

PATIENT INFORMATION

When is a ventral mesh rectopexy performed?

The most common reason for a ventral mesh rectopexy ('VMR' for short) is to repair an external rectal prolapse, where the lowest part of the bowel (rectum) slips downwards and comes out through the anus. It can also be used to repair an internal rectal prolapse (also known as 'rectal intussusception') where the rectum 'telescopes' on itself without coming out of the anus. Internal rectal prolapse may cause obstructed defaecation syndrome. People with this syndrome feel like they have a blocked bowel and find it hard to pass a motion without pressing on the area between the anus and genitals. Internal rectal prolapse sometimes causes leakage of stool (faecal incontinence). Some patients may have a mixture of both obstructed defaecation syndrome and faecal incontinence. A laparoscopic VMR may help these problems, allowing treatments for faecal incontinence to work better.

What is a VMR?

In most cases, VMR is performed as a laparoscopic ('keyhole') operation, which requires a small cut just below the navel and 2–3 small cuts (each less than 1 cm) on the abdomen. Occasionally, the operation needs to be performed as open surgery, which requires one long cut. The operation is done under general anaesthetic (while you are asleep) and takes up to 3 hours to perform. Some surgeons use a robot to perform laparoscopic VMR surgery.

During the operation, the rectum is released from the back wall of the vagina (in women) or from the bladder and prostate (in men) and a mesh (a small sterile sheet of netting) is stitched to the front side of the rectum. The mesh may be made from body tissue (biological mesh) or

from a non-natural material (synthetic mesh). The mesh is then fixed with special tacks or stitches to the bone at the back of the pelvis (the sacrum). This has the effect of pulling up the rectum to its correct place in the body and stopping it sliding downwards (prolapsing) again.

What tests are needed before the operation?

1. You will be seen in clinic for an examination and to assess your symptoms. Most patients will have an endoscopic (telescopic) test on the bowel. We may also perform anorectal physiology and ultrasound studies of the anal sphincter muscles (the muscles that control the movement of faeces in the rectum) to look at their shape and how well they are working. X-ray tests, such as transit studies and a proctogram, may also be done to see how well your large bowel is working and how well your pelvic organs are supported during a bowel movement. These tests are necessary to check that this operation is the right one for you.
- 2.

What are the risks of this operation?

Laparoscopic VMR is relatively low-risk because no bowel is removed. However, as with all types of surgery, there are some risks. These risks can be divided into 'failure of the procedure' and 'specific complications'.

Failure of the procedure

- Surgery makes no difference to the symptoms (in about 1 in 5 cases for internal rectal prolapse)
- Prolapse recurs (in about 1 in 5 cases when performed for internal rectal prolapse and in up to 1 in 10 cases when performed for external rectal prolapse)
- Constipation gets worse (very uncommon)
- Bowel leak gets worse not better (uncommon)
- Incontinence that was not there before the operation can occur (uncommon).

Specific complications

- Bleeding (rarely important)
- Rectal injury requiring repair (rare)
- Infection of the wound
- Difficulty passing urine (in less than 1 in 10 of cases) or worsening of urinary incontinence
- Erosion (wearing away) of the mesh or mesh infection (up to 2 out of 100 cases)
- Severe constipation (rare)
- Infection of the sacrum (rare)

As with many operations, there is a risk of nerve damage during VMR. This is more of a problem in men because this nerve damage can cause sexual dysfunction. Your surgeon will discuss this in detail with you.

Infection or erosion of the mesh may not only lead to failure but also require complex corrective surgery. Bowel incontinence may not improve immediately after the operation in patients with weak anal sphincter muscles. It can take several months for things to settle down following surgery. If you have difficulties, you should talk to your GP. Exercises to strengthen the muscles in the rectum can help.

Is anyone not suitable for laparoscopic VMR?

This operation has been performed in elderly patients (over 85 years) with external rectal prolapse with good results, although the risk of developing a problem after surgery is higher in this age group. In patients who have had extensive abdominal surgery, it is sometimes impossible to perform the operation because of scar tissue (adhesions) inside the abdomen. A previous appendix operation or hysterectomy is not usually a problem.

Is laparoscopic VMR better than other prolapse operations?

This is a keyhole operation, so you have smaller scars, which is better cosmetically. Also, there is less pain after the surgery. We use mesh in this operation because we believe it produces a longer-lasting result. Importantly, we dissect the rectum down the front (“ventral” or “anterior”) side only, so that we can avoid damaging the pelvic nerves controlling the bowel.

The prolapse is much less likely to come back after laparoscopic VMR than after prolapse operations that use a perineal approach (through the anus).

Are there alternatives to surgery?

Yes, there are alternatives. You can have an appointment in the bowel function clinic by a specialist nurse or physiotherapist, who can teach you a combination of correct toileting techniques, pelvic floor exercises, and how to empty your rectum to avoid discomfort or episodes of incontinence. You can also try rectal irrigation (flushing the lower bowel with a water/salt solution). However, if you have an external prolapse (where your bowel comes out of your anus), these techniques may not be suitable for you. Your surgeon will discuss any possible alternatives with you. All patients are assessed in the bowel function clinic before surgery is considered.

Further information

For further information on rectal prolapse and its treatment, please visit

<http://thepelvicfloorsociety.co.uk/pages.php?t=Patient-Information&s=Patient->

[Information&id=92](http://thepelvicfloorsociety.co.uk/pages.php?t=Patient-Information&s=Patient-Information&id=92) More details on preparation and recovery from a VMR is available from

[LINK](#). A separate information leaflet about surgical mesh can be found at [LINK](#).

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