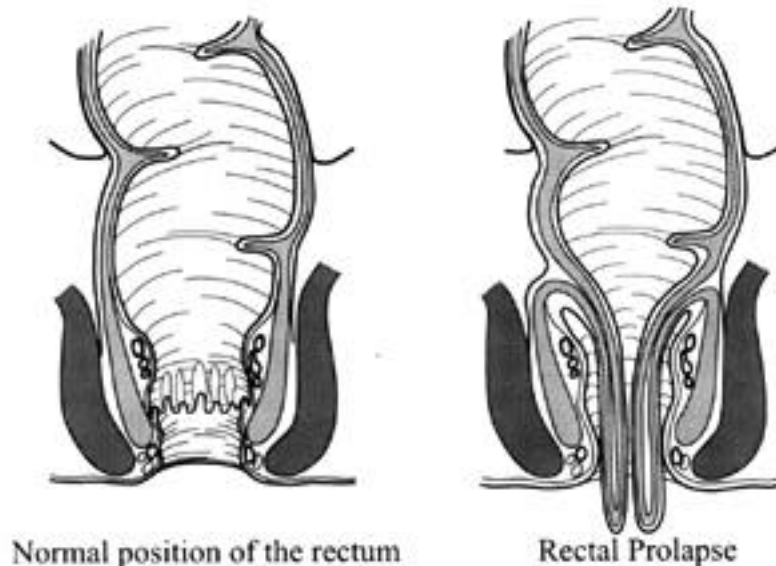


Abdominal Rectopexy Operation

Your Questions Answered

What is a rectal prolapse?

A rectal prolapse occurs when the normal supports of the rectum become weakened, allowing the muscle of the rectum to drop down through the anus to the outside. 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.

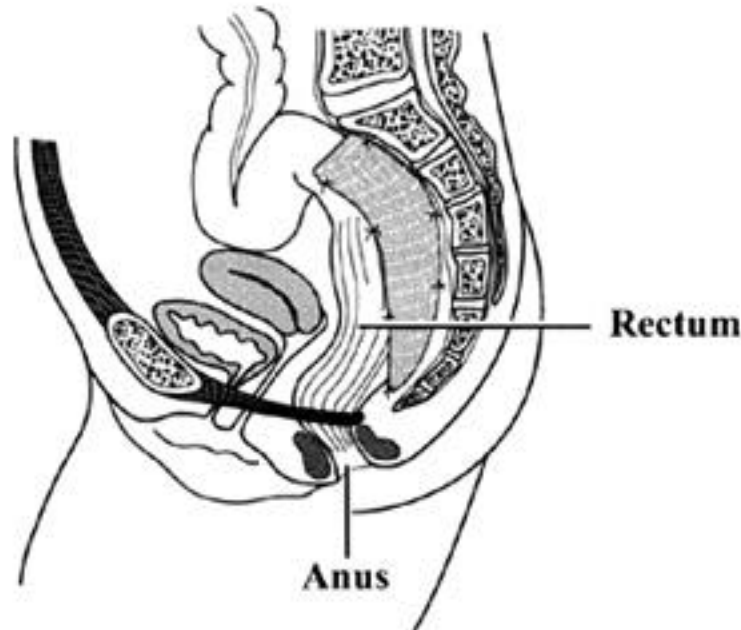


While not a dangerous or life threatening condition this can be very uncomfortable, a considerable nuisance, and may cause loss of bowel control. There may also be a mucus or blood stained discharge

How will the operation help me?

Your surgeon has advised that your rectal prolapse is severe enough or troublesome enough to need an operation. A Rectopexy operation aims to prevent further prolapse. This operation involves an abdominal incision, 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.

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What preparation is needed before the operation?

You will probably come into hospital the day before or the morning of the operation. It is important that the bowels are rested after this operation, so you will be given some medicine to make sure that your bowels are empty. Blood will be taken for the routine 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. This is a good time to discuss any further questions that you have about the operation.

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

You will have a dressing in place on your abdomen, an intravenous 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 the next day. The catheter will usually stay in your bladder for 3-4 days. It is not uncommon to have some difficulty or discomfort passing urine after the catheter comes out. Your stitches or clips will be taken out after about 7 days.

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How will I open my bowels?

Once you have passed wind after a day or two 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 reasonably comfortable when having your bowels open. This is usually 4-8 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 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.

You should try to avoid excessive walking or sitting still until your wound has healed. 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 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.

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.

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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 and in some cases your doctor may advise use of laxatives to ensure that you do not need to strain.

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 list 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

Beans (including baked beans)

Brown Rice

Fruit (especially if eaten with skin or pips) and dried fruit

Lentils

Nuts

Peas

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Vegetables (especially if eaten with skin or seeds, e.g. jacket potatoes) and salads

Wholegrain Cereals (e.g. shredded wheat, weetabix, branflakes, porridge, muesli)

Wholemeal Biscuits (e.g. digestive, rye crispbread, oatcakes)

Wholemeal Bread

Wholemeal Pasta

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.

Useful Phone Numbers

Frederick Salmon Ward North 0181 235 4022

Frederick Salmon Ward South 0181 235 4191

Robert & Lisa Sainsbury Wing 0181 869 3399

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