

Discussion

The presence of full-thickness rectal prolapse is greatly incapacitating to elderly patients and, to many presenting with such a prolapse, represents a considerable operative risk. For this reason a suitable local method for containment of the prolapse has been sought.

We have had problems with many of the suggested perineal techniques. Although easy to place, the Thiersch wire, described originally in 1891 and subsequently popularized by Gabriel,¹ has been found to be largely unsuitable because the wire or nylon loop⁴ is either too loose or too tight, resulting in either impaction of feces above it, cutting out of the wire, or lack of control of the prolapse. In 1973 Notaras⁸ suggested the use of Mersilene® mesh placed high around the anal canal at the level of the puborectalis muscle. Although we have found this technique to be more successful than the Thiersch wire, problems have been encountered with wound sepsis, fistulas, and extrusion of the mesh. In addition, the mesh becomes intimately fibrosed into the perirectal tissues and is difficult to remove, should removal become necessary.

For these reasons we have lately adopted, with some success, Hopkinson's technique involving the use of at least three silicone rods. The technique described here makes use of the Angelchik Prosthesis placed in the supralelevator compartment, replacing the multiple silicone rods. It is important to place the prosthesis above

the levator ani muscle as it is held in position properly and, although silicone is quite inert, it is advisable to keep the prosthetic material as deep as possible.

We believe that the shape of the prosthesis, with its bulk, when placed above the levator ani muscle around the upper end of the anal canal, helps in restoration of the anorectal angulation and prevents subsequent rectal prolapse. It has proven to be a simple procedure and, if it becomes mandatory to remove the prosthesis due to local sepsis, it is far easier to do so because it does not become incorporated in the surrounding tissues.

References

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4. Plumley P. A modification to Thiersch's operation for rectal prolapse. *Br J Surg* 1966;53:624-5.
5. Hopkinson BR, Hardman J. Silicone rubber perianal suture for rectal prolapse. *Proc R Soc Med* 1973;66:1095-8.
6. Jackman FR, Francis JN, Hopkinson BR. Silicone rubber band treatment of rectal prolapse. *Ann R Coll Surg Engl* 1980;62:386-7.
7. Angelchik JP, Cohen R. A new surgical procedure for the treatment of gastroesophageal reflux and hiatal hernia. *Surg Gynecol Obstet* 1979;148:246-8.
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Announcement

85TH ANNUAL CONVENTION OF THE AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS

The American Society of Colon and Rectal Surgeons will sponsor its 85th Annual Convention to be held May 11-16, 1986, in Houston, Texas. The program is designed to provide in-depth and up-to-date knowledge in treatment of diseases affecting the colon and rectum. It is directed primarily toward colon and rectal surgeons, general surgeons, and others interested in treatment of diseases related to the specialty. The scientific program includes plenary sessions, as well as a series of smaller Electives. There will be both podium and poster presentations, plus a wide variety of Scientific and technical exhibits. Abstracts of presentations on relevant topics are invited and must be submitted by October 1, 1985. For more information, write: American Society of Colon and Rectal Surgeons, 615 Griswold #1717, Detroit, Michigan 48226.