Clinical Practice Guidelines: Rectal Prolapse

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

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

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

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

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

Not enough evidence to determine posterior > anterior (1C)

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