The Shrewsbury and Telford Hospital NHS
NHS Trust

Patient Information

Pelvic Floor Service
Laparoscopic Ventral Mesh Rectopexy (LVMR)

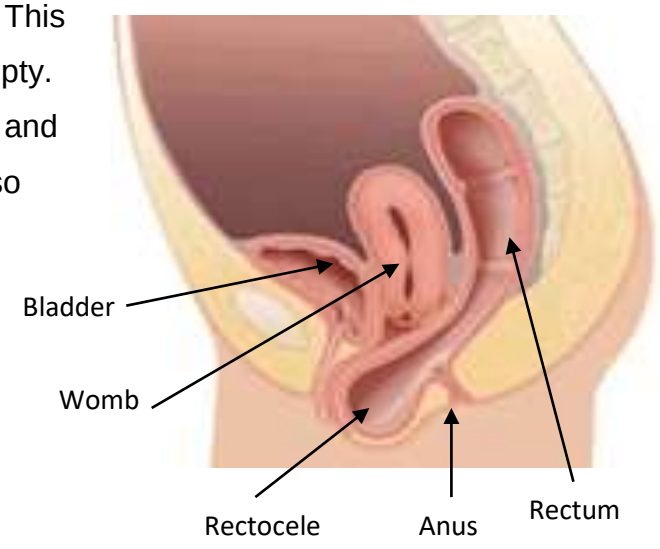
Introduction

This leaflet provides information about the operation called laparoscopic ventral mesh rectopexy (LVMR). This information is intended only for patients under the care of the Shrewsbury and Telford Hospital Pelvic Floor Service. It may not cover everything you want to know so please ask if you need further information.

When is this operation performed?

This operation is used to treat a rectal prolapse. This is where the rectal wall becomes weak and slips down internally (intussusception). This can cause the anal canal to become blocked and can make bowel emptying difficult or prolonged. The prolapse can even come out through the anus.

The prolapse may also be accompanied by a rectocele. This is where the rectum bulges forward and is difficult to empty. The operation restores the rectum to its correct position and prevents it from telescoping down and bulging forward so that evacuation is more normal.



What causes a rectocele?

The exact cause is not known but a rectocele that causes symptoms usually occurs with weakening of the pelvic floor. Factors include:

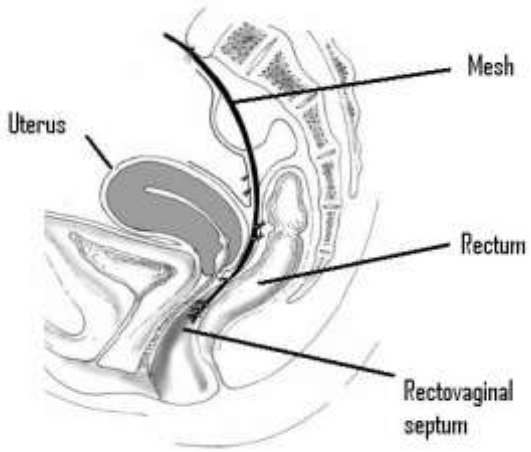
- Childbirth – multiple vaginal deliveries, large babies, forceps delivery, tearing or prolonged pushing
- Growing older
- Changes in hormone levels at menopause
- Repeated heavy lifting
- Being overweight
- Chronic cough
- Previous pelvic surgery
- Chronic constipation and excessive straining

Symptoms

Symptoms include:

- difficulty emptying your bowels
- the sensation that faeces are stuck inside
- frequent, unsuccessful visits to the toilet
- needing to press around your anus, onto your perineum (between the anus and vagina) or pushing at the back of your vagina to help to empty your bowels
- a dragging discomfort especially when you have been on your feet for a while
- seepage of faeces

What does the operation involve?



You do not need any special bowel preparation beforehand. This is a keyhole (**laparoscopic**) operation performed under a general anaesthetic (whilst you are asleep) and usually takes about 1½ hours. A small cut is made just below your umbilicus (belly button) with 3 more small cuts on your abdomen.

The tissues in front of (**ventral** to) your rectum are divided to form a space between the rectum and vagina (or bladder and prostate in men). A loosely woven, soft sheet of synthetic material (**mesh**) is laid into the space that has been created in front of the rectum which anchors the rectum in place (**rectopexy**). The lower end of the mesh is stitched to

the rectum and the upper end is tacked onto the sacrum (lower backbone). This prevents the rectum from telescoping down whilst also supporting and reinforcing the rectal wall.

What will my recovery in hospital be like?

You will normally have a urinary catheter in place (a tube into your bladder) and a drip in your arm to give you fluids. Your drip will be removed once you are drinking enough. On the morning after the operation your catheter should be removed. The medical specialist who put you to sleep before the operation will have discussed pain control with you before the operation but usually simple painkillers will be enough. You will be allowed to eat and drink as soon as you want to after the operation. You will usually be able to go home the day after the operation.

After the operation?

Your bowels may not work for a few days so keep drinking plenty of fluids and eat a normal, well-balanced diet. **1 or 2 glycerine suppositories (available from a pharmacy or supermarket) inserted into your bottom may be used if you are constipated for more than 3 days.**

You will be discharged with a laxative (medicine to help you go to the toilet) as it is important not to strain or get constipated especially in the first few weeks after surgery. Take the laxative so your bowels are looser than usual so you don't strain or get constipated. **You can reduce the laxative if your bowels become too loose and overactive but please contact the Specialist Nurse if you need further advice about your bowels.**

You will feel quite sore at first so take simple pain relief as necessary and keep mobile. You will have a few stitches in the small cuts in your tummy which will dissolve over time. Bathe or shower as normal.

When can I get back to normal?

Keep mobile and start exercise such as walking or swimming when you feel comfortable
Don't ignore the urge to go to the toilet. Expect your bowel function to feel different.
You may be fit to drive after 2 weeks.
You can usually return to work after 2 to 4 weeks.
Don't lift anything heavier than a kettle for 6 weeks.
No heavy lifting for at least 6 weeks such as shopping, housework, lifting children and sports.
No exercises such as running or gym work for 6 weeks
You can have sex after 6 weeks if you feel comfortable.

What are the results like from the operation?

About 8 out of 10 patients with an internal prolapse / intussusception will have a noticeable improvement in their symptoms. A similar number of patients with faecal leakage will notice an improvement in bowel control. For patients with an external prolapse there is a very low risk of the prolapse coming back. Unfortunately, about 1 in 8 patients do not seem benefit from surgery, but additional non-surgical treatments are available which can help if the operation does not improve your symptoms.

Risks, benefits and complications

This is a low risk operation because no bowel is removed. It is less painful than open surgery so you will generally recover more quickly. Keyhole surgery avoids large scars, delicate nerves and blood supply to the pelvis and helps to reduce your hospital stay. Damage to the pelvic nerves causing constipation is unlikely but many patients with constipation report that this improves after LVMR and only very rarely gets worse. Unfortunately, some patients with obstructed defecation syndrome (ODS) and faecal incontinence (loss of bowel control) do not benefit from surgery but their symptoms are rarely made worse. The risk of a prolapse coming back after this operation is very low(around 2%).

There is a small risk of bleeding, infection, pain during intercourse, faecal incontinence or a hernia (bulge) at one of the wounds. The risk of mesh eroding into the bowel or vagina (fistula) seems to depend on the type of mesh used but is only around 1 or 2%. It can, however, happen months or even years after this operation and may require further surgery. Previous abdominal surgery or bowel adhesions can make this operation more difficult or impossible. The risk of bowel injury during insertion of the operating instruments is very low (less than 0.5%) but requires immediate repair and a longer stay in hospital.

Although you are unlikely to experience any major problems after this surgery you must see your GP, Shropdoc or attend the hospital emergency department if you experience severe abdominal pain or excessive bleeding. For any other concerns please contact your GP, Specialist Nurse or Consultant's secretary.

Follow up

You will receive an appointment to be seen in your Consultant's outpatient clinic around 3 months after your surgery. Further outpatient appointments will be arranged as necessary.

Contact details for further information

Pelvic Floor Nurse Specialist
Royal Shrewsbury Hospital
Telephone: 01743 261083 (24hr answerphone)

Consultant Colorectal Surgeons
Royal Shrewsbury Hospital
Telephone: 01743 261460 or 01743 492359 (secretaries)

Further information is available from:

- **Patient Advice and Liaison Service (PALS)**
  PALS will act on your behalf when handling patient and family concerns; they can also help you get support from other local or national agencies. PALS is a confidential service.

  Royal Shrewsbury Hospital Tel: 0800 783 0057 or 01743 261691

  Princess Royal Hospital Tel: 01952 282888

Other Sources of Information

- **The Pelvic Floor Society**
  A national multi-professional body involved in supporting excellence in clinical practice, education and research, clinical standards, patient information and engagement in the commissioning of pelvic floor services.
  Telephone: 020 7973 0307
  Website: www.thepelvicfloorsociety.co.uk

- **Bladder and Bowel Foundation**
  For more information about bladder and bowel conditions, treatment and support
  Telephone: 0870 770 3246
  Website: www.bladderandbowelfoundation.org

- **NHS 111**
  A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.
  Telephone: 111 (free from a landline or mobile)
  Website: www.nhs.uk

- **Patient UK**
  Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self-help groups and a directory of UK health websites.
  Website: www.patient.info

Website: www.sath.nhs.uk

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