Introduction

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The term (Prolapse of the rectum) implies a circumferential descent of the bowel through the anus, it is a debilitating condition which usually affects both the very young and the elderly***(Bachoo et al., 2007).***

Rectal prolapse is an uncommon disease and primarily affects elderly people. Affected children are usually younger than 3 years. Men develop rectal prolapse much less frequently than women do (80-90%). In the United States, 0.42% of the overall population have rectal prolapse. In people older than 65 years, the prevalence is 1%.There are two types of rectal prolapse;the mucosal type in which only the mucous membrane of the rectum protrudes out side the anus and the complete type (Full-thickness prolapse),which consists of all layer of the rectal wall ***(Williams, 1991).***

Rectal prolapse is caused by weakening of the ligaments and muscles that hold the rectum in place. In most people with a prolapsed rectum, the anal sphincter muscle is weak. The exact cause of this weakening is unknown; however, rectal prolapse is usually associated with the following conditions: Advanced age , Long-term constipation, Long-term diarrhea , Long-term straining during defecation , Pregnancy and the stresses of childbirth , Previous surgery, Cystic fibrosis ,Chronic obstructive pulmonary disease , Whooping cough, Multiple sclerosis , Paralysis (Paraplegia). Long-term hemorrhoidal disease is frequently associated with mucosal prolapse that does not progress to complete rectal prolapse. Full-thickness prolapse of the rectum causes significant discomfort because of the sensation of the prolapse itself, the mucus that

it secretes, and because it tends to stretch the anal sphincters and cause incontinence ***(Marderstein & Delaney ., 2007).***

A defecography may help to distinguish between a mucosal prolapse and a complete prolapse. mucusal prolapse of the recum in the children is essentially a self limiting disease and usually responds satisfactorily to simple non operative treatment **(Moschcwitz, 1999).**

Treatment options include conservative, non-surgical interventions (e.g. pelvic floor muscle training, biofeedback, drugs, sacral nerve stimulation) and surgical procedures. two different approaches can be distinguished in the surgical treatment of rectal prolapse, i.e. the transabdominal route and the perineal procedures. In general, perineal procedures for full-thickness rectal prolapse cause less morbidity compared with abdominal operations, recurrences, on the other hand, are usually encountered more often following local techniques as compared with abdominal operations ***(Sailer et al., 2007).***

Day case laparoscopic rectopexy can be currently done. It is safe, feasible, and acceptable for selected well motivated patients. ***(Vijay et al., 2007).***

Despite more studies being included in this update, there was no single ideal surgical treatment for all cases, it should be recognized that the optimal treatment regime may be a complex combination of various surgical and non-surgical therapies ***(*Gaĭvoronskia et al., 2007*).***

Aim of the essay

The aim of this essay is to study different modalities of management of rectal prolapse and highlights the new techniques of management .