

Transvaginal rectocoele repair and levatorplasty

This leaflet explains what a rectocoele repair and levatorplasty 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 rectocoele?

A rectocoele is a bulging of the rectum into the vagina. It happens when the tissues that separate the rectum and vagina are weakened. Vaginal childbirth, chronic constipation, and heavy lifting all increase the risk of developing a rectocoele, as they can weaken the tissue that supports the rectum and the vagina.

What is levatorplasty?

A levatorplasty is when the pelvic floor muscles (levator ani) are stitched together to strengthen the space between the rectum and the vagina to prevent recurrence of your rectocoele.

Why should I have this operation?

Your doctor may recommend this operation to fix your rectocoele, especially if it causes symptoms such as:

- bulging, pain and discomfort in the vagina
- difficulty opening your bowels
- a feeling of pressure or 'fullness' in your bowels, even when you've just had a bowel movement
- inability to control your bowel movements / having faecal soiling after opening your bowels.

What are the risks?

General surgery risks:

- infection
- blood clots in your legs or lungs
- bleeding during or after surgery.

Additional risks of a rectocoele repair and levatorplasty:

- failure of the repair, resulting in rectocoele recurrence
- injury to the rectum or nearby organs
- sex may feel different and may be painful
- infection due to an ano-vaginal fistula (connection between the anus and vagina).

Are there any alternatives?

Yes. You can be reviewed in the bowel function clinic by a nurse specialist or a specialist physiotherapist and taught a combination of correct toileting techniques, pelvic floor exercises and methods of emptying your rectum to avoid discomfort or episodes of incontinence. You can also try rectal irrigation. All patients will undergo review in the bowel function clinic prior to surgery being considered.

How can I prepare for my operation?

You will be seen in the pre-assessment clinic before you get a date for your operation. This will be to assess your fitness 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 start fasting. Further information is provided in the **Having an anaesthetic** patient leaflet.

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 come 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.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. The procedure, its risks and complications will be explained to you and you will be given the opportunity to ask any questions. 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 that you understand what it involves.

You should receive the leaflet, **Helping you decide: our consent policy**, which will give you more information. If you do not, please ask a member of staff for a copy.

What happens during the operation?

Your operation will be performed under general anaesthetic. This means that you will be asleep for the entire procedure. Your surgeon will make a cut on the back wall of the vagina and the rectocele will be pushed back into place (rectocele repair). Your surgeon will then stitch together the existing muscles to create a new support (levatorplasty).

What happens after the operation?

When you wake up you will have a catheter (tube to drain your urine) in place. You will also have a vaginal pack in place – this means that clean, soft gauze will be placed in your vagina to help absorb any bleeding immediately after your operation. Both the catheter and the vaginal pack will be removed the day after your operation.

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 one to three days after your surgery, depending on your recovery.
- Your stitches will dissolve over time.

What do I need to do after I go home?

You will need to continue taking your pain relief and laxatives when you go home. Recovery will be different for every woman, 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 vaginal discharge or vaginal bleeding for up to six weeks after your operation. Let your doctor know if this becomes foul smelling, heavy or you have a temperature, as these can be signs of infection. Avoid using tampons or having sex until it feels comfortable to do so.

Will I have a follow-up appointment?

You will have a follow up appointment approximately six to eight weeks after your operation.

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.

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

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

e: 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's **e:** pals@gstt.nhs.uk

Language support services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

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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