

RECTAL PROLAPSE REPAIR – DELORME’S OPERATION

Dr Matley & Partners: Patient Information

BRIEF DESCRIPTION

You and your surgeon have decided that your rectal prolapse is severe enough or troublesome enough to need an operation. A Delorme’s procedure aims to repair the prolapse. This operation involves the surgeon removing some of the prolapsed lining of the rectum (mucosa) and reinforcing the muscle of the rectum by placating stitches. This is done via the anus. No external incision is needed.

WHY IS THIS OPERATION NECESSARY?

The lowest part of the bowel, the rectum, in your case has become rather slack. When you strain, the lining of the rectum and finally the walls of the rectum pout out through the back passage (anus). As well as the pouting bowel, many people have soiling and cannot control the wind. A rectal prolapse occurs when the normal supports of the rectum become weakened, allowing the muscle of the rectum to drop down through the anus to the outside. Sometimes this only happens when you open your bowels, and goes back on its own. In more severe cases, the rectum may need to be pushed back after opening the bowels, or may even stay outside all the time. While not a dangerous or life-threatening condition, this can be very uncomfortable, a considerable nuisance, and may cause loss of bowel control. There may also be a mucus or blood -stained discharge.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

An abdominal operation, which is a more complex procedure, is recommended in some patients, depending on their age, sex and the severity of the condition.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of qualified professionals who aim to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

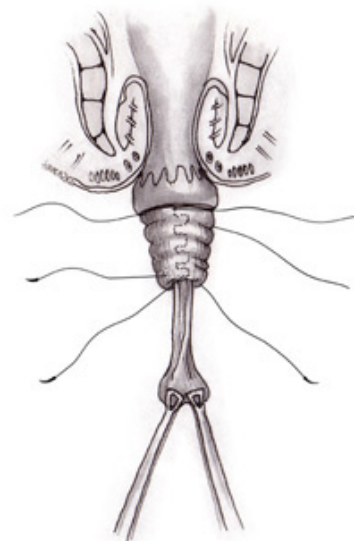
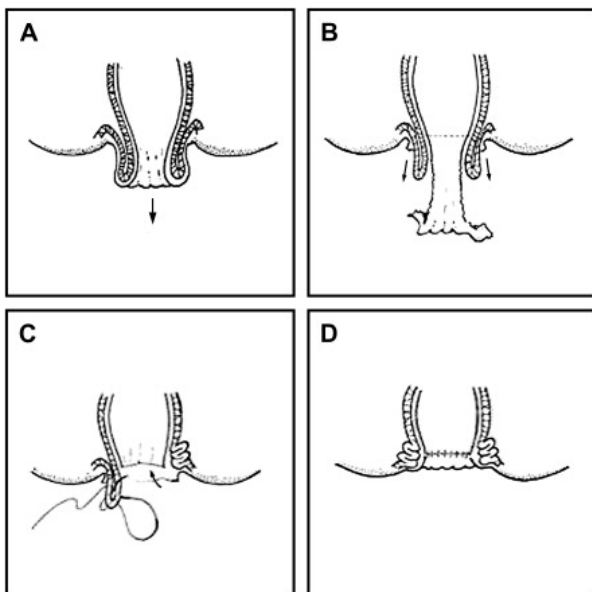
There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys. All operations involving an anaesthetic have a theoretical risk of death.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

The attraction of this procedure is its very low incidence of complications. Bleeding, severe pain and infection are rare. Bowel perforation is theoretically possible, more so in redo operations. Recurrence is reported, but in our own experience this is rare. If you were incontinent for faeces beforehand, you may notice an improvement. If constipated, a laxative may be necessary.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur. It is frequently performed with you awake, with a spinal anaesthetic, where an injection is given in the lower back to numb the lower half of your body.



These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat for at least six hours, nor drink clear fluids for three hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation. Sometimes bowel prep salts are prescribed to clear your colon beforehand.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission. When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses. You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax. You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown. Wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 60-90 minutes

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. (ICU/HCU) Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward. You will have a catheter in your bladder

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain. A sleeping pill is usually offered to you at night.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will be allowed water, tea or juice in small amounts immediately after the operation, and can start eating food a few hours later

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You should be able to walk a short distance very soon

after waking up, but ask the nursing staff for assistance if you feel dizzy. You should be able to walk without too much discomfort by the next day and will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 2 to 4 days. It is quite normal for the bowels not to open for a day or so after operation. The doctor will be discussing your bowels each day with you and will order the necessary laxatives. Your bowels need to work before you leave. As there is a drainage tube (catheter) in the bladder, passing urine is not a problem. Sometimes there is a feeling that there is a leakage all the time, but this is just an irritation by the tubing and it passes off. Once you can walk about in reasonable comfort, the catheter is taken out. You must pass urine after the catheter is taken out. If you cannot, ask the nurses for advice.

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you may also need to take antibiotics for a few days after you go home. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

Your bowels may take some time to establish a pattern. Slight mucous and bloody discharge is probable, and may require a pad.

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible soon after and should be discussed with the surgeon at your post-operative visit

HOW SOON CAN I DRIVE A CAR?

When comfortable. Usually delay this until your post-operative visit, unless required to drive in an emergency

HOW LONG WILL I BE OFF WORK?

Usually about two weeks. Discuss with the surgeon at your post-operative visit

WHAT ABOUT PAYMENT?

The procedure and its associated costs will have been discussed with you, and a quote provided. Where procedures need to be unexpectedly altered during the course of the procedure, the fee may change. Similarly, emergency procedures may incur an additional cost.

Surgeons are highly trained, highly skilled professionals and throughout your care a member of the practice is available to attend to you 24 hours a day. In return we expect prompt payment of your account.

We do not submit accounts to medical aids.