



Delorme's Procedure: A Perineal Approach to Rectal Prolapse

Technical Standardization & Patient Selection

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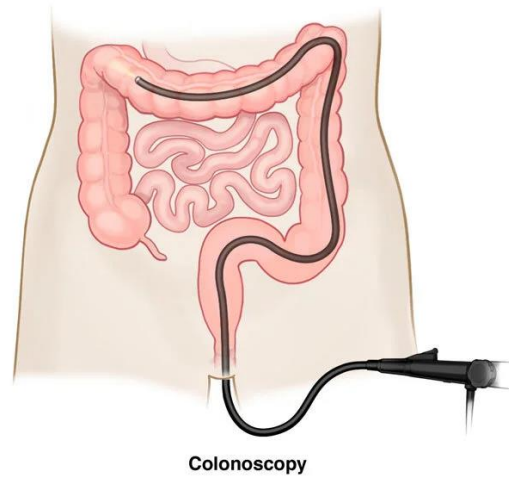
Disclosures

Why Delorme's in 2026?



Abdominal approach	Perineal approach
Lower recurrence (5-10%)	Higher recurrence (15-21%)
General anaesthesia	Regional/Local anaesthesia
Pneumoperitoneum	No abdominal entry
Longer OR time	Shorter OR time
Longer recovery	Early ambulation

Pre-operative preparation



Assessment

DRE

Colonoscopy

**Anorectal-
manometry**

Defecography

Bowel preparation

**Full mechanical
preparation**

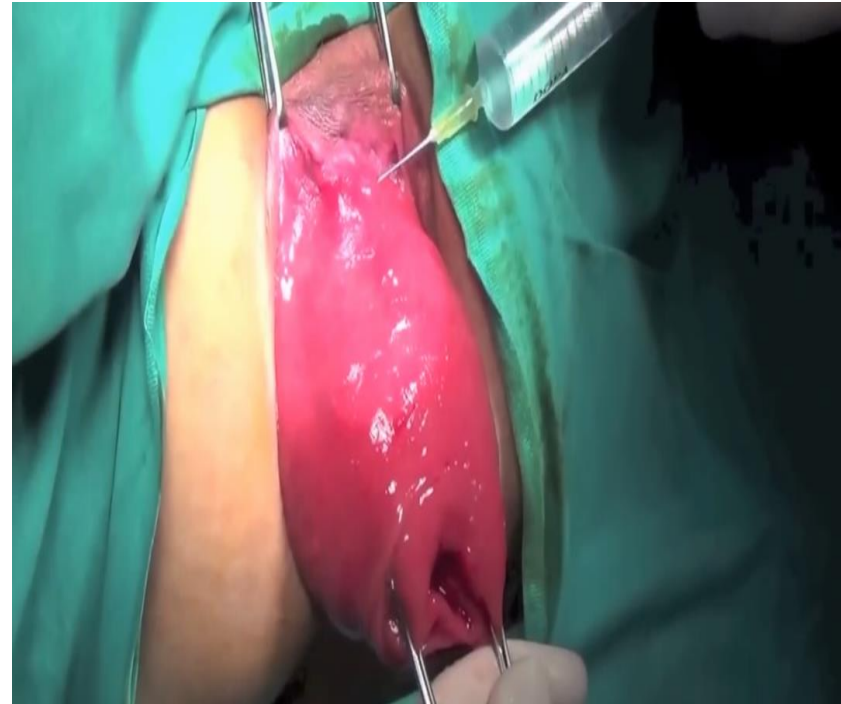
**DVT
prophylaxis**

**IV prophylactic
antibiotics**

Positioning :The Critical First Step



Step 1: Exteriorization and Hydrodissection



Step 2: The Mucosal Sleeve

- Circumferential mucosectomy.
- Stay in the submucosa.



- The muscularis propria must remain completely intact and clean.
- No muscle fibers should be resected.



STEP 3: Muscular Plication

- Place 4 quadrant plicating sutures at 3,6,9 and 12 o'clock



Step 4: Anastomosis and Completion

- Tie the 4 quadrant sutures sequentially.
- Approximate the proximal and distal mucosal edges.



The 4-Box Final Check:

Things to verify before the drapes
come down

Mechanical integrity	Hemostasis	Functional Caliber	Safety & Count
• Anastomotic tension • Mucosal edge viability • Suture integrity	• Submucosal oozing • Deep muscle bleeding	• Luminal patency • Too tight or too loose	• Sponge and needle count • Specimen

Delorme's Steps



Take Home Messages



- **Select wisely**



- **Perfect the plane**



- **Accept recurrence**



- **Prioritize function**





**Thank
You**