Posterior Rectopexy

This is usually performed as a keyhole operation for patients with external rectal prolapse. It may also be used for patients who have an internal prolapse, also known as rectal intussusception.

What Does The Operation Involve?

In most cases posterior rectopexy is performed as a laparoscopic (keyhole) procedure.

During the operation the lowest part of the bowel (rectum) is freed from surrounding tissues down to the pelvic floor muscles. The surgeon can then 'pull' the rectum upwards to get rid of any prolapse. The straightened bowel is then fixed using special tacks to the bone at the back of the pelvis known as the sacrum. This has the effect of pulling up the bowel and preventing it prolapsing downwards again.

The operation usually involves only 3 or 4 small incisions, no larger than 1cm

Occasionally the operation cannot be done as a key-hole procedure and an open operation is required.

What Are The Risks?

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

Bleeding if very rare in this type of surgery and wound infections are uncommon.

Sometimes during the operation, the surgeon discovers that it is not possible to carry out the procedure using a wholly key-hole approach. In this situation a cut is made and the operation is done as an open procedure. This is known as conversion.

In some cases the operation, whilst correcting the prolapse, may not improve bowel symptoms. The surgeon will discuss this with you.

Symptoms of anal incontinence (where they exist) may get better with this type of operation, but this is not guaranteed.

Sometimes symptoms of constipation may develop or worsen after this type of operation and laxatives may be required.

We may recommend some physiotherapy to help strengthen the pelvic floor muscles afterwards.

What Happens After The Operation?

After the operation a drip is normally in place for 24 hours

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) is required during the procedure and is usually removed the day after surgery.

Hospital stay is usually 2-5 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 particularly if the operation is done as an open procedure