

# Recent Advances in Management of Rectal Prolapse

*An Essay*

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General Surgery

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بسم الله الرحمن الرحيم

واتقوا الله وَيُعَلِّمُكُمُ اللَّهُ

وَاللَّهُ بِكُلِّ شَيْءٍ عَلِيمٌ

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### *List of Abbreviations*

<b>cm .</b>	Centimeter.
<b>EAS</b>	External anal sphincter
<b>E.M.G</b>	Electromyography.
<b>IAS</b>	Internal anal sphincter
<b>M.R.I.</b>	Magnetic Resonant Imaging.
<b>mGy.</b>	Milligray.
<b>PFM</b>	Pelvic floor muscles
<b>PR</b>	Per rectal
<b>S.T.C</b>	Slow transit constipation



# Introduction

Rectal prolapse is a protrusion of the rectum through the anal canal. Precisely how a complete rectal prolapse develops is not thoroughly understood Possible etiologies include a defect of the pelvic floor ,redundant rectosigmoid colon, deep Douglas pouch ,gender (female), psychiatric problems and nulliparity.**(Rose et al., 2005)**

In partial rectal prolapsed, the mucous membrane and submucosa of the rectum protrude outside the anus for approximately 1–4 centimeters(cm). When the prolapsed mucosa is palpated between the finger and thumb, it is evident that it is composed of no more than a double layer of mucous membrane. **(Clark, 2008)**

Full-thickness prolapse is less common than the mucosal variety. The protrusion consists of all layers of the rectal wall and is usually associated with a weak pelvic floor .The prolapse is thought to commence as an intussusception of the rectum, which descends to protrude outside the anus. The process starts with the anterior wall of the rectum, where the supporting