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Delormes Operation

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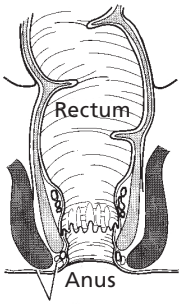
Your surgeon has suggested that your rectal prolapse would benefit from an operation. Although a rectal prolapse is rarely a dangerous or life-threatening condition, this can be very uncomfortable, a considerable nuisance and may cause loss of bowel control.

A Delormes operation aims to prevent further prolapse. This operation involves the surgeon removing some of the lining of the rectum (mucosa) and reinforcing the muscle of the rectum by stitches. This is done via the back passage and no external incision is needed.

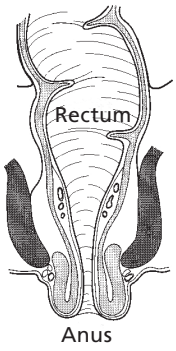
What is a rectal prolapse?

A rectal prolapse occurs when the lowest part of the bowel telescopes on itself and protrudes out through the anus. Sometimes this only happens when having the bowels open and goes back on its own. In more severe cases the rectum may need to be pushed back or may even stay outside all the time.

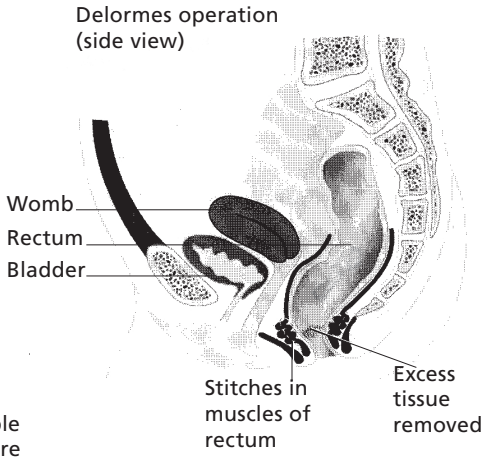
Rectal prolapse usually occurs as a result of pelvic floor weakness. It may be associated with other forms of prolapse in women, such as uterine prolapse or cystocele. Childbirth may be a contributing factor to the development of pelvic floor weakness in women. Chronic straining may also be responsible for the development of some cases in men and women. Rarely, malnutrition may play a part in the development of rectal prolapse.



Normal position of the rectum



Rectal Prolapse suitable for Delormes procedure



What does the operation entail?

The operation is performed under a general anaesthetic but can be carried out under a spinal anaesthetic. During the operation itself the lining (mucosa) is stripped off the prolapse to expose the muscle of the bowel wall. When all the lining has been stripped, the muscle is bunched up with stitches to get rid of the prolapse. The excess lining (mucosa) is then trimmed and stitched back to cover the repair. The operation takes around 60 minutes to complete.

What are the risks?

All operations carry a degree of risk, with some being expected more than others.

Risks of this type of surgery include:

- Chest infection
- Blood clot in the legs or lungs
- Post-operative bleeding from the back passage
- Cardiac problems including heart attack

Rarely the bowel lining may become separated at the stitch line internally. This doesn't usually cause a problem but may result in bleeding for a period of several weeks until it is fully healed.

There is a very small chance of a stricture developing after the operation. This is a narrowing of the bowel where the stitch line is. It very rarely causes a problem but may need stretching to help with bowel emptying. This is done simply as a day case procedure.

There is also the risk that this operation will not get rid of the prolapse permanently. There is a one in five risk of it coming back. However the operation can be repeated if the prolapse does come back.

What are the benefits?

This operation is relatively minor and doesn't upset the bowels too much. It also has less risk of side effects than other operations. In most cases it resolves the prolapse and improves control of the muscles in the back passage. The improvement in leakage may take some months before it is apparent.

What are the alternatives?

Other operations to resolve the prolapse are all done through the abdomen and work by fixing the bowel in position so that it can't prolapse down. Some can be done laparoscopically but they all result in a scar on the tummy. They are more major procedures and therefore have a greater risk of side effects. Recovery from them tends to take longer, but the risk of recurrence of the prolapse is less.

Before your operation

You will probably come into hospital the day of your operation. It is important that the bowel is clean before this operation, so you will be given some medicine or an enema to make sure that your bowel is empty. Blood will be taken for routine blood tests done before any operation, and an ECG may be recorded which shows the pattern of your heart. You will be asked some questions about your general state of health by the nurses and doctors on the ward and this is a good time to discuss any further questions you might have. You will be given some white stockings to wear during and after the operation and an injection each day. This is to help prevent blood clots in your legs.

You will be visited by an anaesthetist before your operation, who will discuss the anaesthetic and the most suitable form of pain relief for after the operation.

Post-operatively

You will have an intravenous drip into your arm and may have a catheter to drain your bladder so some discomfort is to be expected. Painkillers will be given regularly at first; please ask your nurse if you need something to help with the discomfort. When you are awake you will be able to drink as you wish and when you are drinking well enough, the drip in your arm will be removed; you will usually be able to eat a light meal later the same day. The catheter, if needed, will be removed the following day.

You usually stay in hospital until you are reasonably comfortable when having your bowels open; this is usually 2–4 days after the operation, but it can vary a lot between individuals.

You may take a bath or shower the day after your operation, and there are no stitches to be removed.

Occasionally a catheter is placed into the bladder during the operation to ensure that it emptied correctly. This is usually removed the following day.

From the day of the operation 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, and you may also find that you have a small mucus discharge from the anus for about a week; wearing a pad will protect your clothes. Bleeding may continue for up to two weeks, and is particularly common around the 10th post-operative day.

The time taken to get back to normal activities varies a lot for different people. Do as much as you feel comfortable doing. Most people need about a week off work, however this will depend on what job you do. It is important that you pay attention to your body and only do as much as you feel able.

You can resume sexual activity as soon as you feel comfortable. It is advisable that you refrain from swimming for a few weeks until this area has completely healed.

It is important to keep mobile after the operation as this reduces the chances of complications developing. Going for a daily walk is encouraged. Heavy lifting, such as shopping, and activities, such as digging the garden and spring cleaning, should be avoided for about 6 weeks. These activities all increase the pressure on the pelvic floor and may increase the risk of the prolapse recurring.

It is usually safe to resume driving after about four weeks, but it is prudent to check with the insurance company before doing so.

Possible long-term effects

In a few cases where someone has weak muscles around the back passage (anal sphincter) and has difficulty in controlling the bowels, this may not improve immediately after surgery, and may take several months for things to settle down. Sometimes a series of exercises to improve the function of these muscles is necessary.

A Delormes operation does not guarantee that a rectal prolapse will never come back and the best way of helping to prevent this is avoiding heavy lifting and straining. If you are prone to constipation, then try to increase your amount of fibre intake; fibre forms the structure of cereals, fruit and vegetables. Fibre is not completely digested and absorbed by the body so it provides bulk to the stools, which helps with movement of waste through the body.

To minimise your risk of constipation:

1. Increase the amount of fibre in your diet gradually
2. If fibre in your diet is not enough to keep stools soft then consider taking a fibre supplement such as Fybogel
3. If you become pregnant, take special care not to become constipated
4. Ensure that you drink plenty of fluid, at least 6–8 cups a day
5. If you develop regular difficulty opening your bowels seek medical advice

Foods rich in fibre

- Beans (including baked beans)
- Brown rice
- Fruit (especially if eaten with skins or pips) and dried fruit
- Lentils
- Nuts
- Peas
- Seeds
- Vegetables especially if eaten with skins or seeds, e.g. jacket potatoes
- Wholegrain cereals
- Wholemeal biscuits/bread/pasta

Follow-up

If you have any problems or any questions immediately after you go home, please call the ward where you had your operation. If you have a problem after a few days at home, please contact your GP.

You will be seen in the outpatient department 6–8 weeks after your discharge.

If you have any further questions please do not hesitate to ask. Contact details for the Colorectal Clinical Nurse Specialists:
Tel: 0121 371 4501 (answerphone)

Useful contacts

Bladder and Bowel Foundation

Helpline: 0845 345 0165

www.bladderandbowelfoundation.org

Core

Tel: 0207 486 0341

www.corecharity.org.uk

The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm

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