Sydney Colorectal Clinic

# Prolapse Repair Surgery

*Post-Operative Instructions*

Rectal prolapse is a condition where the lowest part of the rectum becomes displaced and starts to drop down through the anus. This prolapse can be internal, partial or full-thickness. Prolapse Repair surgery is used to treat rectal prolapse. This is typically either completed as a transanal approach or an abdominal approach.

*Transanal Approaches:*

- Altemeier's Procedure: involves the surgeon pulling the rectum through the anus, removes a portion of the rectum and sigmoid colon and attaches the remaining rectum to the large intestine (colon).
- Delorme's Procedure: involves the inner layer (mucosa) of the prolapsed rectum being removed, preserving the muscle layer which is then folded over with the use of stitches
- Modified HAL-RAR Procedure:

*Abdominal Approaches:*

- Rectopexy: involves mobilising the rectum, and suspending it, usually with mesh, to the bony prominence (sacral promontory) of the pelvis.
- Resectional Rectopexy: involves cutting the sigmoid colon, the last part of the colon connected to the rectum, and then restoring the rectum to its normal position using stitches.

**Expected Postoperative Effects:**

- You may experience drowsiness, fatigue, or dizziness as a result of the anesthetic.
- For the first 2 weeks after the procedure, you will very likely experience mild to severe pain, discomfort and throbbing. This is due to the presence of stitches in the rectum and from inflammation post-surgery. You will be prescribed pain medication for this.
- The throbbing can be associated with an urge to open your bowels even when your bowel is empty. This sensation usually ceases within a week or so. It is important not to strain on the toilet as this can impact healing. Ensure you drink plenty of fluids and follow a high fibre diet.
- You will, more than likely, experience some bleeding in the postoperative period. This should settle within 2-4 weeks. If you do pass a large volume of blood, or on a frequent basis (without emptying the bowel), please contact the office.
- You may not feel the need to open your bowels for a few days following the procedure. This is normal. If you have not opened your bowels by the 3rd day post-operatively, try taking some coloxyl that evening to gently re-establish normal function. If this constipation persists beyond 5 days, please contact the office.

To ease these postoperative symptoms, we would recommend taking regular sitz baths/warm salt baths, taking pain relief as required, staying hydrated, eating a high fibre diet, and taking stool softeners to avoid constipation.

### Returning to work and activities:

- Most patients require at least 2 weeks off from work following the procedure. Our office can provide a medical certificate if required.
- You should avoid straining when emptying your bowels, avoid constipation and limit your toileting time to 1-3 minutes.
- You should avoid heavy lifting and strenuous activity for at least 8 weeks.
- Do not drink alcohol, drive, operate heavy machinery, or sign legal documents for at least 24-48 hours, or while on pain medication.

### Follow-Up Appointment:

You should call the office on 1300 008 883 to arrange a postoperative appointment with Dr Urquhart. This should be made within 6-8 weeks.

### Contact the rooms if you experience any of the following:

- Persistent and increasing pain
- Fever, chills, or high temperature
- Large volume of bleeding
- Difficulty passing urine or bowel movements

**If you have any questions or concerns, please do not hesitate to contact the clinic on 1300 008 883. If you begin to feel unwell after hours, please contact the after-hours nurse at St Vincent's Hospital, or present to your nearest emergency department.**