

# Clinical Practice Guidelines: Rectal Prolapse

**Initial Evaluation** should include focus on prolapse, sphincter structure / function, and comorbid conditions (1C)



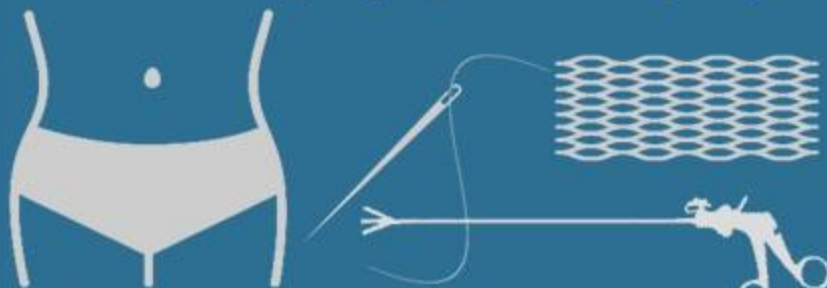
**Additional Testing:** defecography, MRI, BE, urodynamics, etc can be used selectively to identify coexisting pathology (1B)



Anal physiology testing can be considered to assess coexisting functional disorders (2C)

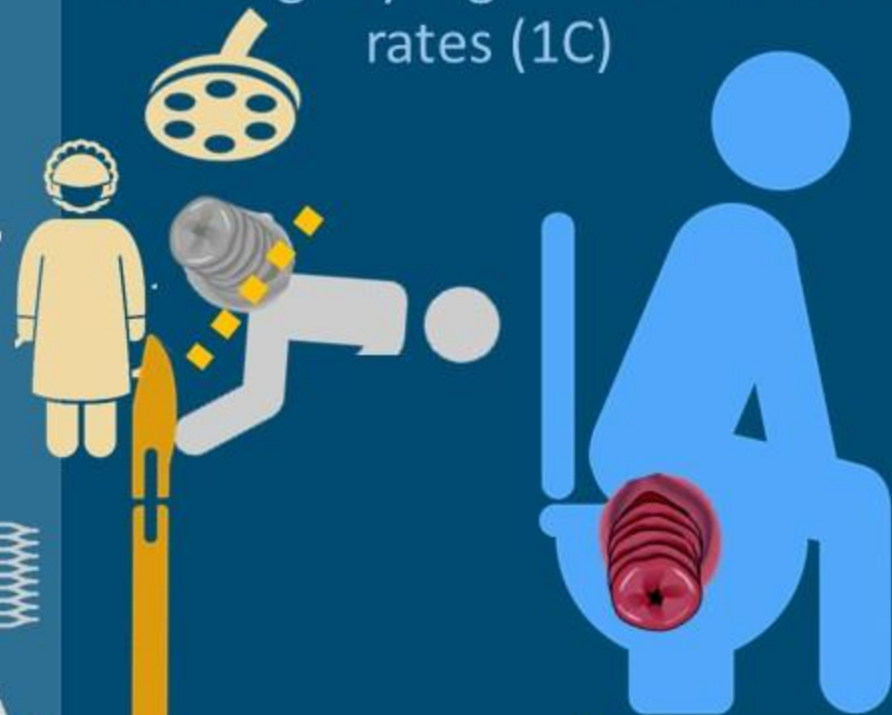


For acceptable risk patients, the procedure of choice is:  
**Trans-abdominal rectal fixation (2B) +/- mesh (1C)**



Not enough evidence to determine posterior  $\geq$  anterior (1C)

**Perineal rectosigmoidectomy +/- levatorplasty** may be used with slightly higher recurrence rates (1C)



DISEASES  
OF THE  
**COLON &  
RECTUM**



Bordeianou L et al. *Dis Colon Rectum* 2017;60(11):1121-31

