

Rectal Prolapse

Incomplete: Prolapse of the mucosal layer only, with local oedema

Complete: Total eversion of the caudal rectum with serosal rectal surfaces in contact

Procedure

Recent incomplete prolapse without mucosal injury

- Replacement and purse-string suture in subcutaneous peri-anal skin
- Insert needle ventrally, emerging dorsally to expose a minimum length of non- absorbable material (e.g. sterile nylon tape) to possible contamination
- Suture should be tied in a bow ventrally to permit gradual controlled slackening
- Suture should permit adequate passage of faeces but prevent re-prolapse, and in a one-month-old calf should permit entry of two digits

Recent incomplete prolapse with mucosal injury

- Suture tear or, if impossible, perform a rectal amputation or submucosal resection

Complete prolapse

- Attempt replacement if not severely traumatised. Bathing with dilute Epsom salts, tannic acid or sugar solution may reduce the size of the oedematous mass