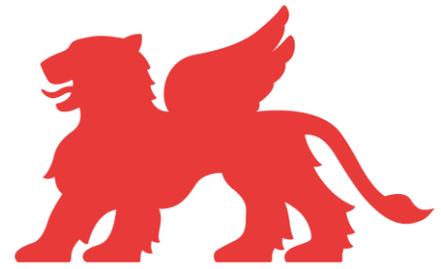


**Patient Information Leaflet**



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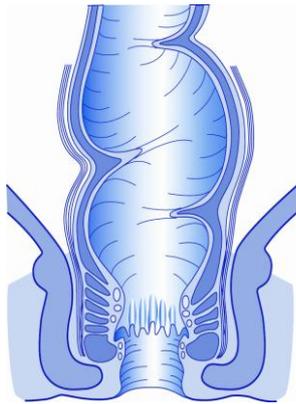
HOSPITAL  
FOUNDATION

**Treating Rectal Prolapse –**  
**Delormes Operation**

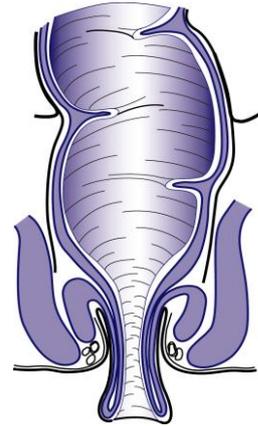
## Treating Rectal Prolapse - Delormes operation

### 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 goes back on its own. In more severe cases, the rectum may need to be pushed back after opening the bowels, or may even stay outside all the time.



Normal position of the rectum

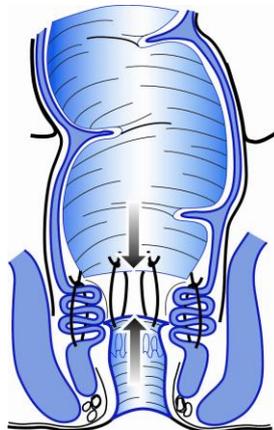


Prolapse

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 Delormes operation aims to prevent further prolapse. This operation involves the surgeon fixing the rectum back into place via the back passage (anus). No external incision is needed.



Repair

### **What preparation is needed before the operation?**

You will probably come to the hospital for a preadmission outpatient visit 2-3 weeks before the operation, and actually come into hospital the day before or the morning of the operation. You may be given an enema or some medicine to empty the bowel before the operation. Blood will be taken for the routine blood tests done before any operation. You will be asked some questions about your general state of health by the nurses and doctors on the ward, and this is a good time to discuss any further questions that you have about the operation.

You will be given some special 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 will have a drip in your arm and 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. You will usually be able to eat a light meal and get up later that day or the next day. The catheter will usually stay in your bladder for one or two days.

### **How will I open my bowels?**

From the day 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. You may also find that you have a small mucus discharge from the anus for about a week. Wearing a pad will protect your clothes.

### **How long will I be in hospital?**

We will usually want you to stay in hospital until you are reasonably comfortable when having your bowels open. This is usually three or four days after the operation, but this can vary a lot between individuals. You can take a bath or shower the day after your operation. There are no stitches to be removed.

### **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 a week off 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.

It would also be unwise to go swimming for a few weeks 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 sphincter) 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 the sphincter will help.

A Delormes 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. 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 dietitian.

<b>FOODS RICH IN FIBRE</b>  WHOLEMEAL BREAD WHOLEGRAIN CEREALS (e.g. shredded wheat, weetabix, branflakes, porridge, muesli) WHOLEMEAL PASTA BROWN RICE BEANS (including baked beans) PEAS LENTILS	WHOLEMEAL BISCUITS (e.g. digestive, rye crispbread, oatcakes) FRUIT (especially if eaten with skin or pips) VEGETABLES (especially if eaten with skin or seeds, e.g. jacket potatoes) NUTS, SEEDS & DRIED FRUIT
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### **What should I do if I want further information?**

If you have a problem or any questions immediately after you go home, please call the ward where you had your operation. If a problem occurs after a few days at home, please contact your own family doctor or district nurse for advice.

### **Contact details:**

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Frederick Salmon Ward North 020 8235 4191  
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[www.stmarkshospital.org.uk](http://www.stmarkshospital.org.uk)

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