be referred urgently for specialty assessment.

Criteria for Return to Primary Care

Patient followed in General Surgery until adequately recovered from surgical repair (approximately one month).

Last Review for this Guideline: **January 2011**
Referral Guidelines require review every three years.

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Clinical Practice and Referral Guidelines Administrator