

Internal Rectal Prolapse (Intussusception)

What Is An Internal Rectal Prolapse?

An internal rectal prolapse, also known as intussusception, occurs when the lowest part of the rectum folds in on itself like a telescope. This typically happens when you strain to pass stools. Unlike an external rectal prolapse, where part of the bowel protrudes outside the body, an internal prolapse remains inside and may not be visible.

What Causes An Internal Rectal Prolapse?

The main cause of internal prolapse is weakness in the tissues supporting the rectum. This weakness can develop over time due to:

- **Chronic straining** – Excessive effort to pass stools can weaken the rectal support structures
- **Pelvic floor disorders** – In women, internal prolapse is often associated with rectoceles and enteroceles
- **Aging and tissue laxity** – Over time, the natural loss of elasticity in the pelvic muscles may contribute to prolapse

Symptoms Of Internal Rectal Prolapse

Some people experience no symptoms, but in many cases, internal rectal prolapse leads to obstructed defaecation syndrome (ODS). Common symptoms include:

- A **constant need to strain** during bowel movements
- A **feeling of incomplete evacuation**, leading to multiple trips to the toilet
- **Pressure or discomfort** in the rectum or lower abdomen
- A **sensation of blockage** in the rectum

Since internal prolapse does not protrude externally, it can be difficult to identify without medical investigation.

How Is Internal Rectal Prolapse Diagnosed?

To confirm whether internal rectal prolapse is causing your bowel problems, your consultant may recommend:

- **Flexible sigmoidoscopy or colonoscopy** – To rule out other bowel conditions
- **Rigid sigmoidoscopy** – Sometimes, a prolapse can be seen during this test
- **Video proctogram** – The most useful test for diagnosing internal prolapse. This imaging test confirms the presence and severity of the prolapse and can also detect associated conditions like rectoceles or enteroceles that may require treatment
- **Anorectal physiology testing** – To assess sphincter muscle function
- **Endoanal ultrasound scan** – To check for muscle damage in the anal sphincter

Treatment For Internal Rectal Prolapse

Non-surgical treatment

If symptoms are mild, surgery may not be necessary. You may be advised to:

- **Keep stools soft** by increasing fibre and fluid intake
- **Avoid straining** by using mild laxatives or glycerine suppositories to aid bowel emptying

Surgical treatment

For moderate to severe prolapse that affects bowel function, a ventral mesh rectopexy is usually recommended. This procedure:

- **Repositions the rectum** to prevent further prolapse
- **Uses a mesh** to provide additional support to the weakened tissues
- **Can correct other pelvic floor issues** such as rectocele or enterocele, if present

A ventral mesh rectopexy is a minimally invasive procedure with a high success rate, improving bowel function and reducing symptoms.

Why Choose The Midlands Bowel Clinic?

- **Specialist colorectal surgeons** with expertise in treating internal rectal prolapse
- **Comprehensive diagnostics**, including video proctogram and anorectal physiology tests
- **Minimally invasive surgical options** for faster recovery
- **Personalised treatment plans** tailored to your specific symptoms

Contact Us

If you are experiencing bowel emptying difficulties, persistent straining, or rectal discomfort, contact us today.