

# Ventral mesh rectopexy

This leaflet explains more about having a ventral mesh rectopexy, including the benefits, risks and alternatives, as well as 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 ventral mesh rectopexy?

A rectopexy is an operation in which the rectum (the part of the bowel that is nearest the anus) is put back into its normal position in the body. It is an operation performed for patients with:

- an external rectal prolapse
- an internal prolapse (also known as rectal intussusception)
- a rectocele (bowel bulging into the vagina)
- symptoms of obstructive defecation.

Patients with faecal incontinence may also benefit from the procedure.

In most cases ventral mesh rectopexy is performed as a laparoscopic (keyhole) procedure. During the operation, the lowest part of the bowel (rectum) is released from the back wall of the vagina (in females) or the bladder and prostate (in males) and a mesh is fastened to the front of the rectum using stitches. The mesh (a sterile sheet of netting) may be biological (made from bodily tissue) or synthetic (made from non-natural materials). The mesh is then fixed with special tacks to the bone at the back of the pelvis known as the sacrum. This has the effect of pulling up the bowel and preventing it from prolapsing downwards (falling out of place). The operation usually involves only three or four small incisions (cuts) to the abdomen, no larger than one centimetre.

## What are the risks?

Ventral mesh rectopexy is a relatively low risk procedure, because no bowel is removed. However, as with any surgery, complications can occur.

### General risks with surgery:

- No improvement or worsening of existing symptoms
- Chest infection
- Blood clots in your legs or lungs
- Bleeding during or after surgery
- Infection.

### Additional risks with a ventral mesh rectopexy:

- Erosion of the mesh (the risk of this is greater when a synthetic mesh is used)
- Fistula (development of an opening between the rectum and the vagina)
- Injury to your bowel
- Ureteric injury (damage to the tubes that carry urine from the kidneys to the bladder)
- Faecal urgency
- Making your faecal incontinence worse.

## Are there any alternatives?

Yes, you may be reviewed in the bowel function clinic by a nurse specialist or a specialist physiotherapist. Here you will be taught a combination of correct toileting techniques, pelvic floor exercises and how to empty your rectum to avoid discomfort or episodes of incontinence. You may also try rectal irrigation (flushing the lower bowel with a water/salt solution).

All patients will undergo review in the bowel function clinic before surgery is considered.

## How can I prepare for the 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 on this is provided in our leaflet, **Having an anaesthetic**. If you have not yet received a copy and would like one, please ask a nurse or doctor caring for you.

You should arrange in advance for a friend or relative to escort you home after your stay in hospital. As you will be in hospital at least overnight, you should bring some comfortable clothes to wear during your stay.

On the morning of your operation, please check in at the surgical admissions lounge (SAL). From here you will go to the operating theatre and then will return to a ward after your procedure. Further information is provided in our leaflet, **Surgical Admissions Lounges (SAL) and Day Surgery Units (DSU) at Guy's and St Thomas' hospitals**. Please ask us for a copy if you do not already have one.

We will do everything we can to make sure there is no change to your admission date, but very occasionally we 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. 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 gives you more information. If you do not, please ask a member of staff caring for you for a copy.

## What happens during the operation?

Ventral mesh rectopexy is a keyhole surgery, which involves a little cut just below the umbilicus (belly button) and two other small cuts on the right side of the tummy. The operation will be performed under general anaesthetic. This means that you will be asleep for the entire procedure. During the operation, the bowel is lifted up out of the pelvis and a mesh is put in place to hold the bowel in its normal place in the abdomen. The mesh will also prevent it from prolapsing back down into the pelvis (intussusception). The procedure usually takes between one and a half and two and a half hours.

## Will I feel any pain?

As with all operations, you should expect some discomfort. We will give you painkillers to take home with you. Please take them regularly, as this will keep the medicine at a constant level in your body.

and control your pain better. Always follow the instructions on the packet and never take more than the recommended dose. Your discomfort should settle down after a few weeks.

## **What happens after the operation?**

After the operation, you will normally have a urinary catheter in place (a thin tube into your bladder) and a drip in your arm. You will be allowed to eat and drink as soon as you want to after the operation, and your drip will be removed once you are drinking enough. 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, as well as laxatives to make sure you have a comfortable bowel motion. You will have compression stockings on your legs to prevent blood clots, and you will be encouraged to move around and get up and walk as soon as possible. The day after your operation your catheter will be removed. You should be able to go home one to three days after the operation.

## **What do I need to do after I go home?**

You will need to continue on your pain relief and laxatives when you go home. Recovery will be different for every person, 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. Sexual intercourse should be avoided for four weeks or until you feel comfortable. Returning to driving will depend on cover from your insurance company.

## **Will I have a follow-up appointment?**

You will have a follow up appointment approximately six to eight weeks after your operation. This will be with your surgeon and you will have an abdominal and rectal examination to make sure everything is healing appropriately.

### **Contact us**

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

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

### **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:

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