



A Simple Guide To Rectal Prolapse, Diagnosis, Treatment And Related Conditions (A Simple Guide to Medical Conditions)

Kenneth Kee

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Chapter 1

Rectal prolapse

Just 1 week ago my sister in law consulted a doctor about a protrusion in the anus and bleeding in the feces when she passed motion for a few months,

She was told that she had a rectal prolapse and surgery to remove the rectal prolapse.

She decided to consult me about her medical problem.

I examined her and found that there is a small protrusion from the anus which looked more like a prolapsed hemorrhoid rather than a rectal prolapse.

There were 3 small protrusions from the anus rather than a whole mucosal lining of the rectum that show concentric rings of mucosa protruding through the anus.

There was some blood on the protrusions that are typical of bleeding swollen blood vessels that are typically hemorrhoids or piles.

Hemorrhoids are swollen blood vessels that are present usually at the three o'clock, seven o'clock and eleven o'clock of the anal openings.

The protrusions in the anus of my sister-in-law appeared typically in these 3 areas.

The appearance of the protruded swelling was not typical of rectal prolapse,

I reassured her because hemorrhoids are easier to treat than rectal prolapse.

I applied local anesthesia and pushed back her protrusion.

After this I inserted a suppository that will help to shrink the hemorrhoids.

She was told to avoid straining at her bowel movements and avoid constipation.

In all cases of bowel movement the squatting position to pass motions is the best where passing feces is concerned.

Regular bowel habits in the morning or at fixed times of the day will also help.

Avoid sitting on hot seats or areas like spas.

Drink more water and do more walking especially after food to help the digestion.

Take more fruits, vegetables and fibers that will help to improve the bowel movement,

Most importantly if there is bleeding a colonoscopy examination is always helpful to exclude any tumors, polyps.

Any hemorrhoids or polyps found can be removed at the same time.

What is rectal prolapse?

Rectal prolapse is a medical disorder that occurs when part or the entire wall of the rectum slides out of place, sometimes sticking out of the anus

Rectal prolapse happens when the rectum descends (falls and comes through) the anal opening.

There are three types of rectal prolapse.

1. Partial prolapse (also called mucosal prolapse).

The lining (mucous membrane) of the rectum glides out of place and normally sticks out of the anus.

This can occur when the patient strain to have a bowel movement.

Partial prolapse is most frequent in children younger than 2 years.

2. Complete prolapse.

The entire wall of the rectum moves out of place and normally sticks out of the anus.

At first, this may happen only during bowel movements.

Finally, it may happen when the patient stand or walk.

Occasionally, the prolapsed tissue may stay outside the body all the time.

3. Internal prolapse (intussusception)

One part of the wall of the large intestine (colon) or rectum may glide into or over another portion, like the folding parts of a telescope.

The rectum does not stick out of the anus.

Intussusception is most frequent in children and rarely involves adults.

In children, the cause is normally not known.

In adults, it is normally related to another intestinal problem, such as a growth of tissue in the wall of the intestines (such as a polyp or tumor).

In serious cases of rectal prolapse, a part of the large intestine drops from its normal position as the tissues that keep it in place stretch.

Normally there is a sharp bend where the rectum starts.

With rectal prolapse, this bend and other curves in the rectum may become straighter, making it difficult to retain stool from leaking out (fecal incontinence).

Rectal prolapse is most frequent in children and older adults, particularly women.

Introduction

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Chapter 2 Causes

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