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Concurrent Pelvic Organ and Rectal Prolapse: A Narrative Review of Surgical Perspectives

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Abstract

Pelvic organ prolapse (POP) and rectal prolapse (RP) frequently co-occur as manifestations of global pelvic floor dysfunction. This narrative review (January 1, 2015, to August 1, 2025) synthesizes research on the evaluation and surgical management of concurrent disease, emphasizing symptom mapping, standardized examination, and dynamic magnetic resonance defecography (DMRD) - guided phenotyping. Across retrospective series and small prospective studies, single-session, minimally invasive repair - most commonly sacrocolpopexy (± hysteropexy) with ventral rectopexy - appears feasible in well-selected patients, with perioperative morbidity similar to that in isolated procedures and consistent improvements in bulge symptoms, obstructed defecation, and quality of life. Key principles include multidisciplinary planning, nerve-sparing ventral dissection, non-overlapping meshes with complete peritonealization, and enhanced-recovery pathways. Mesh complications after rectopexy are uncommon. Across recent series, 30-day readmission rates are approximately 2-3%, and early recurrence rates are about 10% for rectal prolapse and 5-8% for apical prolapse at roughly 1-2 years; moreover, a meta-analysis of 16,471 patients found no increase in short-term complications with concomitant repair. Overall, despite encouraging outcomes, heterogeneity, selection bias, and limited follow-up constrain certainty. Higher-quality comparative and long-term studies are needed to refine indications and establish long-term effectiveness.

Keywords: ventral mesh rectopexy, robotic rectopexy, laparoscopic rectopexy, sacrocolpopexy, hysteropexy, concomitant repair, rectal prolapse, pelvic organ prolapse