

Perineal Repair of Rectal Prolapse

This leaflet explains what a perineal repair of rectal prolapse, which may also be called a “Delorme’s Operation” or an “Altemeier Procedure” is and why surgery may have been recommended for you. It explains the benefits, risks and any alternatives to surgery. It also explains what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is a rectal prolapse?

A rectal prolapse is when the last few inches of the rectum (or bowel) becomes stretched and protrudes from the bottom (anus).

What causes a rectal prolapse?

Vaginal childbirth, chronic constipation, heavy lifting and weak pelvic floor muscles all increase the risk of developing a rectal prolapse, as they can weaken the tissue that supports the rectum causing it to fall, or prolapse down.

What is perineal repair of rectal prolapse?

A perineal repair is when the rectal prolapse is repaired from the bottom (anus). Either the lining of the bowel or section of bowel that has prolapsed is removed and stitched back together. The surgery can take approximately an hour, and can be performed under a spinal or general anaesthetic.

Why should I have this operation?

Your doctor may recommend this operation to repair your rectal prolapse, especially if it causes symptoms such as:

- bulging in the rectum or vagina, pain and discomfort caused by the prolapse
- difficulty opening your bowels
- inability to control your bowel movements / having faecal soiling after opening your bowels
- discharge of mucus from the bottom.

What are the risks?

Possible early complications of any major operation

Problems that can occur while you are in hospital recovering are similar to those for any major operation. These include:

- bleeding requiring the need for a blood transfusion or re-operation
- injury to nearby nerves or tissues
- a chest infection
- blood clots in your lower leg (deep vein thrombosis or DVT), which could pass to your lung
- wound infection
- bruising around your wounds, poor wound healing or weakness at the wound sites.

Specific risks of a perineal repair of rectal prolapse

- failure of the repair, resulting in rectal prolapse recurrence
- bleeding from the bottom
- narrowing of the anal canal
- faecal incontinence , which maybe temporary or permanently
- leak from the join in the rectum – this is the most severe complication and can be life threatening.

Are there any alternatives?

Yes. You can attend the bowel function clinic and be seen by a specialist nurse or physiotherapist and taught a combination of correct toileting techniques, pelvic floor exercises and methods of emptying your bowels to avoid discomfort, and prevent further prolapse or episodes of incontinence. It may also be possible to try rectal irrigation. This involves inserting a tube or cone into your bottom and squirting up water. This enables the faeces (stool) to be flushed out of your bowel. However, you would be assessed if this is appropriate for you and shown how to do this properly in the bowel function clinic.

It is also possible to repair the rectal prolapse through the abdominal wall (tummy) this is called a ventral mesh rectopexy. Please discuss this option with your surgeon, and ask for the information leaflet.

A perineal approach to repairing the prolapse means the repair is all performed from the bottom. An abdominal approach involves repairing the prolapse by making a cut into the abdomen. The decision is made on the type of prolapse you have, previous surgery performed and your medical health.

How can I prepare for my operation?

You will be invited to the pre-assessment clinic before you get a date for your operation. This will be to assess your suitability for surgery and anaesthesia. You will have a blood test, a urine test and a swab for MRSA. You will also be given information on when you need to stop eating and drinking before your surgery.

Further information is provided in the **Having an anaesthetic** patient leaflet. If you do not receive a copy of this leaflet, please ask us for one.

Please bring comfortable clothes into hospital with you and arrange for someone to collect you from the hospital on the day of discharge.

You will be asked to go to the surgical admissions lounge (SAL) on the morning of your operation. From there you will go to the operating theatre and then will return on a bed to a ward after your procedure. Further information will be provided in the leaflet, **Surgical admission lounges and day surgery units at Guy's and St Thomas' hospitals**. If you do not have a copy of this leaflet, please ask us for one.

We will do everything we can to make sure there is no change to your admission date, but very occasionally we may need to prioritise someone who needs emergency treatment. We will aim to keep you informed if this is the case.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. If you would like more information about our consent process, please speak to a member of staff caring for you.

What happens during the operation?

Your operation can be performed under a spinal anaesthetic or general anaesthetic. This depends on how medically fit you are, any other medical conditions that you may have or any medication you are on. If you have a spinal anaesthetic, you are awake for the surgery, but you will not feel anything. If you are having a general anaesthetic, you will be asleep for the entire procedure.

Then your surgeon will remove the prolapse and stitch back together the rectum. There will be no visible wounds as the repair is performed within the anal canal.

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, and you will be given pain relief to control any pain or discomfort, and laxatives to make sure you have a comfortable bowel motion.

- You can eat and drink as soon as you feel able to.
- You will have compression stockings on your legs to prevent blood clots, and you will be encouraged to move around as soon as possible.
- You will be able to go home after you have passed wind and your bowels have opened. Depending on your recovery, this may take a couple of days. Eating foods rich in fibre, plenty of fluids and moving around as soon as you feel able to do so, will all help you towards your recovery.
- Your stitches are internal and will dissolve over time.

What do I need to do after I go home?

You may need to continue taking your pain relief medicines and laxatives when you go home. Recovery will be different for everyone, and can last anywhere from four to six weeks. You can resume normal activities as soon as you feel able to but should avoid straining, lifting and strenuous exercise for at least six weeks.

You may have rectal discharge or bleeding for up to six weeks after your operation, this is normal. If you develop abdominal pain, the discharge becomes foul smelling, or you have a temperature, please contact your doctor or go to A&E.

Do not take any rectal medications or enemas unless discussed with your surgeon, for at least two months after your surgery.

Will I have a follow-up appointment?

You will have a follow up appointment approximately six to eight weeks after your operation. If you have not received one, please call 020 7188 7188 and ask to speak to the ward you were discharged from. They will be able to check this for you.

Contact us

If you have any questions or concerns about your operation, please contact the **Pelvic floor unit** on **020 7188 4191** (Monday to Friday, 9am to 5pm) and ask to speak to a **clinical nurse specialist**. Out of hours, please contact your GP or local accident and emergency (A&E) department.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) e: pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) e: complaints2@gstt.nhs.uk

Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 e: languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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