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## Profile of Rectal Prolaps Patients at RSUD Dr. Soetomo Surabaya for the Period 2020 – 2024

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KEYWORDS	ABSTRACT
Clinical Characteristics, Epidemiology, Rectal Prolapse, Risk Factors, Treatment Outcomes.	Rectal prolapse is a relatively rare condition, with an incidence of 2.5% per 100,000 persons annually, increasing in prevalence after the fifth decade of life. This condition is characterized by a full-thickness, circumferential protrusion of the rectum through the anus and is associated with various anatomical abnormalities, including a deep pouch of Douglas, redundant sigmoid colon, inadequate rectal fixation, diastasis of the levator ani muscle, and patulous anus. This research aims to analyze the clinical characteristics, risk factors, and treatment outcomes of rectal prolapse patients to provide a better understanding of the condition in the Indonesian population. A retrospective descriptive design was employed, utilizing medical records of patients diagnosed with rectal prolapse at Dr. Soetomo Regional Hospital, Surabaya, from 2020 to 2024. The collected data included patient demographics, clinical features, and identified risk factors. The research included 20 patients, and findings revealed that rectal prolapse significantly impacts patients' quality of life. Female multiparity was identified as a major contributing risk factor for the increased incidence of rectal prolapse. These results highlight the importance of early diagnosis and timely intervention, particularly for high-risk populations, to improve clinical outcomes. The implications of this research suggest the need for further research to develop standardized screening protocols and preventive strategies, particularly targeting populations at higher risk. The findings also provide valuable insights for clinicians in optimizing patient management and enhancing treatment approaches for rectal prolapse in Indonesia.

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### INTRODUCTION

The incidence of rectal prolapse is 2.5% per 100,000 persons annually, with an increased prevalence after the fifth decade of life. Rectal prolapse is characterized by a full-thickness, circumferential protrusion of the rectum through the anus, affecting approximately 0.5% of the general population. Several anatomical abnormalities, such as a deep pouch of Douglas, redundant sigmoid colon, inadequate fixation of the rectum to the sacrum, diastasis of the levator ani muscle, and patulous anus, have been associated with this condition (D'Hoore & Jones, 2018). Additionally, rectal prolapse is linked to factors that increase intra-abdominal pressure, including pregnancy, obesity, perineal injury, and chronic constipation. While neurological disorders, connective tissue diseases, and schistosomiasis are rare contributors, they should still be considered in the medical evaluation of affected patients. Clinically, patients often present with a protruding rectal mass following defecation, accompanied by mucous discharge and rectal bleeding due to mucosal ulceration or abrasion. Moreover, constipation affects up to 70% of patients, while fecal incontinence occurs in up to 88%, with severity varying based on age. Despite extensive studies on the pathophysiology and clinical manifestations of rectal prolapse, there remains a lack of comprehensive epidemiological data, particularly in Indonesia (Hidayatulloh et

al., 2023). Understanding the local patient profile, including risk factors and treatment outcomes, is crucial for improving diagnostic and therapeutic strategies. Therefore, this research aims to address this gap by providing region-specific insights into rectal prolapse, contributing to more effective patient management.

This research presents a novel contribution by being one of the few studies that focus on the epidemiological and clinical profile of rectal prolapse patients in Indonesia. Unlike previous research that primarily draws from Western population data, this research highlights unique risk factors, clinical characteristics, and treatment responses within the Indonesian healthcare setting (Rahadiani et al., 2022). The findings will serve as a foundation for region-specific guidelines, ensuring that management strategies are culturally and clinically relevant to local patients (Hunter et al., 2020).

This research aims to analyze the clinical characteristics, risk factors, and treatment outcomes of rectal prolapse patients in Indonesia, thereby addressing the existing knowledge gap (Newman et al., 2018). By identifying local epidemiological patterns and associated comorbidities, this research seeks to provide data that may contribute to improved diagnostic and therapeutic approaches. The findings of this research are expected to provide empirical data on the prevalence and clinical presentation of rectal prolapse in Indonesia, which can serve as a valuable reference for both researchers and healthcare practitioners (Else et al., 2020). By identifying local epidemiological patterns and risk factors, this research aims to support healthcare professionals in making more informed decisions regarding diagnosis and treatment strategies that are specifically tailored to the Indonesian population. Additionally, the results may contribute to health policy development, particularly in formulating preventive measures and improving treatment accessibility for patients with rectal prolapse (Raju & Linder, 2021). From an academic perspective, this research will expand scientific knowledge by offering a localized perspective that can serve as a basis for future studies in gastroenterology and colorectal disorders (Suri et al., 2024). Moreover, the research's findings could be beneficial for medical education and training, helping clinicians enhance their understanding of region-specific factors influencing rectal prolapse.

## **METHOD**

A descriptive research using a retrospective design was employed in this research. The research was conducted at Dr. Soetomo Regional Hospital in Surabaya and was approved by the Dr. Soetomo Academic General Hospital Ethics Committee, ensuring compliance with all ethical standards. The research population comprised all patients diagnosed with rectal prolapse at Dr. Soetomo Regional Hospital between 2020 and 2024. From this population, the sample included patients who met the inclusion criteria, which were individuals aged over eighteen with a confirmed diagnosis of rectal prolapse. Patients with incomplete medical records or missing essential clinical data were excluded from the research. A total sampling technique was used to ensure comprehensive data collection, including all eligible patients consulted from other departments or admitted through the emergency room (Forero et al., 2018).

Data collection was performed through a review of medical records, encompassing clinical history, diagnostic findings, and surgical outcomes. All patients underwent a clinical examination and history-taking before surgery, and postoperative outcomes were assessed one day after the procedure (Toprak et al., 2016). The collected data were processed using appropriate statistical methods to evaluate treatment outcomes and potential risk factors. To enhance data validity and reliability, efforts were made to minimize bias by ensuring data completeness and cross-verifying patient records (DeSantis et al., 2025).

## RESULT AND DISCUSSION

The research was conducted on patients with rectal prolaps in Dr. Soetomo Regional Hospital Surabaya from 2020-2024. In total, there were 20 research subjects. The demographic characteristics of the patients are shown in Table 1 below.

**Table 1. The demographic characteristics of the patients are shown**

Category	N	%
Gender		
Male	9	42.9
Female	11	52.4
Age (years)		
18-50	3	14.3
>50	17	81
Risk Factor		
Multipara	10	50
Malignancy	2	9.5
Obesity	1	4.8
Intussuseption	1	4.8
Management		
Abdominal approach	5	25
Transrectal approach	15	75

Of the total 20 patients, rectal prolaps incidence rate in female more than male. Based on age, rectal prolaps patients who age more than 50 years with rate incidence 81% while age 18-50 years 14.3%. Risk factor in rectal prolaps patients mostly patient with multipara (50%), there is also malignanc (9.5%), Obesity (4.8%), and intussuseption (4.8%). Management therapy for rectal prolaps patients with abdominal approach 25% and transrectal 75%.

Female patients had the largest percentage of rectal prolaps (52.4%). Rectal prolapse is uncommon and is thought to affect approximately 0.5% of the general population, although it is more common in women and the elderly, with women over 50 years old having a six-fold higher risk than men. Rectal prolapse is more common in two different patient groups: older women and younger women, especially those with a history of autism, other psychiatric illnesses, or persistent functional bowel disorders (Tuncer et al., 2021). About 30% of older women experience concurrent pelvic organ prolapse (Catanzarite et al., 2018), and additional risk factors linked to this condition in the elderly population include: A deep cul-de-sac, a weak anal sphincter, pelvic floor weakness or diastasis of the levators, multiparity (although 30% of women with rectal prolapse are nulliparous), chronic straining, functional disorders that cause obstruction and difficulty with elimination, and other anatomical variations that cause obstruction and difficulty with elimination. Ten percent of people with rectal prolapse (Rautio et al., 2016) are men. The incidence rate was 14.3% for those under 50 and 81% for those over 50, which is comparable to our research. Chronic straining diseases, connective tissue disorders, hypermobility (e.g., Ehlers-Danlos syndrome), and irritable bowel disorders are risk factors for prolaps in this population (Botrus et al., 2018).

The risk factors for rectal prolaps in this research are obesity (4.8%), intussuseption (4.8%), cancer (9.5%), and multipara (50%). According to the Behdin et al. research, patients who have weakness or dysfunction of the pelvic floor muscles are at risk. Increased intra-abdominal pressure, which is present in ascites patients, may make symptoms worse.

## CONCLUSION

Rectal prolapse is a rare condition, but it can significantly impact a patient's quality of life. This research concludes that multiparity is a major risk factor for rectal prolapse in females. These findings

highlight the need for increased clinical awareness and early preventive strategies. However, the research is limited by its retrospective design and sample size, which may introduce potential bias.

Future research should focus on prospective studies with larger populations to validate these results and explore additional contributing factors. Moreover, further investigations should aim to develop standardized screening tools, assess the effectiveness of different treatment approaches, and explore genetic and lifestyle factors that may predispose individuals to rectal prolapse. Multicenter studies and longitudinal research are also necessary to evaluate long-term patient outcomes and recurrence rates, contributing to more comprehensive management guidelines and improved healthcare policies.

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