Altemeiers Procedure

Altemeier’s Procedure (Perineal Rectosigmoidectomy) For Rectal Prolapse

This is an operation that is performed on the back passage to repair an external rectal prolapse. There are other methods to repair an external rectal prolapse and the surgeon will discuss these with you.

What Does The Operation Involve?

Strong laxatives, to clear the bowel, are taken at home the day before the operation. You will receive written instructions about when to take the laxatives and when to stop eating and drinking. The operation is carried out under a general anaesthetic but can be carried out under a spinal anaesthetic. The operation is performed through the back passage. During the operation, the prolapsing bowel is cut away, leaving two ends that are then rejoined using sutures. The operation takes around 60 minutes to complete.

What Are The Risks?

There are small risks associated with any operation. Pre-operative assessments are made of any heart or lung conditions, as well as any coexisting medical condition. During the hospital admission patients wear stockings and are given a regular tiny injections to prevent thrombosis (blood clots).

Bleeding is very rare in this type of surgery, most patients will notice small amounts of blood on the stools when they open their bowels soon after the operation. This usually settles in the first week.

Rarely the join in the bowel may separate at the stitch line. If this happens antibiotics will be required and occasionally another operation will be necessary.

If the patient has problems with bowel control often this will improve after the surgery, but if it doesn’t further tests such as anorectal physiology and endo anal ultrasound may be recommended before considering any further treatment that may be required.

Rectal prolapse can recur after surgery. Your doctor will discuss that with you. If a prolapse does recur a further operation may be required usually via a different approach.

What Happens After The Operation?

An Altemeier’s procedure doesn’t usually cause much pain afterwards. Most patients will need only simple oral painkillers after the first 24 hours.

A drip is normally in place for 24 hours after the operation.

Patients are allowed to eat and drink as soon as they feel able after the operation (usually the same day).

A catheter (tube passed into the bladder) if required during the procedure is usually removed the day after surgery.

Hospital stay is usually 3-5 days. After the operation patients are given as regular stool softener to take for 4-6 weeks and are advised to avoid straining.

Patients are encouraged to keep mobile after the procedure. They should avoid heavy lifting or increased physical activities for about 6 weeks. Patients can normally resume driving after about 2 weeks but this may vary.