Ventral mesh rectopexy

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Your surgeon has advised that your rectal prolapse needs an operation. Although a rectal prolapse is not a dangerous or life-threatening condition, it can be uncomfortable, a considerable nuisance and may cause loss of bowel control.

A ventral rectopexy is a keyhole operation performed for patients with external rectal prolapse. It is also used for patients with symptoms of difficulty in evacuating or internal prolapse (also known as rectal intussusception).

**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 the bowel opens 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 both men and women. Rarely, malnutrition may play a part in the development of rectal prolapse.

**What does the operation involve?**

In most cases this operation can be performed as a laparoscopic (keyhole) procedure. During the operation, the lowest part of the bowel (rectum) is freed up on one side. A mesh is fastened to the front of the rectum using stitches. The mesh is then fixed using special tacks to the bone at the back of the pelvis (the sacrum). This has the effect
of pulling up the bowel and preventing it prolapsing downwards. The operation usually involves only three or four small incisions, no larger than 2cm. Occasionally, the operation cannot be done as a keyhole procedure and an open operation is required. This would result in a scar down the middle of the abdomen.

**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. You will have an intravenous drip inserted 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 else 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.

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 and 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.

**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
- Cardiac problems including heart attack
- Internal bleeding
- Wound infection

Sometimes during the operation the surgeon discovers that it is not possible to carry out the procedure using a wholly keyhole approach. In this situation, a cut is made and the operation is done as an open procedure.

There is also the risk that this operation will not get rid of the prolapse permanently. There is a one in 10 risk of it coming back. However, the operation can be repeated or a different operation performed if the prolapse does come back.

In some cases the operation, whilst correcting the prolapse, may not
improve bowel functioning. Other treatment may be necessary with
the aim of improving this.

Rarely the mesh used to pull up the bowel can erode into it. If this
happens, the mesh or part of the mesh may need removing with a
further operation.

What are the benefits?

This operation has less risk of the prolapse recurring than other
operations. In most cases it resolves the prolapse and improves control
of the muscles in the back passage.

What are the alternatives?

Other operations to resolve the prolapse are done through the back
passage and work by pleating the bowel wall up and so reducing the
prolapse. This is a more minor operation which people recover from
more quickly. However there is a bigger risk of the prolapse recurring.

Postoperatively

You will usually stay in hospital until you are reasonably comfortable
when having your bowels open. This is usually two-four days after the
operation but it can vary a lot between individuals.

You may take a bath or shower the day after your operation. There will
be some small wounds which may have dressings on them.

Occasionally a catheter is placed into the bladder during the operation to
ensure that it empties correctly. This is usually removed the following 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 two - three weeks 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 the wounds have 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 although heavy lifting, such as shopping and activities such as digging the garden and spring cleaning, should be avoided for about six 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 your 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.

This operation does not guarantee that a rectal prolapse will never come back and the best way of helping to prevent this is by avoiding heavy lifting and straining. If you are prone to constipation, 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 six - eight cups a day
5. If you develop regular difficulty opening your bowels, seek medical advice

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 six - eight weeks after your discharge.
If you have any further questions please do not hesitate to ask.

**Contact details for the Colorectal Clinical Nurse Specialists:**
**Telephone:** 0121 3714501 (answerphone)

**Useful contacts**

**Bladder and Bowel Foundation**
**Helpline:** 0845 345 0165
**Website:** www.bladderandbowelfoundation.org

**Guts UK**
**Telephone:** 0207 486 0341
**Website:** gutscharity.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 or call 0121 371 4323.

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