

Rectal Prolapse in Pigs

A PowerPage Presented By



Rectal prolapse is a widespread condition that occurs most commonly in growing pigs and also in sows. You should be able to recognize a rectal prolapse and know about the factors that are thought to contribute to this condition. You should also know how to treat them. This PowerPage focuses on these aspects of the condition.

Clinical Features

- Occurs most commonly in weaners and growers from about 8-20 weeks of age. Also occurs in sows
- Size of prolapse may vary
- Typically appears red due to vascular mucosa and may be prone to damage and hemorrhage. This may progress to become swollen and fluid-filled
- May be cannibalized by other pigs if not identified and treated
- Pigs may develop rectal stricture subsequent to prolapse

Contributing factors

- The exact pathogenesis is not known but many factors are thought to contribute to rectal prolapse
 - In sows:
 - Sex hormone levels lead to prolapses after estrus
 - Farrowing crates or stalls with parallel bars that sows lean on create pressure around the anus resulting in poor circulation and partial relaxation of the sphincter
 - Tail docking too short causing damage to nerve supply to the anal ring
 - In growing pigs:
 - Excessive straining associated with either constipation or diarrhea
 - Colitis leading to abnormal fermentation and accumulation of gas causing increased pressure
 - Excessive coughing or respiratory disease
 - Cold weather, wet conditions
 - Nutrition – ad lib feeding, dense diets, excessive starch, mycotoxins
- It is NOT believed to be related to genetic factors

Treatment

- Prompt treatment is important to avoid excessive swelling or cannibalism which may lead to other complications
- Treatment of choice consists of manual replacement of the prolapse and retaining it with suture. In some cases, swelling may make replacement difficult and the prolapse needs to be reduced by gentle manual pressure
- There are several options for suturing the site. May also use a prolapse ring
 - In some cases, if the prolapse cannot be replaced, a suture and amputation procedure may be performed
 - Amputation results in higher risk for developing rectal stricture
- Usually administer long-acting penicillin post-operatively
- Identification and modification of the predisposing factors is important
- In outbreaks, adding chlortetracycline (CTC) to the feed may be given to suppress gas production in the large bowel