CONDITION

Rectal prolapse

Rectal prolapse happens when part or all of the rectum slips down and protrudes through the anus.

WHAT IT IS
Rectum slipping down through the anus

BODY SYSTEM
Digestive system and pelvic floor

MAIN SYMPTOMS
Rectal bulge, leakage, mucus or bleeding, difficult bowel movements

WHAT CAUSES IT
Weakened pelvic supports, often with repeated straining

HOW IT IS DIAGNOSED
Physical examination, sometimes defecography

MAIN TREATMENT
Bowel habit support and surgery

CAN IT BE CURED?
Sometimes - surgery can repair prolapse

IS IT AN EMERGENCY?
Sometimes - trapped, dark, or severely painful tissue

LONG-TERM OUTLOOK
Surgery often helps, but recurrence is possible

Overview

Rectal prolapse happens when the rectum slips out of its usual position. The rectum is the final part of the large bowel, just above the anus. In a complete prolapse, the full thickness of the rectal wall passes through the anus.

A smaller prolapse may involve only the rectum's inner lining. This is called a mucosal prolapse. In an internal prolapse, one part of the rectum folds into another but does not come outside the body.

Rectal prolapse can look like haemorrhoids, but they are different conditions. Haemorrhoids are swollen blood vessels in or around the anus. A rectal prolapse usually appears as a larger, circular or tube-shaped area of red tissue.

The condition can affect bowel control and make it harder to empty the bowel. The exposed tissue may also produce mucus, become irritated, or bleed. It is not cancer and does not turn into cancer, but rectal bleeding should still be assessed because it has many possible causes.

Rectal prolapse is more common in older adults, particularly women, but it can occur at any age. Children can also develop it, often in connection with constipation, diarrhoea, or another health problem.

Symptoms

The main symptom is red or pink tissue coming through the anus. At first, this may happen only during a bowel movement and move back inside afterward. Over time, it may appear during coughing, walking, standing, or other everyday activities.

Possible symptoms include:

The prolapse may sometimes need to be gently returned inside. Only do this if a healthcare professional has shown you how. Do not try to force back tissue that is very painful, heavily bleeding, dark purple or black, or too swollen to move.

Symptoms may be embarrassing, but they are familiar to healthcare professionals. Getting assessed can help clarify whether the bulge is rectal prolapse, haemorrhoids, or another condition.

- A soft bulge or ring of tissue outside the anus
- A feeling that the bowel has not emptied
- Difficulty passing stool or repeated straining
- Mucus or small amounts of blood from the rectum
- Stool leakage or reduced control of wind
- Constipation, diarrhoea, or both
- Soreness, itching, or dampness around the anus
- A feeling of pressure or something "falling out"

Causes and risk factors

Rectal prolapse usually develops when the tissues that support the rectum and pelvic floor become stretched or weak. The pelvic floor is the group of muscles and supporting tissues at the bottom of the pelvis.

There is rarely one single cause. Factors associated with rectal prolapse include:

Some people with prolapse also have a condition called a rectocele, in which the rectum bulges toward the vagina. Prolapse of the bladder, womb, or vaginal walls may occur at the same time because these organs share pelvic support structures.

In children, constipation, diarrhoea, poor nutrition, and certain underlying conditions may contribute. A child with a rectal prolapse should be assessed rather than treated as though the problem were haemorrhoids.

- Long-term constipation and repeated straining
- Long-lasting diarrhoea
- Weakness or injury of the pelvic floor
- Pregnancy and vaginal childbirth
- Previous pelvic or anal surgery
- Increasing age
- Conditions affecting nerves or muscles
- A rectum that is unusually mobile or has less normal support
- Disorders that cause frequent coughing or increased abdominal pressure

Diagnosis

A healthcare professional will ask when the bulge appears, whether it returns inside, and whether you have constipation, leakage, pain, or bleeding. Information about childbirth, previous operations, medicines, and other medical conditions can also be relevant.

The diagnosis is often confirmed by examining the anus and rectum. You may be asked to strain as if having a bowel movement so that the prolapse becomes visible. If it does not appear during the appointment, a photograph taken when it occurs may sometimes help. Avoid taking a photograph if doing so feels unsafe or would delay urgent care.

A digital rectal examination involves a gloved, lubricated finger being placed gently into the rectum. This can help assess muscle strength, tenderness, and other possible causes of symptoms.

Further tests are not always needed to prove an external prolapse, but they may help plan treatment or investigate other symptoms. These can include:

These tests can also identify constipation patterns or other forms of pelvic organ prolapse that may affect treatment choices.

- Defecography: An X-ray or MRI scan showing how the rectum and pelvic organs move while you empty your bowel
- Colonoscopy: A flexible camera examination of the large bowel, particularly when bleeding or another bowel condition needs investigation
- Anorectal manometry: A test measuring pressure and sensation in the anus and rectum
- Transit studies: Tests showing how quickly stool moves through the bowel

Treatment and management

Treatment is based on the type and size of the prolapse, its effect on daily life, bowel function, general health, and whether other pelvic organs are involved.

Measures to keep stool soft and reduce straining may ease symptoms. They can also help protect a surgical repair. Depending on your needs, management may include dietary fibre, enough fluid, suitable laxatives, and changes to toilet habits. A healthcare professional can help select an approach because increasing fibre does not improve every type of constipation.

Pelvic floor physiotherapy may improve bowel-emptying habits, muscle coordination, and leakage. It does not usually correct an established full-thickness prolapse in an adult.

Surgery is the main treatment for persistent full-thickness rectal prolapse in adults. There are two broad approaches:

No single operation is best for everyone. Abdominal and perineal procedures differ in recovery, recurrence risk, and their possible effects on constipation or bowel control. The choice may be influenced by previous surgery, overall fitness, bowel function, and the surgeon's findings.

All operations have risks. These may include bleeding, infection, injury to nearby structures, new or continued constipation, leakage, and the prolapse returning. Ask what recovery is likely to involve and how the proposed operation may affect your bowel function.

In children, treating constipation, diarrhoea, or another underlying cause is often the first step. Surgery is reserved for prolapse that continues despite appropriate treatment or has complications.

- Abdominal surgery: The rectum is lifted and secured inside the pelvis in an operation called rectopexy. Part of the bowel may also be removed in selected cases. Surgery may be open or performed through small cuts using laparoscopic or robotic techniques.
- Perineal surgery: The repair is performed through the anus and surrounding area. The prolapsed tissue is shortened or removed, and the remaining bowel is repaired.

Complications

Repeated prolapse can irritate the rectal lining, leading to mucus, sores, or bleeding. The anal muscles and nerves may stretch over time, which can worsen stool leakage.

Possible complications include:

Loss of blood flow is called strangulation. It is uncommon but requires emergency assessment because the affected tissue can be damaged.

A prolapse can also limit exercise, work, travel, intimacy, and social activities. These effects matter when considering treatment, even if the prolapse is not medically dangerous at that moment.

- Persistent constipation or difficulty emptying the bowel
- Loss of bowel control
- Ulcers on the exposed rectal lining
- Recurrent bleeding or discharge
- The prolapse becoming swollen and stuck outside
- Reduced blood flow to trapped tissue

Prevention

Rectal prolapse cannot always be prevented. Age-related tissue changes, childbirth injuries, body structure, and some nerve or muscle conditions are not fully controllable.

Reducing repeated straining may lower pressure on the pelvic floor. Helpful measures can include treating ongoing constipation or diarrhoea, responding to the urge to pass stool, and avoiding long periods of pushing on the toilet.

Regular movement, suitable fibre intake, and adequate fluid can support bowel function for many people. However, bowel problems have different causes. Seek advice if constipation is persistent, severe, or not improved by simple measures.

After prolapse surgery, following guidance about bowel management, activity, and lifting may help protect the repair. These measures reduce strain but cannot guarantee that the prolapse will not return.

Living with it and what to expect

In adults, a full-thickness rectal prolapse usually does not permanently correct itself. It may remain similar for a time or gradually appear more often. Leakage, mucus, and difficulty emptying the bowel can also change as the prolapse progresses.

While waiting for assessment or treatment, keeping stool easy to pass may reduce discomfort. Pads or barrier products can help protect the skin from mucus or leakage. A clinician can advise on safe skin care and bowel management.

Surgery often improves the physical prolapse, but bowel function may take time to settle. Some people continue to have constipation or leakage because these problems can involve the pelvic floor, nerves, and bowel muscles as well as the prolapse itself. Further treatment, such as pelvic floor therapy or bowel-management support, may be useful.

Recovery time differs between operations. Activity usually increases gradually, with temporary limits on heavy lifting and straining. Follow-up checks healing, bowel function, and signs of recurrence.

A repaired prolapse can return months or years later. This does not happen to everyone, and another assessment can identify whether further treatment is appropriate. Many people return to their usual activities after recovery, although the amount of improvement cannot be predicted for an individual.

When to get medical help

Arrange a routine appointment if you notice tissue coming through the anus, even if it goes back inside by itself. Also seek assessment for ongoing mucus, bowel leakage, constipation, or repeated small amounts of rectal bleeding.

Contact a healthcare service promptly if the prolapse is newly stuck outside, becoming swollen, increasingly painful, or cannot be returned in the way you were previously shown.

Seek emergency care if:

These signs may indicate reduced blood flow, significant bleeding, or a bowel blockage. Most episodes of rectal prolapse are not emergencies, but these symptoms should not wait for a routine appointment.

- The prolapsed tissue becomes dark purple, grey, or black
- You have severe or rapidly worsening pain
- There is heavy or continuing bleeding
- You feel faint, very weak, feverish, or seriously unwell

- You have severe abdominal swelling, vomiting, or cannot pass stool or wind

Common questions

Is rectal prolapse the same as haemorrhoids?

No. Haemorrhoids are swollen blood vessels, while rectal prolapse involves part of the rectum slipping down. They can cause similar symptoms, so an examination is often needed to tell them apart.

Can rectal prolapse heal without surgery?

A full-thickness prolapse in an adult rarely corrects itself permanently. Bowel management may reduce straining and symptoms, but surgery is usually needed to repair a persistent prolapse. Children may improve when an underlying bowel problem is treated.

Does rectal prolapse mean I have cancer?

No. Rectal prolapse is not cancer and does not become cancer. However, bleeding and changes in bowel habits can have other causes, so they should be assessed rather than assumed to come from the prolapse.

Can I exercise with rectal prolapse?

Many people can remain active, but activities that cause heavy straining may worsen symptoms. A healthcare professional or pelvic floor physiotherapist can help you adapt exercise while taking your symptoms and treatment plan into account.

Will surgery fix bowel leakage and constipation?

Repairing the prolapse may improve leakage or bowel emptying, but it does not guarantee that either problem will disappear. Long-standing muscle, nerve, or bowel-function problems may need separate treatment.

Can rectal prolapse come back after surgery?

Yes. Recurrence is possible after any type of repair, although many people have lasting improvement. The chance of recurrence is influenced by the type of prolapse, the operation, tissue support, and ongoing bowel problems.

Sources

- American Society of Colon and Rectal Surgeons. Clinical Practice Guidelines for the Treatment of Rectal Prolapse . Diseases of the Colon & Rectum, 2017

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