dressing.Soap and tap water are entirely adequate. Salted water is not necessary.

How long in hospital?

Usually you will feel fit enough to leave hospital after 5 to 7 days.
You will be given an appointment for a check up about a 1 to 2 weeks after your operation.

After you leave hospital

You are likely to feel a bit tired and need rests 2 or 3 times a day for two weeks or more.
At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After two months you can lift whatever you like. There is no value in attempting to speed the recovery of the wound by special exercises before the month is out.

Driving.

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 3 weeks.

What about sex?

You can restart sexual activities within 3 to 4 weeks, when the wound is comfortable enough.

Work

You should be able to return to light work within 4 weeks and a heavy job within 6 weeks.

Complications

Complications are seldom serious and are well known. A leak from the join in the bowel if this has been necessary is the most significant. Potential damage to other structures, particularly the ureters which carry urine from the kidney to the bladder, is possible but very unusual. Bruising and swelling may be troublesome. The wound swelling may take 4 to 6 weeks to settle down. Infection is a rare problem and will be treated appropriately by the surgeon. Sometimes there is some discharge from the drain. This stops given time. Aches and twinges may be felt in the wound for up to 6 months. Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.Chest infections may arise, particularly in smokers. Co-operation with the physiotherapists to clear the air passages is important in preventing the condition. Do not smoke.

General advice.

The operation should not be underestimated, but practically all patients are back at their normal activities within a month. If you have any problems or queries, please ask the nurses or doctors.

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REPAIR OF RECTAL PROLAPSE

What is a rectal prolapse?

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.

What does the operation consist of?

The aim of the operation is to hitch up the rectum stitch it to the inside of the pelvis so that it cannot pout out any more. Usually a nylon sheet is placed behind the rectum to help secure it. Sometimes there is the bowel may have become very slack and elongated which may require a section of the bowel to be removed . Over several months the loss of control of the wind and the soiling gradually get back towards normal.

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.

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.

Diet.

You will have your usual diet until the day before the operation. It is important for the bowel to be empty and clean and therefore safe for the operation. You will be given detailed instructions in this regard.

Shaving.

The operation area will be shaved to remove excess hair.

Timing of the operation.

The timing of your operation is usually arranged the day before so that the nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Premedication.

You may be given a sedative injection or tablets about 1 hour before the operation.

Transfer to theatre.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, 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.

The operation is then performed.

WHAT HAPPENS AFTER THE OPERATION.

Coming round after the anaesthetic.

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. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary. You may be given oxygen from a face mask for a few hours if you have had chest problems in the past.
You will be given salt solutions or blood down a plastic tube into an arm vein until you are drinking normally. You may have a fine plastic tube down the back of your nose to drain your stomach for a day or two. A tube (catheter) is put into your bladder during the course of the operation to drain urine until you are more mobile.

Will it hurt?

The wound is painful and there is discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant. You may have a drip into your back (an epidural) for pain control. The anaesthetist will discuss this with you. You will be expected to get out of bed the day after operation despite the discomfort. You will not do the wound any harm, and the exercise is very helpful for you. The third day after operation you should be able to spend most of your time out of bed and in reasonable comfort. You should be able to walk slowly along the corridor. By the end of one week the wound should be virtually painfree.

Drinking and eating.

The operation causes the bowel to stop working for a day or two. Until the bowel starts up again, you will be given water, salts and sugar solutions into your arm vein. The tube in your nose will be used to draw off any build-up of stomach juices. The first signs of returning bowel activity are noises in your tummy and passing wind out of your back passage. Once these have happened you will be able to start drinking - a little at a time. When you are able to drink freely, the arm drip tubing is removed.
You should be eating normally after 4 or 5 days. You should be on a full diet within a week.

Opening bowels

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.

Passing urine

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.

Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

Physiotherapy

The physiotherapist will check that you are clearing your lungs of phlegm by coughing and that you are helping your circulation by movement of your arms and legs. Coughing, although uncomfortable, will not harm your wound.

The wound

The wound has a dressing which may show some staining with blood in the first 24 hours. The wound is held together by stitches which are removed after 8-10 days. The dressing is usually removed after 1-3 days and replaced. This dressing is usually waterproof allowing you to shower. Sometimes a plastic drain is used to drain excessive secretions from the wound or abdominal cavity. It may be slightly uncomfortable but is removed after a few days. There may be some purple bruising around the wound which spreads downward by gravity and fades to a yellow colour after 2 to 3 days. This is normal.
There may be some swelling of the surrounding skin which also improves in 2 to 3 days. After 7 to 10 days, slight crusts on the wound will fall off. Occasionally minor matchhead sized blebs form on the wound line, but these settle down after discharging a blob of yellow fluid for a day or so.

Washing

You can wash the wound area as soon as the dressing has been removed or earlier with a waterproof