

# Rectocele Repair

This is an operation that is performed in female patients who have a bulge between the rectum (back passage) and the vagina. Often these women have difficulty emptying their bowel completely and are left with a sensation that there is more to pass symptoms of obstructive defecation syndrome. Often they have learned to press on the back of the vagina to help them empty the bowel. The operation that we perform involves operating through the back passage (anus) itself. There are other methods to repair a rectocele and the surgeon will discuss these.

---

## What Does The Operation Involve?

An enema is usually given an hour or so before the operation to clear the lower part of the bowel. During the operation itself the lining of the front of the back passage is lifted up. The bulgy muscle underneath is then repaired with stitches. The lining of the back passage is then trimmed and stitched back to cover the repair. The operation involves a general anaesthetic and takes around 45 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.

Occasionally the lining of the bowel may separate at the stitch line. This rarely causes a problem but patients may notice that they continue to pass a little blood for longer than normal after the procedure.

If a woman has problems with bowel control further tests may be required before surgery, anorectal physiology and endo anal ultrasound, as this can occasionally worsen after surgery. In some cases an alternative method of repair may be recommended.

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

A rectocele can recur after surgery. If a rectocele does recur a further operation may be required usually involving a different approach. The surgeon will discuss this with you.

---

## What Happens After The Operation?

Trans anal repair doesn't usually cause much pain afterwards. Most women will need only simple oral painkillers after the first 24 hours.

Patients are allowed to eat and drink as soon as they feel able after the operation. An intravenous drip is normally in place until our patients are drinking (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 1-2 days but this can vary. After the operation patients are given a 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.