

Surgery for Rectal Prolapse ... FAQ

What is rectal prolapse?

Rectal prolapse is a condition where the rectum protrudes out the anus. It is much more common in women but can occur in either gender. It is caused by stretching of the pelvic muscles and the attachments of the rectum. It may also be associated with varying degrees of incontinence, bleeding and discomfort.

How is it diagnosed?

Your doctor will examine you and determine if you have rectal prolapse. The examination may involve sitting on a commode and bearing down as if to have a bowel movement to push out the rectum. If it is not clear by physical examination, a special test called defecography may be arranged. The test involves filling the rectum with a paste that can be seen on x-ray and expelling it under live x-ray. This will allow your doctor to see what is happening to the rectum while moving your bowels.

What can be done about rectal prolapse?

There are some measures that can be taken to relieve any constipation that is contributing to the prolapse but these may not correct the prolapse itself and your doctor may recommend surgery

There are 2 type of operations for rectal prolapse.

One is a major abdominal operation involving removing a segment of the colon. This is typically recommended for young healthy patients with rectal prolapse. If this is the type of operation that you are planning to have with us, please see the link to [[Colon surgery: What to expect](#)].

The other operation is one that is performed outside the body and is often recommended for older patients or those patients whose health is unsuitable for general anesthesia.

How should I prepare for surgery?

In the days before surgery, patients are recommended to eat well and get plenty of rest. Surgery puts significant stress on the body similar to running a marathon. Stop taking any medications that you were instructed to stop such as blood thinners or aspirin or Plavix.

On the day prior to surgery, you will receive a call from the hospital to confirm the time and the details of the planned procedure. Please be sure the hospital has the correct information. If you don't hear from the hospital call our office at 774-776-2991.

You will be prescribed a bowel preparation which will need to be followed the day before surgery. This is done to reduce the amount of stool and bacteria present in the colon which in turn reduces the risk of infection. It also gives the site of surgery some time to heal before having a solid bowel movement. We usually ask that you start the bowel prep in the afternoon and finish it by evening. There are two bowel preparations that I recommend. One is a series of pills that are taken on a schedule. This is only for healthy individuals with normal kidney function. The other is ½ gallon of solution that you will consume on a schedule. This is for patients with diabetes, kidney disease or other medical problems. Both will cause you to have many bowel movements and clean the colon. Regardless of the prep used, you will need to keep yourself well hydrated with clear liquids. Instructions for the bowel preparation will be provided. If you have any questions regarding the prep you were prescribed or how to take it, call our office. *If the prep is not done correctly, we may have to postpone or cancel your procedure. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.*

What should I expect on the day of surgery?

On the day of your operation, you should take your morning medications unless you have been told otherwise. You should arrive to the hospital at your specified time. You will be brought to the pre op holding area. Your family members will be escorted to the waiting area where your surgeon will inform them of the details of your operation if you give us permission to do so. If your family members are not going to be in the waiting room you will be asked how to best reach them so they can be informed after surgery. You will be seen by a member of the anesthesia team, the operating room staff, and your surgeon. You will be given the opportunity to have any of your last-minute questions answered at this point. You will sign a consent form. Then, you will be brought into the operating room. Once in the room you will be placed on the operating table. There is a lot of activity at this point but we will do our best to keep you informed of exactly what is happening. The anesthesiologist will then put you under general or spinal anesthesia. The operation takes about 1-1/2 hours. When you are awakened you will be brought to the recovery room. We will allow you to recover from anesthesia and do our best to control any pain you might be having. After about one to 2 hours in the recovery room you will be brought to a regular hospital room. As soon as you feel up to it, you will be permitted to drink clear liquids and then your diet will be advanced to a regular diet.

How long can I expect to be in the hospital?

Provided everything goes well and there are no complications you will be allowed to have breakfast and then be discharged home the day after surgery. In the unlikely event that there are complications, your discharge may be delayed.

What can I expect when I leave the hospital?

Upon discharge you will be provided with a prescription for pain medicine. Take this as prescribed if needed. You may also take Motrin, Advil, or ibuprofen. Often these work best when taken together. As your requirements for pain medication decrease, wean from

the narcotics and start taking the non-prescription pain relievers. You may shower as early as 24 hours after surgery. You should not soak in a tub for more than about 10 minutes unless instructed to do so. We recommend using a fiber supplement such as Benefiber, one dose daily. You should also take Colace 100 mg 2 times daily until you are seen by your surgeon in follow up. You should call our office to make an appointment to see your surgeon in 2 weeks.

You may experience some bleeding. This is normal especially with bowel movements.

Call the office:

- To make a follow-up appointment for 2 weeks after surgery
- If you have worsening pain or increasing the amount of pain medication required
- If you have persistent fever or chills (you may have low-grade fevers on and off for the days following surgery as your body's normal reaction)
- If you have persistent bleeding which does not improve
- If there is drainage of cloudy material or pus from the anus
- If you have persistent nausea or vomiting
- You have any other problems or concerns

For information from the American Society of Colon and Rectal Surgeons

<https://fascrs.org/patients/diseases-and-conditions/a-z/rectal-prolapse>

Call our office with any questions or concerns

*Innovative Surgical Care
774-776-2991*