PATIENT INFORMATION

What preparation is needed for a ventral mesh rectopexy?

You will probably come into hospital on the morning of the operation, which is performed under a general anaesthetic (while you are asleep) and takes up to 3 hours to complete. 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. An enema is given in 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 and a drip in your arm. You will be allowed to eat and drink as soon as you want to after the operation, and your drip will be removed once you are drinking enough. 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. Your catheter will be removed on the day after your surgery.

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.

You may not feel the need to open your bowels for 4–5 days. This is normal and no cause for alarm. We do not usually wait for patients’ bowels to open after the surgery before letting them go home. 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.

**How will I manage at home?**

When you are discharged, we will give you laxatives to help keep your stools soft. Laxatives can be used for up to 6 weeks 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, and can take anywhere from 4 to 6 weeks. You can resume normal activities as soon as you feel able to, but you should avoid straining on the toilet, lifting (anything heavier than a kettle), and strenuous exercise (e.g., at the gym) for at least 6 weeks. Sexual intercourse should be avoided for at least 4 weeks and only resumed when you feel comfortable with it.

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 2 weeks after their operation. It is wise to contact
your insurance company before your operation to discuss your cover.

**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.

**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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