

## **PATIENT INFORMATION**

### **What preparation is needed for a rectocele repair?**

You will probably come into hospital on the morning of the operation, which usually takes 1–2 hours to complete. A rectocele repair can be performed under a general anaesthetic (while you are asleep) or under a spinal anaesthetic. A spinal anaesthetic involves an injection in the lower back like that used in women during childbirth or a caesarean section.

As before all operations, you will be sent for blood tests if these were not done at an earlier visit. You will be asked questions about your general state of health by the doctors and nurses on the ward, and this is a good time to discuss any further questions you have about the operation. You will be visited by the anaesthetist before you go to the operating theatre.

You will need to use laxatives for at least 3 days before the operation to soften your stools. This will help to stop you becoming constipated after your operation and allow you to go home as soon as possible. An enema is given on the morning before your surgery to make sure that the lower part of the bowel is empty.

### **What will happen when I come back from the operating theatre?**

You will wake up from this operation with a catheter (tube) in your bladder to drain urine and a drip in your arm with fluid running through to stop you getting dehydrated. You will also have a pack (a length of ribbon gauze like a large tampon) in your vagina to reduce the risk of bleeding and a sanitary pad in place. The drip, pack, and catheter are usually removed on the morning after surgery or sometimes later the same day.

You will be allowed to eat and drink as soon as you want to after the operation. Your blood pressure will be checked regularly. You will be given painkillers if needed as well as laxatives to make sure your bowel motions are comfortable. You will have compression stockings on your legs to prevent blood clots, and you will be encouraged to move around and get up and walk as soon as possible.

### **How long will I be in hospital?**

Patients usually go home when they feel comfortable. This is usually 1–3 days after the operation, but varies from person to person.

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

From the day after your operation you will be given laxatives to soften your stools and stimulate your bowel action. It is important that you drink plenty of fluids after surgery (non-caffeinated drinks are best) to help you avoid becoming constipated. It is extremely important that you do not strain, especially when trying to have a bowel motion after your operation. Before you leave hospital, your surgeon will give you advice about what to do if you become constipated. Normal bowel function returns within 2 to 4 weeks.

### **How will I manage at home?**

You will be given laxatives to take home with you. You may need to continue taking laxatives to keep your stools soft. Your laxatives can be used for 6 weeks or so after your surgery if you find them helpful. As with all operations, you can expect some discomfort afterwards. We will also give you painkillers to take home. Please take them regularly – doing this will keep the medicine at a constant level in your body and control your pain better. Always follow the instructions on the packet and never take more than the recommended dose. It is very important not to take painkillers other than the ones you are sent home with, because some, e.g., opioids, cause constipation. Your discomfort should disappear completely after a few weeks.

Recovery varies from person to person, but most women can return to light activities in about 6 weeks. You should avoid strenuous activity, including straining on the toilet, lifting (anything

heavier than a kettle), and strenuous exercise (e.g., at the gym) for the first 6 weeks, and then build up your level of activity gradually. After 3 months, you should be able to return to your usual level of activity.

You can resume having sexual intercourse after 6 weeks, providing you feel comfortable with it. You may need to proceed gently and use lubrication (such as KY jelly) because some of the internal knots made during the operation could be uncomfortable for your partner. Alternatively, you could delay starting having sexual intercourse again until all your stitches have dissolved, which typically takes 3 months.

You should not drive until your strength and reaction time are up to coping with an emergency stop. Most people do not start to drive for 3 weeks after their operation. It is wise to contact your insurance company before your operation to discuss your cover because some require you to wait for 6 weeks before driving.

### **Do I need to come back to the hospital after my surgery?**

You will have a follow up-appointment in the outpatients clinic approximately 6–8 weeks after your operation. This will be with your surgeon and you will have an examination to make sure everything is healing normally. Your stitches will not need to be removed because they are dissolvable. You may notice a stitch, or part of a stitch, coming away after a few days or weeks. This is normal and nothing to be concerned about.

### **How long should I stay off work?**

The time taken to get back to normal activity varies. Most people need only a few weeks off work, but this will depend on what you do for a living. For example, painkillers may make you drowsy and unable to operate machinery safely.

### **Who should I contact if there is a problem?**

If you have a problem or any questions immediately after you go home, please call the ward where you were an inpatient. If a problem occurs when you have been home for a few days,

please contact your GP or district nurse.

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