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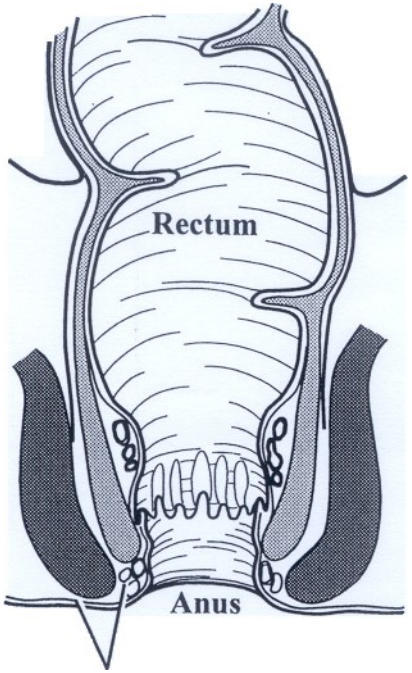
RECTAL PROLAPSE

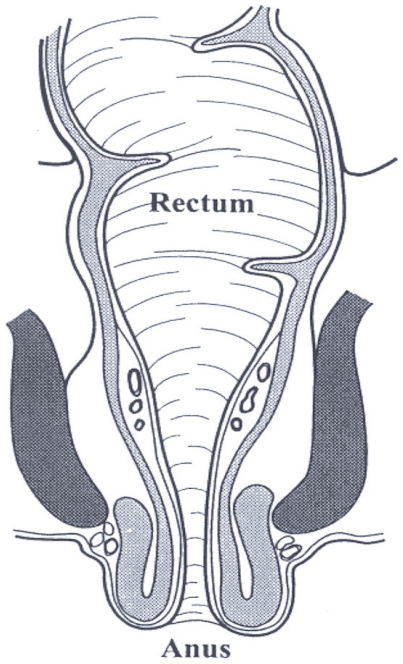
What is a rectal prolapse?

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.



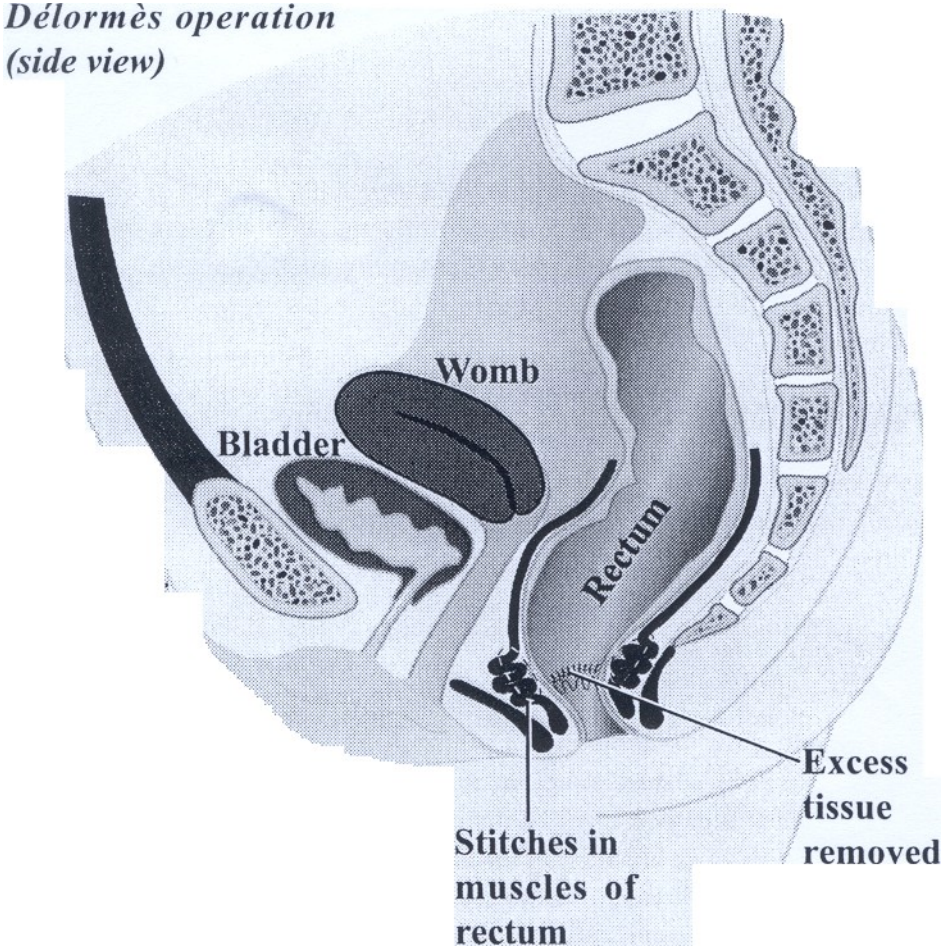
Muscles of the anal sphincter

Normal position of the rectum



Rectal Prolapse

Suitable for Delorme's procedure



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.

If you feel that you would like further guidance on diet, your doctor may be able to refer you to a dietician.

If you develop regular difficulty with opening your bowels, do not struggle on alone -seek medical advice.

Foods rich in fibre

Beans (including baked beans)
Brown Rice
Fruit (especially when eaten with the pips or dried)
Lentils
Nuts
Peas
Seeds
Vegetables (especially if eaten with the skins and seeds, eg jacket potatoes)
Whole grain cereals
Porridge, muesli)
Wholemeal biscuits
Wholemeal Bread
Wholemeal Pasta

E-mail surgeons@surgcare.co.za
Web page http//www.surgcare.co.za

How will the operation help me?

Your surgeon has advised that your rectal prolapse is severe enough or troublesome enough to need an operation. A Delormes operation aims to prevent further prolapse. This operation involves the surgeon removing some of the prolapsed lining of the rectum (mucosa) and reinforcing the muscle of the rectum by stitches. This is done via the anus. No external incision is needed.

WHAT HAPPENS BEFORE THE OPERATION?

Reception

When registering at reception your medical aid details will be required. Your medical aid may require that you obtain an authority number from them for the hospital. Please check this. If you are not on 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.

Welcome to the ward

You will be welcomed to the ward 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, then read this again and then ask for more details from the surgeon or from the nurses.

Are there any long-term effects of the operation?

In a few cases where someone has weak muscles around the back passage (anal sphincter) and a tendency to difficulty in controlling the bowels, or leakage, this may not improve immediately after the operation. Give it time -it can take several months for things to settle down following surgery. If you find that you are having difficulties, don't just put up with it, you should talk to your doctor. Sometimes some exercises to strengthen the sphincter will help.

A Delormes operation does not guarantee that a rectal prolapse can never come back. The best way of helping to prevent this is to avoid heavy lifting and straining to open your bowels. If you have a tendency to constipation, try to increase the amount of fibre in you diet. Fibre forms the structure of cereals, fruit and vegetables. It is not completely digested and absorbed by the body, so it provides bulk to the stools. This helps the movement of waste through the intestines, resulting in soft stools, which are easy to pass. See list for suggestions on foods rich in fibre.

You should increase the amount of fibre in your diet gradually - a sudden increase can cause abdominal discomfort and wind. If fibre in your food is not enough to keep your stool soft then consider taking a fibre supplement, such as Fybogel.

If you become pregnant you will need to take special care not to become constipated.

It is also important to ensure that you drink plenty of fluid. Try to take at least 6-8 cups of fluid a day. The fluid you take can be any type, including water, tea coffee, fruit juice, squash or soup.

Visit by the anaesthetist.

The anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had.

It is important that the bowels are rested after this operation, so you will be given some medicine or an enema to make sure that you bowel is empty. Blood will be taken for the routine blood tests done before any operation. The nurses on the ward will ask you some questions about you general state of health, and this is a good time to discuss any further questions that you have about the operation.

What will happen when I come back from the operating theatre?

You will have an intravenous drip in your arm and a catheter to drain your bladder. You may also have a small dressing plug in the anus. Some discomfort is to be expected. Painkillers are available and will be given regularly at first: please ask your nurse if you need something to help with discomfort.

When you are awake you will be able to drink as you wish, and when you are drinking well the drip in your arm can come out. You will usually be able to eat a light meal and get up the next day. The catheter will usually stay in your bladder for 1-2 days.

How will I open my bowels?

From the day after your 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. 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. Some bleeding may continue for up to 2 weeks, and is particularly common around the lOth postoperative day.

How long will I be in hospital

We will usually want you to stay in hospital until you are reasonably comfortable when having your bowels open. This is usually 3-4 days after the operation, but this can vary a lot between individuals. You can take a bath or shower the day after your operation. There are no stitches to be removed.

How long should I stay off work?

The time taken to get back to normal activities varies a lot for different people. Do as much as you feel comfortable doing. If you need to take painkillers these may make you drowsy, so you should avoid driving or operating machinery. If lifting causes you discomfort you should avoid it.

Most people need about a week off work, but this will depend a little on what you do, and it is important for you to pay attention to your body, and only do as much as you feel able to.

It would also be unwise to go swimming for a few weeks until the area has completely healed. You can resume sexual activity as soon as this feels comfortable.