



# Rectal repair using keyhole surgery (laparoscopic rectopexy)

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This leaflet explains what will happen when you come to the hospital for your operation. We hope it will help you understand what to expect and will encourage you to feel able to take an active role in your treatment. Your surgeon will already have discussed your treatment with you and will give you advice about what to do when you get home. This leaflet will answer some of the questions that you may have but if there is anything that you or your family are not sure about then please ask your doctor or nurse.

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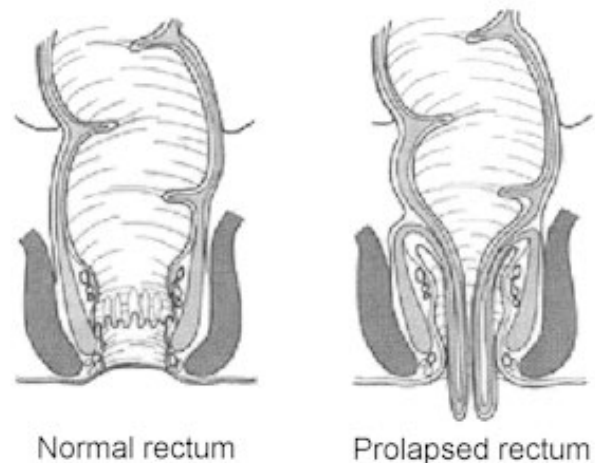
## Why do I need a rectal repair (rectopexy)?

This operation is usually done for a rectal prolapse (see below). Other conditions that can require this surgery include the bowel bulging into the vagina (a rectocele) or telescoping of the bowel into itself (intussusception). These conditions can lead to you being unable to empty your bowel despite having a normal urge to do so or can lead to an abnormal sensation that you need to open your bowel when there is very little to pass (obstructive defecation syndrome).

## What is a rectal prolapse?

A rectal prolapse is when the normal muscle supporting the rectum becomes 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 stay outside all the time.

While not a dangerous or life-threatening condition, this problem can be very uncomfortable, a considerable nuisance and may cause 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 or troublesome enough to need an operation. The rectal repair operation aims to repair the prolapse and is usually done using 'keyhole' surgery (laparoscopically). The surgeon returns the rectum to its correct position and fixes it in place. This can be done by directly stitching the rectum in place or using a piece of mesh. Occasionally, the surgeon needs to make a larger cut in your abdomen (open surgery).

He/she will discuss with you what is recommended in your particular case.

The operation is done under general anaesthetic and takes about 2 hours. You will need to stay overnight after the operation.

### **Are there alternatives to surgery?**

Complete prolapse is normally treated with surgery. Your surgeon will discuss different treatment options with you before recommending surgery.

### **Are there likely to be any complications?**

**Common risks and complications affecting between 1 and 10 of every 100 patients treated:**

- Bleeding.
- Infection.
- Recurrence of the prolapse
- Constipation

**Rare risks and complications affecting between 1 and 10 of every 10,000 patients treated:**

- In men there is a small chance the operation will damage (sometimes permanently) their ability to sustain an erection or achieve ejaculation. You should discuss this with your surgeon before proceeding.
- Rectal perforation, which may require further surgery and formation of a colostomy. A colostomy involves bringing the end of the bowel out to the abdomen and using a bag to collect your faeces.
- Some patient may suffer with long term pain after the operation.
- In patients where mesh is used mesh infections can be a problem as well as erosion of the mesh.

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

### **Preparing for the operation**

You are advised:

- To increase the amount of fibre in your diet by eating high fibre cereal (e.g. Bran-based cereals), fruit and vegetables. Fibre 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 that you drink plenty of non-caffeinated fluid. Try to drink about 1.5 litres (2.5 pints) a day. Fluids include water, fruit juice, squash or soup.
- Not to drink alcohol the day before or on the day of your operation.
- Not to eat during the 6 hours before your operation. You can drink clear fluids, which includes water, black tea, coffee, squash, up to 2 hours before your operation.

## **Will I need to have any bowel preparation, laxatives or enemas?**

It will be necessary to clear the bowel for this operation so do not eat or drink during the periods advised above. You will be given an enema to empty the lower end of the bowel.

## **What can I eat and drink after my operation?**

When you are awake you will be able to eat and drink as you wish and the drip in your arm can come out once you are tolerating fluids to drink. A urinary catheter will have been fitted before the surgery and this will be removed the day after surgery. Your stitches are usually dissolvable.

## **How will I open my bowels?**

The day after surgery you will take a laxative. The laxative is taken regularly for the next month following the surgery. It will 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. In some cases where someone has weak muscle around the back passage (anal sphincter) and a tendency to difficulty 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 - talk to your GP. Sometimes, exercises to strengthen your sphincter may help.

## **What will happen after I am discharged?**

You will usually be discharged the day after surgery. The time taken to get back to normal activities varies, depending on the individual. Do as much as you feel comfortable doing.

A rectal repair operation does not guarantee that a rectal prolapse can never come back. The best way of reducing the risk is to avoid heavy lifting and avoid straining when opening your bowels. Some people find that a rectal repair makes emptying the bowels more difficult and in some cases your doctor may advise using laxatives to ensure that you do not strain.

You should increase the amount of fibre and fluid in your diet gradually – a 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.

It is important that you drink plenty of non-caffeinated fluid; try to take at least 1.5 litres (2.5 pints) a day. The fluids can be any type including water, tea, coffee, fruit juice and soup.

**Work** – If you work you will probably need about 4 weeks off work, but this will depend on what you do. It is important that you pay attention to your body and only do as much as you feel able to do. You should try to avoid excessive walking or sitting still until your wound has healed. It would be unwise to go swimming until the area has completely healed, as chlorine in the water can affect wound healing and you risk picking up or passing on an infection.

**Sex** – You may resume sexual activity as soon as this feels comfortable.

**Driving** – Most people do not start to drive for at least 2 weeks after their operation. However, please check with your insurance company as policies vary with individual companies. You are advised not to start driving until you feel ready to do so, you are comfortable and your concentration is not impaired. You must be able to do an emergency stop.

**Hospital follow-ups** – are not usually necessary. Your GP will be sent a letter after you are discharged from hospital so that he / she has the details of your operation and can help you with any future problems.

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.

### **What to look out for**

Contact your GP or NHS 111 immediately if you experience heavy bleeding, or a significant increase in pain.

### **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](http://www.royalberkshire.nhs.uk)

<b>Please ask if you need this information in another language or format.</b>
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RBFT Department of General Surgery

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