

## Sussex Pelvic floor Service

### Rectal prolapse

#### What is rectal prolapse?

A rectal prolapse occurs when the normal support of the rectum (the lower end of the bowel) becomes weakened, and the rectum drops down outside the anus. This often happens because the anal sphincter muscle has become weak and there is difficulty in controlling the bowels with leakage of stool or jelly like material called mucus. While this condition occurs in both sexes, it is much more common in women than men.

#### What are the symptoms of rectal prolapse?

The symptoms are variable and depending on the type of prolapse and on the severity. They may include:

- Passing blood or mucous from the anus
- Excessive wiping with toilet paper
- Leakage of soft or liquid stool after bowel motions
- Faecal incontinence
- Lower abdominal pain with defaecation
- Sensation of incomplete emptying of the rectum
- Difficulty passing a bowel motion

#### What are the causes of rectal prolapse?

The causes are related to many factors. Risk factors for rectal prolapse include:

- Chronic constipation due to straining to open bowels
- Weakening of the pelvic floor muscles
- Connective tissue disorders (e.g., Ehlers-Danlos syndrome)

#### What tests might I have?

In order to us to tailor your treatment, your specialist may advise that you have certain tests. These may include any or all of the following:

- Blood tests
- Ano-rectal physiology (manometry)- is a way of measuring how well the muscles of your lower part of the bowels are working.
- Endoanal ultrasound- This scan will look at your anal sphincter (back passage muscle) to check if there are any defects.
- Defaecating Proctogram - It is an examination of the lower bowel and rectum using x-rays. It shows how your rectum functions during the emptying of your bowels.
- Flexible sigmoidoscopy / Colonoscopy / CT Colonoscopy

## What treatments are available?

Usually, surgery is recommended as a treatment for full thickness rectal prolapse and can include procedures performed through the abdomen (open or keyhole), or the perineum.








Other measures that may reduce the impact of the rectal prolapse are pelvic floor physiotherapy and biofeedback. Improving the technique to defecate and avoid straining prevents rectal prolapse recurrence or aggravation of the symptom.

## What can I do to help myself?

There are techniques and exercises that can help rectal prolapse management when surgery is not advised or while waiting for surgery. This advice is also recommended after rectal prolapse surgery to reduce the risk of a recurrent prolapse.

- 1) Stool consistence and prolapse (diet/fluids, medication);
- 2) Bowel emptying techniques
- 3) Rectal prolapse exercises (physical exercise and pelvic floor relaxation exercises).
- 4) Skin care

### Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>

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intake of fibre is 18-30g. Not eating enough fibre can lead to digestive problems such as constipation and other chronic digestive disorders. Fibre can help the lower high blood pressure, and high cholesterol, reduce heart disease, diabetes and changes of colorectal cancer.

### 1) Stool consistency and prolapse

Managing the bowel consistency can improve ease of bowel emptying and avoid straining. Ideally the consistency of the stool on the Bristol scale should be type 3-4. If the stools are hard and lumpy it is more likely to increase straining, and when the stools are too soft and liquid it is more difficult to control.

It is important to eat a balanced diet. Aim for 3 meal a day and include foods from different groups. Fibre and fluid intake at every meal will increase the water content of stools making them softer and easier to pass. The recommended daily

## ***Diet advice for people with bowel prolapse and constipation (Stool type 1-2)***

Fibre increases the size of your stool and acts like a sponge absorbing water to make the stool softer and easier to pass. Because of this it is important to drink plenty of fluids to help the fibre work.

One of the most common methods to increasing our daily intake of fibre to eat fibre rich foods such as fruit, vegetables, oats, nuts, seeds and wholemeal bread, pasta and rice. Adding an oat-based breakfast to your diet is an excellent way to start the day with a high fibre option. This could include porridge, muesli, Oatibix, Oatflakes or any other oat-based option.

You can add high fibre supplements to your diet by adding one to two tablespoons per day of golden linseeds or flaxseeds to breakfast cereals, yoghurt, soup, or on salad. Try to have an extra small glass of fluid for each tablespoon of linseeds you add.

It is important to increase the amount of fibre in your diet slowly as any sudden increase can give you stomach pains and wind. If you have been troubled by bloating or wind, limiting beans, broccoli, cabbage, sprouts, cauliflower, prunes, apples and pears may help.

If wind and bloating is very severe, for some people trailing a diet lower in fibre for two-four weeks and then slowly reintroducing fibrous foods back into the diet can be helpful to find out what type or quantity of fibre suits you best. If you are unable to tolerate fruits and vegetables, then you may need to a vitamin/mineral supplement to ensure your intake meets your requirements. If you continue to have problems with symptoms of bloating and wind referral to a specialist gastroenterology dietitian can be helpful.

There is some evidence that using probiotics (that contain either Bifidobacteria or Lactobacilli) can help to improve the symptoms of constipation. There are a wide variety of probiotics on the market, and you may wish to trial these to see if they improve your symptoms. Probiotics can also initially lead to more bloating, but this usually settles within a week or so. If after taking one variety for four weeks in accordance with the manufactures instructions there is no improvement, then you might want to try a different variety. It is important to note that there is currently a lack of evidence of the long-term effects of taking probiotics.

As mentioned above, the body needs fluid to help fibre pass through the bowels and keep stools soft. Try to include at least eight glasses (1.5 to 2 litres) of non-caffeinated, water-based fluids each day. This could include water, sugar-free squash and herbal or fruit teas. Hot drinks can help to stimulate the gastrocolic reflex that helps to stimulate bowel movements.

Eating a high fibre diet but not drinking enough fluid can be counterproductive and lead to further constipation. This is because the lack of fluid makes the stools dry out and become harder to pass. If stools stay in the bowels for longer, they will become drier as any water is continually reabsorbed by the body in the large intestines. This will make constipation worse.

## **Diet advice for people with bowel prolapse and diarrhoea (Stool type 5-7)**

For some people with bowel prolapse, their greatest problem is having stools that are too loose (diarrhoea). If you are experiencing loose stools which are difficult to control you may want to try some dietary alternation to see if this helps.

- Reduce spicy food, alcohol, caffeine, fruits juices, sugar free sweets chewing gum and fried foods.
- Lactose can sometimes cause diarrhoea so try using lactose free cow milk and yogurts instead of ordinary versions for 2-4 weeks, if it makes no difference, then return to using ordinary milk and dairy products.

Even if you are having diarrhoea, remember to drink 8-10 glasses of fluids a day to keep you healthy and hydrated as dehydration can cause headaches, dizziness and a general feeling of being unwell!

If you are having persistent loose bowels, referral to a specialist gastroenterology dietitian can be helpful.

If bloating is a significant problem for you, some simple changes to the way you eat can also be helpful. These include:

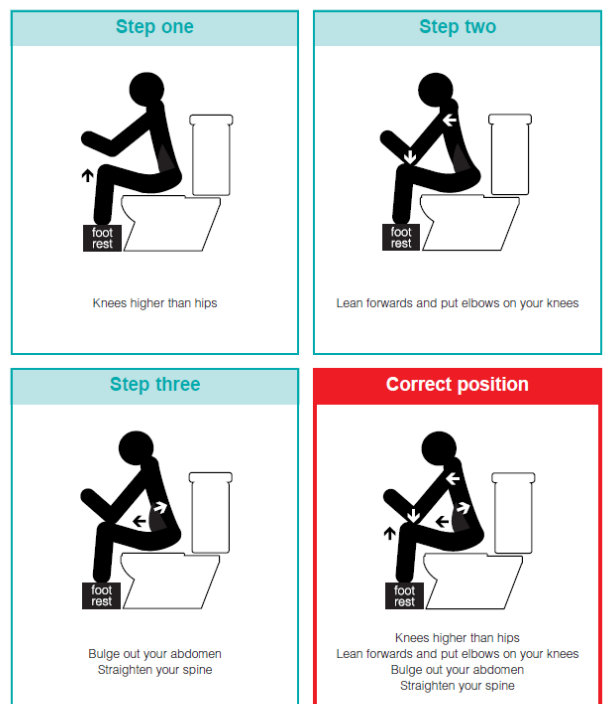
- Eating slowly, chewing food thoroughly
- Eating regular meal in a relaxing environment
- Avoid talking whilst eating
- Reducing fizzy drinks
- Avoiding drinking through a straw
- Avoid chewing gum

## **2) Bowel emptying techniques**

Avoiding straining is the key point and the brace technique when combined with the right stool consistency can help. Every day set aside approximately 10 minutes for this so you are not rushed, preferably half an hour after breakfast. It is important that you are not interrupted.

- **CHECK YOUR SITTING POSITION ON THE TOILET.** Lean forward with your forearms resting on your thighs and your feet raised on a small block (like a toddler step). Relax and lower your shoulders.
- **RELAX** Breathe slowly and gently. Try to let go with all of your muscles.
- **NOW TRY TO OPEN YOUR BOWELS** Remember NOT to hold your breath ie: do not take a big breath in first.
  - a) Slowly brace outwards (widen your waist). When fully braced push from your waist back and downwards into your back passage at an angle. **DO NOT STRAIN**

### **Correct position for opening your bowels**



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- b) Relax for one second but only very slightly. You must maintain a level of pressure with your brace, whilst not pushing with it.
- c) Brace outwards and push downwards again. This should be repeated. You should be using your brace as a pump.
- **CLOSE OFF:** to ensure the anal canal is closed off properly, after you have passed stools, pull in your lower abdominal muscles and squeeze and lift your anal sphincter muscles for a few seconds.

Do not spend endless time on the toilet straining. You may get a false message that you need to open your bowel because of the heavy feeling in the back passage. Repeated attempts to open the bowel may result in excessive straining that may exacerbate the prolapse. There are strategies in order to break this cycle:

- Attempt to open the bowel a maximum of 3 times a day after meals, with the optimum being once a day.
- Pelvic floor exercises to reduce the feeling of pressure (pull muscles at the back passage inward and upwards for 10 seconds)- this may be useful before lifting, coughing or sneezing.
- If a constant feeling to open your bowel, use a distraction to reduce the sensation i.e. going out for a walk, read a book combined with pelvic floor contraction
- Avoid attempting to open bowels when passing urine.
- So not spend more than 10 minutes on the toilet

Remember, this takes time and practice.

### 3) Rectal prolapse exercises

The first thing to do is to correctly identify the muscles that need to be exercised.

1. Sit comfortably or lay on your bed with the muscles of your thighs, buttocks and abdomen relaxed.
2. Tighten the ring of muscle around the back passage as if you are trying to control diarrhoea or wind. You should be able to feel the muscle move. Don't try too hard otherwise you will start to squeeze your buttocks, thighs and/or your tummy muscles inappropriately.

**Woman:** Now imagine that you are about to pass water and picture yourself trying to stop the flow of urine. The muscles which you tighten when you are trying to stop passing water are the front parts of the pelvic floor. Slowly tighten and pull up the pelvic floor muscles, from the back towards the front as hard as you can this is a slow pull up.

**Men:** Now imagine trying to draw your penis inside your body to shorten it, whilst at the same time lifting your scrotum upwards towards your tummy button. If your technique is correct, each time that you tighten your pelvic floor muscles you may feel a dip at the base of your penis, and scrotum move up slightly.

Now you can find your pelvic floor muscles, here are the exercises to do:

1. Squeeze and pull up the anal muscle as tightly as possible and hold and squeeze for 5-10 seconds. Relax for at least 10 seconds.
2. Now, squeeze and pull up the muscle to about half of their strength. See how long you can hold for then relax for at least 10 seconds. Repeat at least 5 times.
3. Lastly squeeze and pull up quickly and relax again without holding 5 times. Do this quick squeeze/relax routine as fast as possible.

**General points:**

- You should exercise your pelvic floor 3 times a day. Once you have identified the correct muscles and have mastered the exercises, you should be able to do them in any position without anyone noticing.
- You could try to get into the habit of doing the exercises every time you do something else that you do regularly for example, every time you clean your teeth or every time you work at the kitchen sink.
- If committed to multiple, daily exercises you should notice an improvement within 3 months. Missing days or not being consistent may delay the improvement.
- Stop exercising if your muscles begin to ache- you have done enough. Take a break.
- Don't give up. Keep doing the exercises. Remember they are risk-free and painless.
- You should continue doing the exercises twice a day for life.
- Watch your weight as it adds extra strain on your muscles

**4) Skin care**

The frequent bowel motions, diarrhoea or faecal leakage can lead to sore skin around your back passage. This can be uncomfortable and distressing and the skin may get open sore that may be difficult to heal.

Taking good care of the skin around your back passage can help to prevent soreness.

The follow tips may help you:

- After a bowel motion, wipe gently with a soft toilet paper
- When possible, wash with warm water around your anus after any leakage of stool
- Pat your bottom dry gently with a soft toilet paper or towel. Do not rub.
- Avoid disinfectants and antiseptics
- Try not to scratch the anal area, however much you are tempted, as this will make things worse.
- You may wish to use a non-scented wet wipe and avoid using baby wipes that may contain alcohol
- Choice non-scented products
- Wear cotton underwear and avoid thigh clothes to allow the skin to breath.
- Try to allow the air to get to the anal area for at least part of every day.
- If you need to wear a pad, use one with a soft surface and change when soiled.
- Use a barrier cream or ointment as a recommended by your doctor or nurse, if you have to choose your own, try zinc and castor oil cream, sudocream or a small amount of metanium. These are available on your pharmacy.
- Do not struggle alone. Talk to your nurse or doctor, especially if your skin is broken. If you have persistently sore skin you may have an infection which needs treatment and there are better products which can be prescribed to help heal the soreness.

**My Clinical Nurse Specialist Contact:**

esht.spelvicfloor@nhs.net

**Sources of information**

St Mark's Hospital NHS UK  
Pelvic floor society  
Bladder and Bowel Community  
NHS Information

## Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

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After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

East Sussex pelvic floor service

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Responsible clinician/author: (Marina Balola, Bowel Dysfunction Specialist Nurse  
Mr El-Dhuwaib, Bowel Dysfunction Lead)  
(Bryony Campion, Lead Advanced Gastroenterology Dietitian)

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