December 31, 2020

board certified
Anna M. Toker, MD
Specializing in Robotic Colo-Rectal Surgery

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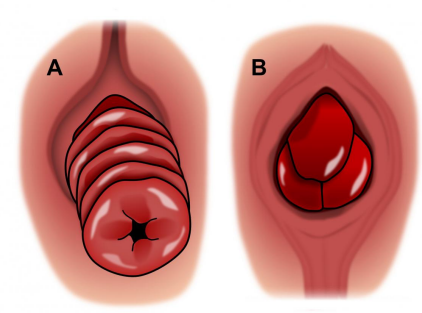
"I have spent a lifetime mastering the art of surgery and now it is time for an individualized approach to medicine. We have an automated phone system and a small personable staff. I know this system is unorthodox, but it allows us to get to know everyone individually and allows me to spend more time with each patient in a one-on-one environment."

Elite ColoRectal Surgery for Mansfield and Midlothian

Dr. Anna Toker is a full-service colorectal surgeon in Mansfield and Midlothian, focusing on robotic approaches to colorectal surgery and offering sacral nerve stimulation for fecal incontinence.

Rectal Prolapse

Information and treatment options



Rectal prolapse is a condition in which the rectum (the last part of the large intestine) loses the normal attachments that keep it fixed inside the body, allowing it to slide out through the anal opening, turning it "inside out." It can be embarrassing and often has a negative effect on a patient's quality of life. Although not always required, the most effective treatment for rectal prolapse is surgery.

CAUSES

While a number of factors are thought to be linked to rectal prolapse, there is no clear cut "cause." An estimated 30% to 67% of patients have chronic constipation (infrequent stools or severe straining) and an additional 15% have diarrhea. In the past, this condition was assumed to be linked to giving birth multiple times by vaginal delivery. However, as many as 35% of patients with rectal prolapse never gave birth and it can occur in men.

SYMPTOMS

A common question is whether hemorrhoids and rectal prolapse are the same. Bleeding and/or tissue that protrudes from the rectum are common symptoms of both, but there is a major difference. Rectal prolapse involves an entire segment of the bowel located higher up within the body. Hemorrhoids only involve the inner layer of the bowel near the anal opening. Rectal prolapse can lead to fecal incontinence (not being able to fully control gas or bowel movements).

DIAGNOSIS

Physical Exam findings

Videodefecogram: X-rays are taken while you are having a bowel movement to test muscle movement.

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TREATMENT

The decision what surgery to use based on your age, physical condition, extent of prolapse and the results of tests. Options include removing part of the rectum or pulling the rectum back up and anchoring it. Sometimes collagen graft is used to reinforce the rectum.

Surgical approaches include:

Transanal approach (Perineal proctectomy)

Robotic Laparoscopic Rectopexy

Robotic Laparoscopy Rectopexy with resection of the sigmoid colon

POST-TREATMENT PROGNOSIS

For a large majority of patients, surgery relieves or greatly improves symptoms. The Prolapse or some other condition may have weakened the anal sphincter muscles. However, these muscles have the potential to regain strength after the prolapse has been corrected.

Factors that influence outcome include:

Condition of the anal sphincter muscles before surgery

Whether the prolapse is internal or external

Overall health of the patient

It may take as long as one year to determine the impact of surgery on bowel function. Chronic constipation and straining after surgical correction should be avoided.