On discharge from the Hampshire Clinic

You may be able to drive a week following surgery and return to work after approximately three to six weeks, depending on your occupation. You will be advised that you should not do any lifting for at least six weeks, for example, you should not lift anything heavier than a full kettle; this includes supermarket shopping, housework, lifting children and sports. Also, it is advisable to avoid sexual intercourse for 6 weeks or until you have been seen at your follow up appointment with the consultant.

You will need to take regular analgesia and laxatives for the first few days post operatively; these will be prescribed for you on discharge. You must take the laxatives regularly for the first six weeks to avoid becoming constipated.

In the unlikely event that you should experience severe abdominal pain or excessive bleeding, please contact the nurses on the ward at the Hampshire Clinic, your consultant secretary, GP or attend the Accident and Emergency Department immediately for assessment. Please inform them that you have recently had surgery.

Hampshire Clinic: 01256 357111
Accident and Emergency, Basingstoke and North Hampshire Hospital:
01256 473202 x4700

Insurance

Please contact your insurance company with the dates, the expected length of your stay and details of your operation, including the specific codes related to this, as advised by the secretary. You are advised at all times, to contact your insurance company prior to any admission, treatment, investigation or consultation to gain pre-authorisation from the insurance company. Your care and treatment with Basingstoke Colorectal is private and it is the responsibility of the patient to ensure insurance cover is authorised. If you require any assistance with this, please contact us.

Infection Control and prevention

Infections in hospital are worrying to everyone. We need your help to reduce the risk of infection. By working as a team, healthcare workers, patients and visitors can all make a difference. We can reduce the risk. Infection control is important to us all, at home and especially in hospital. We need to be more careful in hospital, as patients are vulnerable. They are more vulnerable due to their illness, treatment, age or a combination of factors.

Hand washing

The single most important way of reducing infection is by hand washing. Bacteria and viruses, which cause infections, can be carried by hands and passed person to person or from things to people.

Please clean your hands regularly. It is especially important:-

- After using the toilet or bathroom
- Before eating (both snacks and meals)
- Between entering and leaving any ward or department

You may use soap and water, or if your hands are visibly clean you may use alcohol gel instead. You will find alcohol gel throughout the Hampshire Clinic. Patients should feel they can ask a nurse or doctor if they have cleaned their hands before an examination.

Advice

- If you are unwell, coughing or sneezing, cold or flu like symptoms, please cancel your admission.
- If you have diarrhoea or vomiting three days before admission, please contact the nursing staff.
- Do not walk about in bare feet, wear slippers or shoes.
- Use disposable flannels.
- Use liquid soap.
- Dressings on wounds and drip sites are designed to keep them clean and dry; do not touch them.

If you have any queries, please do not hesitate to contact us.

ALL CORRESPONDENCE AND APPOINTMENTS

The Hampshire Clinic Basing Road Basingstoke Hampshire RG24 7AL
T: 01256 354747 F: 01256 818005
E: info@basingstokecolorectal.co.uk W: www.basingstokecolorectal.co.uk

Basingstoke
COLORECTAL
complete colorectal care

LAPAROSCOPIC VENTRAL MESH RECTOPEXY

Patient Information Leaflet

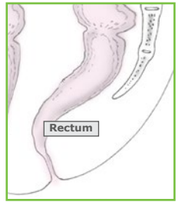
Partners: Brendan J Moran Tom D Cecil Steve J Arnold Faheez Mohamed
Arcot K Venkatasubramaniam Sanjeev Dayal Francesco Di Fabio Alex Tzivanakis

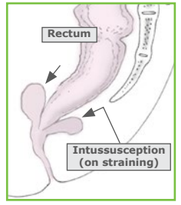
LAPAROSCOPIC VENTRAL MESH RECTOPEXY

You have been advised by your Consultant that you should undergo surgery. The following information will help you make an informed decision in agreeing to the surgery. It is important that you read the information fully.

Laparoscopic Ventral Mesh Rectopexy is an operation which is performed to straighten and attach the rectum back into its normal anatomical position within the pelvis.

A Laparoscopic Ventral Mesh Rectopexy is required most commonly to repair an external rectal prolapse; this is when part of the bowel comes down through the anus. It may also be performed to repair an internal prolapse of the bowel, known as intussusceptions. In this case, this is when the rectum prolapses internally. This can contribute to, or cause obstructive defaecation. This is when there is a sensation of a blockage of the bowel, resulting in difficulty in passing stool, prolonged and unsuccessful visits to the toilet and sometimes faecal incontinence.





Laparoscopic Ventral Mesh Rectopexy is a relatively straightforward procedure with current research reporting a success rate of 85%. In 10% of patients it does not help symptoms and in up to 5%, it can slightly worsen symptoms. The main risks with the operation include a small risk of mesh erosion and mesh infection.

The Procedure

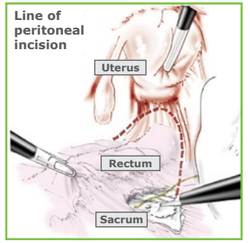
A Laparoscopic colorectal procedure is aimed at minimising the invasiveness of surgery and is a specialised technique for performing surgery. Laparoscopic surgery uses several small incisions, typically 0.5-1cm in size. Each incision is called a 'port'. At each port site, a tubular instrument is inserted and specialised instruments and a camera are passed through these during the procedure. At the beginning of the procedure, the abdomen is inflated with gas to provide a working and viewing space for the surgeon.

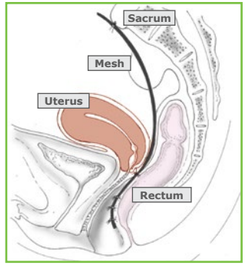
The surgeon will operate down the front of the rectum, avoiding the nerves supplying the bowel and genitalia. The rectum is released from the back wall of the vagina (in females), the bladder and prostate (in males). A mesh is stitched to the front of the rectum and one part of the mesh is attached to the area of the lower backbone. In females, the mesh is also attached to the vagina to prevent potential vaginal prolapse. The lower end of the mesh, situated between the vagina and rectum, supports these structures and corrects any potential, or actual bulge from the rectum onto the vagina, known as a rectocele. A mesh is used as it produces more lasting results. The result is pulling the bowel up and out of the pelvis, restoring it to its normal position within the abdomen.

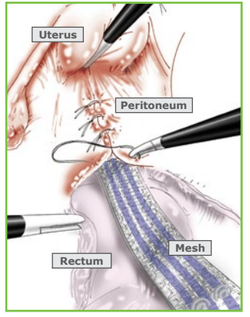
Compared to traditional, open surgery, patients often experience less pain, have a shorter recovery and less scarring, with laparoscopic surgery.

Most bowel operations can be performed using the laparoscopic technique; these include surgery for diverticular disease, colorectal cancer, rectal prolapsed and hernia repair.

Laparoscopic surgery is as safe as traditional, open surgery. At the beginning of the laparoscopic operation, the laparoscope is inserted through a small incision near the belly button (umbilicus). The surgeon initially inspects the abdomen to determine whether laparoscopic surgery may be safely performed. If there is a large amount of inflammation or the surgeon encounters other factors that prevent a clear view of the structures, the surgeon may need to make a larger incision.







Potential Risks and Complications

Any bowel surgery is associated with certain risks, including complications related to general anaesthetic; bleeding, chest infection, infection, recurrence, deep vein thrombosis, pulmonary embolus and difficulty in urinating. In addition, the risks specific to this operation are mesh erosion into the bowel/vagina (approximately 1%), recurrence of prolapse or symptoms, and small risk of injury to the bowel.
An individual's general health and other medical conditions are also factors that affect the risk of any operation. Your consultant will have discussed your individual risk for any operation with you at your consultation.

Following Consultation

Following your consultation, it has been recommended that you undergo Laparoscopic Ventral Mesh Rectopexy. You will be booked in for a date to come into the Hampshire Clinic and will be given information related to this admission. You will receive information in the post from the Hampshire Clinic related to your stay.

You will be contacted by the pre-admission nurses to discuss any routine pre-operative tests you may require. If you need pre-operative tests such as blood tests, x-ray, ECG, swabs etc, the nurses will organise a date prior to your admission, at a convenient time. Typically, this is in the week preceding your operation. This is an opportunity for you to ask any questions you may have or any concerns related to your hospital stay. You may be required to take specific bowel preparation prior to your operation and the nurses will inform you of this at your pre-admission appointment.

Following the operation

After the operation you will have a few small wounds on your tummy and one larger one; these will have dressings over them. Any stitches or clips that do not dissolve will be removed after approximately ten days and this will be arranged for you on discharge from the Hampshire Clinic. Following your operation you will have a drip in your arm to give you fluid and may be used for pain relief. You may have a tube into your bladder (catheter). You will be given advice on how to gradually build up oral fluids and normal diet over the ensuing days. It is important to avoid constipation and straining in the first few weeks following surgery.

You will be encouraged to mobilise the day or day after your operation, and discharged when your consultant and the nurses are satisfied you are ready to return home.
On average, your hospital stay would be between 24-48 hours.