

Internal Rectal Prolapse (intussusception)

What is an internal prolapse?

An internal rectal prolapse describes the condition where the lowest part of the bowel (rectum) telescopes on itself. This generally happens when an individual is straining to pass stool.

What causes an internal prolapse?

Internal prolapse probably occurs in most cases as a result of weakness in the tissues supporting the rectum. The tearing leads to a weakness in the tissues and with time a bulge develops. Internal prolapse may also develop in patients who have to strain excessively to open their bowels.

Internal prolapse in women may be associated with other pelvic floor weaknesses which include rectoceles and enteroceles.

What symptoms does internal rectal prolapse cause?

In some cases the internal prolapse does not cause any symptoms at all. Unlike an external rectal prolapse where part of the bowel actually comes out there is nothing external to see or feel. The common symptoms are those of the obstructed defaecation syndrome.

These include the desire to strain excessively, the feeling of incomplete evacuation, fruitless visits to the lavatory.

Patients may also be aware of a pressure sensation within their back passage.

How is internal rectal prolapse investigated?

It is important to make sure that it is the internal rectal prolapse that is causing the bowel problem. Most women will require some form of endoscopic examination of the bowel either by flexible sigmoidoscopy or colonoscopy to ensure that it is otherwise healthy. It can be difficult to make the diagnosis in clinic. Sometimes the surgeon is able to see the internal prolapse during a rigid sigmoidoscopy examination.

The most useful test to make a diagnosis of internal prolapse is a video proctogram.

This should confirm the diagnosis and also show it is also useful to detect other areas of prolapse such as a rectocele or an enterocele which would require treatment at the same time.

Most patients will also have tests of their sphincter muscle function (anorectal physiology) and an endoanal ultrasound scan to look for any damage to the muscle.

How is internal prolapse (intussusception) treated?

If symptoms are minimal then no surgical treatment may be necessary. Keeping the stools soft and avoiding straining should help to prevent the prolapse getting larger. Sometimes glycerine suppositories will help emptying.

For most women who have an internal prolapse (intussusception) that is causing problems with bowel emptying, a ventral mesh rectopexy is recommended. If other types of pelvic

floor weakness are identified, such as a rectocele or an enterocele, these can be corrected during the same procedure.

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What are the next steps?

If you think you have this condition or any of these symptoms, you will need to seek medical advice.

If you have private medical care or wish to pay to see a consultant:

Take this factsheet along to your own GP and request a referral to one of our consultants.

For more information or to make an appointment:

Contact the Birmingham Bowel Clinic on 0845 241 7762 or email enquiries@birminghambowelclinic.co.uk.