University Hospitals of Leicester
NHS Trust

Having surgery for rectal prolapse

Colorectal surgery

Information for Patients

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What is rectal prolapse ?

A rectal prolapse happens when the normal supports of the rectum (the lower end of the colon just above the back passage) become weakened and the rectum drops down outside the back passage (anus).

This often happens because the bottom's muscle (anal sphincter muscle) becomes weak. It can be difficult to control the bowels. Poo or a jelly like material called mucus can leak. This condition can happen for both men and women but is much more common in women.

Sometimes this only happens when you use the toilet (open your bowels), and it 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.

What are the symptoms of rectal prolapse ?

Rectal prolapse is not dangerous but it can be disturbing because:

- You can find it difficult to control your bowel movements.
- You may find you have passed some poo (faeces) when you did not mean to. Or having some bright red blood or slimy mucus coming from your bottom.
- You might sometimes feel discomfort or pain
- You might need to push on your perineum to encourage bowel motions

Why does it happen?

There are a few reasons why rectal prolapse may happen:

- A lifelong habit of straining on the toilet
- Due to childbirth which may show later in life
- Rarely it may be due to a connective tissue illness which runs in families (genetic)
- As part of the natural ageing process. Connecting tissue which support the rectum inside the pelvis (ligaments) weaken and the anal sphincter muscle loses strength.
- Sometimes it can be part of wider more general problems in the pelvic floor area and the muscular base which supports the bladder, rectum and genital area (private parts). In this case, there may be problems of leaking pee (urine) and other pelvic organs may drop down out of normal position.
- Neurological problems (the brain, spine and nerves) may lead to prolapse.

How is rectal prolapse treated?

Although constipation and straining may affect or add to the development of rectal prolapse, simply correcting these problems may not improve the prolapse once it has developed. There are 2 ways of operating for rectal prolapse:

1. **Abdominal Rectopexy -** Surgery through the tummy to pull the bowels 'up'. This can be done either using mesh (synthetic / 'plastic' material) or using stitches (sutures)
2. **Perineal repair** - Surgery through the bottom (anus), either Delorme's Procedure or Altemeier's Procedure (see below for explanation).

For some patients who are suitable it may be possible to do the tummy repair through key hole surgery. This is an operation done through a small hole or holes in the tummy. There is no need for a much larger cut as is the case with open surgery.

The choice to recommend either type of surgery takes into account many factors. These include

- other medical problems you may have
- how physically fit you are
- the size of the prolapse
- the results of various tests

How successful is treatment?

The surgery is successful in more than 50 people out of every 100. Success depends on many factors, such as

- the health of your anal sphincter muscle before surgery
- if the prolapse is inside or outside of your body
- your overall health

It is important to know that surgery is not a life long fix. The prolapse might happen again at some point in the future.

What are the risks?

Possible early complications of any major operation include:

- Bleeding needing a blood transfusion or another operation
- Injury to nearby nerves or tissues
- Heart (cardiac) event or chest infection
- Blood clots in your lower leg (deep vein thrombosis or DVT) which could pass to your lung
- Wound infection, bruising, poor wound healing or weakness at the wound sites.
- Risk of death

Specific risks of an abdominal rectopexy or perineal repair of rectal prolapse

- Failure of the repair or rectal prolapse coming back
- Bleeding from the bottom
- Narrowing of the back passage (anal canal)
- Unable to control or stop opening of bowels (faecal incontinence). This maybe temporary or permanent
- Leak from the join in the rectum (in Altemeier's Procedure). This is the most severe complication. It can be life threatening. You might need to have a "stoma" bag
- If mesh was inserted to the abdomen / pelvis, the mesh (foreign body) can get infected, causing sepsis, and fistulae (abnormal communication between the surface of the bowel and/or bladder and/or vaginal wall).
- Life-long pelvic pain, if mesh was used.

What happens before the procedure?

After your surgeon puts your name in the waiting list, you will be invited for pre-operative assessment checks by an anaesthetist or pre-operative assessment nurse. This is on a different day before your surgery. You will then get a letter with the date of surgery and things you must do before the surgery.

What shall I expect on the day of surgery ?

This operation takes from 1 to 2 hours. It can be done under general or spinal (back) anaesthesia. The anaesthetist will talk to you about this in detail.

When you come to hospital we will give you an enema (through your back passage) to clear your lower bowel before surgery. This takes about 30 minutes to work. Other times, we may give you

medicine to take by mouth to clean out your bowel the day before your surgery.

Then we will take you to theatre. You will either be put to sleep (general anaesthetic) or have the spinal (back) anaesthesia to numb your back passage area before to starting surgery,

How will the surgeon fix my prolapse ?

If an abdominal rectopexy (surgery through the tummy) is done, the bowels will be pulled up and fixed with either some mesh or permanent stitches (sutures). You may also have some stitches on your tummy wall when closing the wound. These will usually dissolve naturally, or sometimes may need to be removed by the district nurse.

If a perineal surgery is done, either the lining of the bowel is removed **(Delorme's Procedure)** or a section of bowel is cut out (**Altemeier's Procedure**). It is then stitched back together from the inside. The surgeon might leave a special sponge dressing in your back passage. This will come out later when you use the toilet for a poo. There will be no visible wounds. No stitches will need to come out later.

What happens after the operation?

After your surgery, when you wake up, a nurse or nursing assistant will check your blood pressure on a regular basis.

You will be given pain relief to control any pain or discomfort.

You will have laxatives to make sure you can poo easily.

You can eat and drink as soon as you feel able to.

You will have compression stockings on your legs. These are to stop blood clots. We will encourage you to move around as soon as possible. We advise that you wear the stockings until you are fully mobile again.

You should read our leaflets on Reducing the risk of blood clots in hospital and at home. They are available from www.yourhealth.leicestershospitals.nhs.uk or ask a member of staff for a copy.

You will be able to go home after you have passed wind and had a poo.

How long will I stay in hospital?

It depends on your recovery. You may be discharged the same day or it may take few days. Eating foods rich in fibre, drinking plenty of fluids and moving around as soon as you feel able to do so, will all help you to recover.

Do I need to come back to hospital after discharge?

Your stitches are inside. They will dissolve over time. Your follow up plan will be written in your discharge letter.

When can I drive?

When you feel that you can make an emergency stop comfortably without hesitation. Preferably this should not be before 6 weeks

What do I need to do after I go home?

You may need to carry on taking your pain relief medicines and laxatives when you go home. Recovery will be different for everyone, and can last anywhere from 4 to 6 weeks.

You need to avoid the following:

- Any heavy lifting or straining for 6 weeks
- Constipation
- Medications that are given into your bottom (rectum) such as enemas or suppositories

Try to keep your poo soft by:

- Slowly eating more food containing fibre (fruits and vegetables)
- Drinking plenty of fluids
- Gentle daily exercise
- Mild laxatives and poo (stool) softeners as needed
- You might need pelvic floor exercises to help strengthen your pelvic floor muscles. The surgeon will talk to you about this

Contact details

You can contact us on 0116 258 6853 or the pelvic floor nurses on 0116 258 3775

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
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Previous reference:

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