Delormes/Altmeiers surgery for rectal prolapse

Why would you need a Delmore's/Altmeier's surgery?

A surgical way to fix a rectal prolapse and treat any associated symptoms, such as pain, constipation, faecal incontinence, mucus discharge or bleeding.

What is a rectal prolapse?

Rectal prolapse is a condition where the inside of the rectum protrudes out from within the anus. During the early stages the prolapse may be pushed back inside the body however if your rectal prolapse stays protruding outside the anus you need to seek urgent medical care which usually involves surgery.

If you suspect you have a rectal prolapse, see your doctor for assessment and management advice. There are 3 different types of rectal prolapse, therefore it is important that this is correctly diagnosed, for you to be offered the most appropriate treatment option. The three types include:

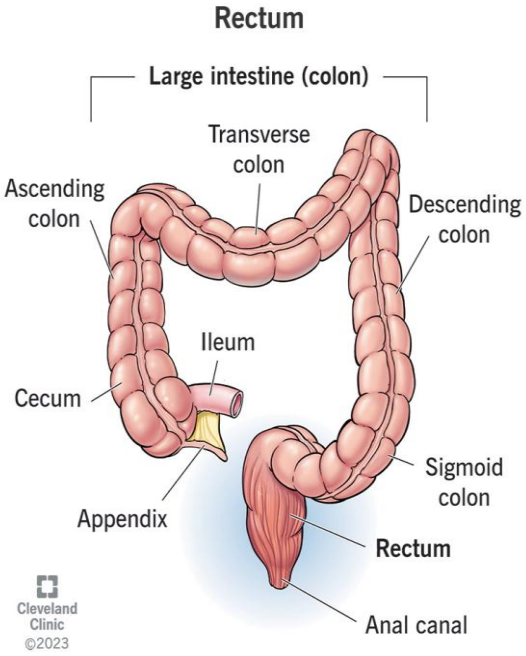
- **Mucosal prolapse** - involves the rectal mucosa (membrane) protruding through the anus (shown right). This is the type of prolapse for which rectal prolapse exercises may be beneficial.
- **Full thickness rectal prolapse -** rectal wall protrudes or bulges out from the anus and may require a Delorme's or Altmeier's procedure
- **Internal intussusception** where the rectum collapses but stays inside the body and does not protrude. Rectal prolapse exercises will NOT help this condition.

prolapse *is* *different* *to a* ***rectocele*** *however the two conditions are often confused with each other. A rectocele is a pelvic prolapse condition in women where the*

rectum bulges into the back wall of the vagina and this may involve a different type of surgery.

Anatomy

The rectum is part of the large bowel, which forms the lowest part of the digestive system, and ends at the anus (opening through which solid food waste or stool leaves the body). A rectal prolapse occurs when the normal supports of the rectum (the lower end of the colon just above the anus) become weakened and the rectum drops down outside the anus. This often happens because the anal sphincter muscle (the muscle of the anus) has become weak and there is difficulty in controlling the bowels with leakage of stool or jelly like material called mucus. While this condition occurs in both sexes, it is much more common in women than men.



What does the surgery involve?

The Delorme's operation is aimed at preventing the lax bowel wall from bulging down through your bottom. This involves the removal of the inner lining from the surface of the prolapsing bowel. During the healing process scar tissue is formed which then prevents the prolapse returning. With some patients, if the bowel muscles are significantly weakened then it may be necessary to remove the segment of the prolapsing bowel and rejoin the bowel to the anal canal. This is called an Altemeier's procedure. Both the Delorme's and Altemeier's procedures are done via the anus, and no external cut is needed, however there may be some bruising around the anus.

Before surgery

You will come into hospital in the morning or for medical reason you may be admitted the day before your operation. Some form of bowel cleansing in the form of enemas or Picolax will be given prior to surgery. It is down to the individual surgeon and procedure which bowel prep you are given.

After Surgery

You may have a drip in your arm and a urinary catheter to drain your bladder. The doctors will decide when the drip can come down, and you can eat and drink. The urinary catheter normally stays for 1-2 days. It is quite common to experience some discomfort when you pass urine for the first time. There is a risk of urinary retention (inability to pass urine). You will be given a laxative after your operation to help soften your stools and stimulate a bowel action. At first you may find opening your bowels a little painful this should get easier in time. Regular painkillers should help; however, some pain killers can cause constipation. You will be able to shower or have a bath the day after the operation, please ask a member of staff for assistance.

When you go home

Your stay in hospital is normally 2-4 days. Usually, you are discharged when you are medically fit and able to open your bowels. You will have a follow up with the consultant around 4-6 weeks after the operation. It is quite normal to have 'good' and 'not so good' days. However, it is important to contact the GP if any of the following occur:

- Discharge from the bottom
- High temperature
- Uncontrolled shivering/ feeling hot then cold
- Pain when passing urine/frequent need to pass urine or very offensive smelling urine.
- Difficulty with breathing, chestiness or cough with green or yellow phlegm

- Pain in calf, leg or chest
- Vomiting

Risks

Patients who are overweight, smoke or have other medical problems are at increased risk of all the below complications.

- **Recurrence** rate with Delorme's is very high **25%-30%.**
- **Chest infection** – This would require antibiotics and physiotherapy.
- **Blood clots** in the legs (deep vein thrombosis) or in the lung (pulmonary embolism) – We decrease this risk by using compression stockings and blood thinning injections.
- **Anaesthetic** – this operation is carried out under a general anaesthetic (you will be asleep) or a spinal anaesthetic.
- **Bleeding –** often minimal.

If you have the Altemeier's procedure (resection) a leak may occur at the site where the two cut ends of the bowel are joined and occasionally a second operation may be required, which would involve a stoma

For further information about this, please consider reviewing the Pelvic Floor Society website:
https://thepelvicfloorsociety.co.uk/patients/default.aspx