Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Delorme's Operation for Rectal Prolapse

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Delorme’s Operation For Rectal Prolapse

Patient Information

Colorectal Surgery

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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 it 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 bloodstained discharge.

What are the benefits of the operation?

Your surgeon has advised that your rectal prolapse is severe enough or troublesome enough to need an operation. A Delorme's 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, and no external incision is needed.

What are the specific risks/complications of this operation?

- Bleeding
- Infection
- Recurrence
- Leakage through the anus

These risks and complications will be explained to you when the surgeon asks you to sign the consent form for the operation.

Alternatives

There are no effective alternatives to surgery, apart from wearing a pad and avoiding straining. The other surgical procedures will have already been discussed with you by your surgeon.

Pre-admission assessment clinic

You will attend the pre-admission assessment clinic prior to admission to ensure you are fit for surgery, allowing time for the necessary pre-operative tests, which may include blood tests, cardiogram (ECG) and a chest x-ray.

Coming into hospital

You will be admitted on the day of the operation to the Surgical Admissions Lounge.

You may be given an enema before going to theatre. This is to clear out the rectum (lower bowel) in preparation for surgery.

The surgeon performing the operation will see you and you will also see the anaesthetist. If you have any questions about your operation, please ask the doctors.

The operation is usually carried out under general or spinal anaesthetic. You will need to be “nil by mouth” (that is: not allowed to eat or drink) on the day of the operation; the nurses looking after you will instruct you about this and prepare you for theatre when the time

comes.

What should I expect after my operation?

You will have an intravenous drip in your arm. 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. The doctors may decide that it is necessary for you to remain on fluids only before you start eating This will be explained to you by the doctors and/or nursing staff.

You may need to have a catheter inserted after the operation to drain your bladder if you fail to pass urine. The catheter will stay in your bladder for one to two days. It is not uncommon to have some difficulty or discomfort when passing urine for the first time after the catheter comes out.

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 the discomfort.

You will take a bath or shower the day after the operation. There are no stitches to be removed.

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, but when you do, you may experience some discomfort and a little bleeding. This is to be expected.

We will usually want you to stay in hospital until you are reasonably comfortable when having your bowels open. This is usually three to four days after the operation, but this can vary a lot between individuals.

You may 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 two weeks and is particularly common around the 10th post-operative day.

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 these muscles can be done. They are called pelvic floor exercises and information regarding these can be given either in hospital at the outpatient clinic or from your doctor.

The time taken to get back to normal activities varies a lot for different people, do as much as you feel comfortable doing. If lifting causes you discomfort, you should avoid it.

It would 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.

You must not start driving unless you feel ready and confident to do so. It is important to ensure you are comfortable and your concentration is not impaired. Most people do not start to drive for at least 2 weeks and some take longer. However, please check with your Insurance Company as policies vary with individual companies.

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.

If you require a sick certificate for work, please ask a member of staff before discharge.

A Delorme's 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 of having constipation, try to increase the amount of fibre in your 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 movement of waste through the intestine, resulting in soft stools, which are easy to pass.

You should increase the amount of fibre in your diet gradually – a sudden increase can cause abdominal discomfort and wind. If the fibre in your food is not enough to keep your stool soft then consider taking a fibre supplement, such as Fybogel. It is important to ensure that you drink plenty of fluid. Try to take at least six to eight cups of fluid a day. The fluid can be any type, including water, tea, coffee, fruit juice, squash or soup. If you feel you would like further guidance on your diet, your doctor may be able to refer you to a dietitian.

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

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

You will usually come for an outpatient check-up three months after the operation. It is important you talk to your doctor about any concerns you have at this time.

Contact Information

If you have any queries or questions, ask a member of the colorectal team on: **01942 822557**



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