



Delorme surgery for a rectal prolapse

This leaflet will explain what will happen when you come to the hospital for your operation. It is important that you understand what to expect and feel able to take an active role in your treatment. Your surgeon will have already discussed your treatment with you and you will be given advice about what to do when you get home after the operation.

What is a rectal prolapse?

A rectal prolapse occurs when the normal supports of the rectum (the last part of the bowel) become weakened, allowing it to drop down through the anus (back-passage) to outside of your body.

Sometimes, this only happens when you open your bowels, and the prolapse 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 worsen the loss of bowel control. There may also be mucus or blood stained discharge from the back passage.

How will the operation help me?

Your surgeon has advised that your rectal prolapse is severe / troublesome enough to need surgery. A Delorme operation aims to prevent further prolapse. It is done via the anus and no abdominal incision is needed. The operation is usually done under general anaesthetic, and takes about 1 hour. You will be an inpatient and stay 1 to 2 nights after the surgery.

Are there alternatives to surgery?

Your surgeon will have already discussed treatment options with you. Complete rectal prolapse is usually treated by surgery. There are no effective alternatives apart from wearing a pad and avoiding straining. This is generally considered the safest of the procedures for rectal prolapse but it is not the most effective

Are there likely to be any complications?

Risks and complications may include:

- Bleeding
- Infection
- Recurrence – in fact one in three prolapses will recur with this method
- The need to do a more extensive operation if a hole in the rectum is made during surgery

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

Preparing for the operation

You will be advised:

- To increase the amount of fibre in your diet. Fibre forms the structure of cereal, 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 water through the intestines, resulting in soft stools which are easy to pass.
- It is also important to ensure that you drink plenty of fluid. Try to take at least 2 litres of non-caffeinated fluid a day.
- If you drink alcohol, it is advisable to stop drinking the day before your operation.
- Not to eat for 6 hours before your operation. Clear drinks such as squash, black tea or coffee can be taken up to two hours before your operation.

After the operation

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.

You will have a catheter in to help you pass urine – this will usually stay in your bladder for 24 hours. It is not uncommon to have some difficulty or discomfort passing urine after the catheter comes out.

How will I open my bowels?

From the day after your operation you will be given laxatives to soften your stools and to stimulate a bowel action. You may not feel the need to open your bowels for a day or two. When you do, 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 two weeks and often occurs around 10 days after the operation. If you had problems with incontinence before the prolapse occurred, it is likely that this will continue after the operation although your control may be slightly better.

What happens after I am discharged?

A Delorme operation does not guarantee that a rectal prolapse can never come back. The best way of helping 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 your diet.

You should increase the amount of fibre in your diet gradually – sudden increase can cause abdominal discomfort and wind. If fibre in your diet is not enough to keep your stools soft then consider taking a fibre supplement, such as Fybogel. Your GP can refer you to a dietitian if you would like more help and support about improving your diet.

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

It is important that you drink plenty of fluid, try to take at least 6-8 cups of fluids a day. The fluids can be any type, including, tea, coffee, fruit juice and soup.

The aim is for you to also see the Pelvic Floor Team a few months following your operation, to help improve anorectal function with a view to reducing the risk of your prolapse reoccurring.

Useful numbers

Adult Day Surgery Unit:	0118 322 7622
General Surgery Unit:	0118 322 7535 / 7539
Pre-operative Assessment:	0118 322 6546

If you have any concerns during the 24 hours following your discharge from hospital, please phone the ward to which you were admitted. After 24 hours, please seek advice from your GP.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Department of General Surgery
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