



Name of Child: _____ Date: _____

Rectal Prolapse

What is a rectal prolapse?

A rectal prolapse is when the rectal wall extends (**protrudes**) outside the anus.

There are two kinds of prolapse:

- **Partial** small fold of protruding tissue
- **Complete**, circular fold, shaped like a donut

Your child's doctor will use the following information to find out if your child has a rectal prolapse:

- medical history
- any pictures of the rectal prolapse you have
- examination of your child's rectum and anus

It is rare that a prolapse is present during your appointment. Your child's doctor may have your child sit on a toilet and push like they are having a bowel movement to see if the prolapse happens.

What are common causes of a rectal prolapse?

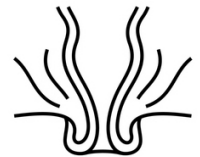
- Age of the child:
 - Common under the age of 4
- Position of the rectum:
 - Rectum is straight or vertical
 - Positioned lower in pelvis
 - Loosely connected
- Medical conditions a child was born with (**congenital**):
 - Cystic fibrosis
 - Spina bifida occulta
 - Small clumps of cells on the rectum (**Rectal polyposis**)
 - Undeveloped anus or rectum (**Anorectal malformation**)
 - Swollen connective tissues (**Connective tissue disease**)
 - Autism spectrum disorder
 - Neuromuscular disease present at birth (**congenital**)



normal anatomy



partial prolapse



complete prolapse



- Common medical conditions or symptoms:
 - Poor nutrition (**malnutrition**)
 - Diarrhea that does not go away (**chronic diarrhea**)
 - Infections from parasites (**parasitic infections**)
 - Cough that does not go away (**chronic cough**)
 - Extended amounts of time without having regular bowel movements (**chronic constipation**)
 - Extended amounts of time straining to have a bowel movement

Things you can do to prepare for your child's appointment:

One of the most important things you can do to prepare for your child's appointment is to give your doctor as much information as possible. Write down details about your child's condition including the symptoms, discomfort, and answers to the following questions. Include the dates and times in your notes. These details will be important for your child's nurse or doctor.

- When did the prolapse start?
- When does the prolapse happen?
- How often does the prolapse happen?
- What does the prolapse look like?
- Is the prolapse painful or itchy?
- Is there blood or mucus?
- How long does the prolapse stay out?
- Does the prolapse go back in on its own?
- Do you or your child need to push the prolapse back in and does it go in easily?
- Does your child strain when pooping (**having a bowel movement**)?
- How often do they poop?
- Is the poop hard or soft?
- Does your child have poop accidents?

What to expect on the day of the visit:

- Your child's doctor will check your child's bottom, near the anus.
- Your child's doctor will check your child's rectum with a gloved hand (**digital rectal exam**).
- Your child's doctor may ask your child to squat and push down like having a bowel movement.
- Your child's doctor will check your child's belly (**abdomen**).



Testing may include the following:

- Abdominal x-ray to find out how much poop is in your child's intestines.
- If there is severe constipation, your child's doctor may order a test called a **contrast enema** to check the large intestine.
- Sweat test to measure the amount of chloride in your child's sweat to find out if your child has cystic fibrosis.
- If there is bleeding, your child's doctor may order a test called an **endoscopy** to check the esophagus, stomach, and the first part of the small intestine (**duodenum**).

Treatment for rectal prolapse:

Creating good toileting habits:

It is important to make sure your child has good toileting habits. Here are things you can do to help prevent rectal prolapse by using good toileting habits:

- Sitting on the toilet with legs supported on a step stool.
- Using a toilet seat insert such as the TinyHiney® for small children.
- Scheduling daily sit times on the toilet for a maximum of 5 minutes each time.
- If your child is not having daily soft poops your child's doctor may order a laxative such as MiraLAX®.

For more information about toileting habits, ask your nurse or doctor for the handout:

• Positioning on the Toilet #3587

Pelvic floor physical therapy:

Depending on the age of your child, physical therapy for the muscles and ligaments at the bottom of your child's pelvis (**pelvic floor**) is the next step in treating their prolapse. This helps coordinate the pelvic and abdominal muscles to make sure they are working together to help your child have healthy bowel movements.

Surgical treatment:

If episodes of rectal prolapse do not improve after 3 – 6 months of pelvic floor physical therapy and good toileting habits resulting in daily bowel movements, surgery may be another option for treatment. If surgery is an option, your doctor will talk to you about the best options for your child.



Follow these steps if your child's rectal prolapse does not go back into the rectum (retract) on its own:

- Wash your hands before and after.
- Put on a disposable glove and put a small amount of lubricant on your gloved finger.
- Apply gentle but steady pressure on the prolapsed tissue to get it to go back in your child's rectum.
- If the prolapse will not go back into the rectum take your child to the Emergency Department.

Now that you have read this:

- ☐ Tell your child's nurse or doctor about good toileting habits for your child. (Check when done.)
- ☐ Tell your child's nurse or doctor what to do if the prolapse does not go back in (**retract**). (Check when done.)



If you have any questions or concerns,

- ☐ call your child's doctor or ☐ call _____

If you want to know more about child health and illness, visit our library at The Emily Center at Phoenix Children's Thomas Campus

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Disclaimer

The information provided is intended to be general information for educational purposes only. It is not intended to take the place of an examination, treatment, or consultation with a health care provider. If you have any questions about your child's care, contact your child's health care provider.