

Patient Information Leaflet

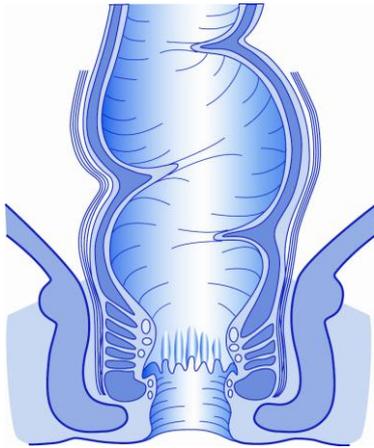


Abdominal Rectopexy Operation

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What is a rectal prolapse?

A rectal prolapse occurs when the normal supports of the rectum become weakened, allowing the rectum to drop down outside the anus. Sometimes this only happens when you open your bowels, and the prolapse goes back inside on its own. In more severe cases, the rectum may need to be pushed back inside after opening your bowels, or may even stay outside all the time.



Normal position of the rectum



Rectal Prolapse

While not a dangerous or life-threatening condition, this can be very uncomfortable, a considerable nuisance, and may cause loss of bowel control.

How will the operation help me?

Your surgeon has advised that your rectal prolapse is bad enough or troublesome enough to need an operation. A rectopexy operation aims to prevent further prolapse. This operation involves one or several small abdominal incisions, through which your surgeon will fix the rectum back into place. There are a number of different operations that can be done, some of which sew the rectum back into place, others use a sling to fix it in place (see diagram). Your surgeon will discuss with you what is recommended in your particular case.

What preparation is needed before the operation?

Blood will be taken for the routine tests done before any operation and you will be asked some questions about your general state of health by the nurses and doctors at “pre-assessment”. This is a good time to discuss any further questions that you have about the operation.

You will probably come into hospital on the morning of your surgery. You will be given an enema to make sure that your bowels are empty.

You will be given some elasticated stockings to wear during and after the operation and an injection each day. This is to help prevent blood clots in your legs.

What will happen when I come back from the operating theatre?

You may have a dressing in place on your abdomen, a drip in your arm and possibly a catheter to drain your bladder. Some discomfort is to be expected. Painkillers are available and will be given regularly at first, please ask your nurse if you need something to help with discomfort.

When you are awake you will be able to drink as you wish, and when you are drinking well the drip in your arm can come out, usually the day after the operation. You will usually be able to eat a light meal and get up later that day or the next day. The catheter will usually be removed from your bladder the next day (if you have one). Your stitches or clips will be taken out after about 7 days, if you have any.

How will I open my bowels?

After your operation you will be given laxatives to soften your stools and stimulate a bowel action. You may not feel the need to open your bowels for a day or two. When you do, you may experience some discomfort and a little bleeding. This is to be expected.

How long will I be in hospital?

We will usually want you to stay in hospital until you are eating, mobilising, passing urine and your bowels have passed wind or stool. This is usually 3 days after the operation, but this can vary a lot between individuals.

How long should I stay off work?

The time taken to get back to normal activities varies a lot for different people. Do as much as you feel comfortable doing. If you need to take painkillers these may make you drowsy, so you should avoid driving or operating machinery. If lifting causes you discomfort you should avoid it.

Most people need about four weeks leave before returning to work but this will depend a little on what you do, and it is important for you to pay attention to your body, and only do as much as you feel able to.

You should be active but be careful of heavy lifting at home. Try to keep your bowel motion soft so that you do not strain. It would also be unwise to go swimming until the area has completely healed. You can resume sexual activity as soon as this feels comfortable.

Are there any long-term effects of the operation?

In a few cases where someone has weak muscles around the back passage (anal sphincters) and a tendency to difficulty in controlling the bowels, or leakage, this may not improve immediately after the operation. Give it time - it can take several months for things to settle down following surgery. If you find that you are having difficulties, don't just put up with it, you should talk to your doctor. Sometimes some exercises to strengthen your sphincters can help.

Men need to know that there is a very small risk that the operation will damage (sometimes permanently) their ability to sustain an erection or achieve ejaculation. You should discuss this with your surgeon before proceeding.

Some people find that they have a tendency to be constipated after a rectopexy. It is important not to strain and you may need to use regular or occasional laxatives or suppositories to prevent or manage constipation. See also diet (below).

A rectopexy operation does not guarantee that a rectal prolapse can never come back. The best way of helping to prevent this is to avoid heavy lifting and straining to open your bowels. Some people find that a rectopexy makes emptying the bowels more difficult.

How diet can help

If you have a tendency to constipation, try to increase the amount of fibre in your diet. Fibre forms the structure of cereals, fruit and vegetables. It is not completely digested and absorbed by the body, so it provides bulk to the stools. This helps the movement of waste through the intestines, resulting in soft stools which are easy to pass. See box below for suggestions on foods rich in fibre.

- You should increase the amount of fibre in your diet gradually - a sudden increase can cause abdominal discomfort and wind.
- If fibre in your food is not enough to keep your stool soft then consider taking a fibre supplement, such as Fybogel.
- If you become pregnant you will need to take special care not to become constipated.
- It is also important to ensure that you drink plenty of fluid. Try to take at least 6-8 cups of fluid a day.
- The fluid you take can be any type, including water, tea coffee, unsweetened fruit juice, squash or soup.
- If you feel that you would like further guidance on diet, your doctor may be able to refer you to a dietician.

FOODS RICH IN FIBRE

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| Wholemeal bread | Peas |
| Wholegrain cereals (e.g. shredded wheat, Weetabix, Branflakes, porridge, muesli) | Brown rice |
| Fruit (especially if eaten with skin or pips) | Wholemeal pasta |
| Wholemeal biscuits (e.g. digestive, rye crispbread, oatcakes) | Beans (including baked beans) |
| Vegetables (especially if eaten with skin or seeds, e.g. jacket potatoes) | Nuts, seeds, and dried fruit |

What should I do if I want further information?

If you have a problem or any questions immediately after you go home please call Frederick Salmon Ward . If a problem occurs after your clinic appointment, please contact your family doctor or district nurse for advice.

Contact details:

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