

Trans-anal Rectocele Repair (STAMP procedure)

Introduction

This leaflet provides information about surgery to repair a rectocele. 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.

What is a rectocele?

A rectocele is a bulge or weakness at the front of your rectum which can cause difficulty with emptying your bowels. You may not feel empty after evacuation, needing to help the stools out with your fingers or experience leakage afterwards.

Why is this operation performed?

The operation corrects the bulge in your rectum so that bowel evacuation is more normal. It is done this way either when it is either not possible or not necessary to perform an operation through your abdomen. Your Consultant will discuss this with you further.

What does the operation involve?

The operation is performed under a general anaesthetic and takes around 1 hour. All the surgery is done through your bottom (back passage) so there are no external stitches or wounds. You may be given an enema before the operation to ensure your lower bowel is empty. The baggy inner lining (mucosa) is separated from the underlying muscle layer of the rectum. Any excess mucosa is trimmed. Dissolvable stitches are placed in the thinned and floppy muscle layer to repair the rectocele and strengthen the muscles. The lining (mucosa) is then re-stitched to cover the underlying muscle repair.

What is the recovery like?

Immediately after the operation you will normally have a urinary catheter in place (a tube into your bladder) and a drip in your arm. You will be prescribed a course of antibiotics for 7-10 days. You may eat and drink as soon as you want to after the operation. The drip will be removed once you are drinking enough. Simple painkilling tablets will usually be enough to keep you comfortable following the operation.

Your catheter will generally be removed in the evening on the same day as your operation and you should be able to go home when you are comfortable and passing urine normally, this is usually the next day. You will go home on a course of laxatives (usually macrogol) for 6 weeks so do not strain to evacuate. You can gradually reduce the laxative if your bowels are too loose but don't allow yourself to get constipated, especially in the first few weeks after surgery, as this may damage the repair.

Keep mobile after your surgery but **avoid heavy lifting** (anything heavier than a full kettle), **sexual intercourse** or **strenuous exercise** (running, jumping, squats etc.) **for 6 weeks** as this may cause excess strain on the pelvic floor muscles. Avoid activities such as shopping, housework, lifting children and sports as these can delay healing. You can shower and bathe as normal after the operation. You should be fit to drive after about 1 or 2 weeks and return to work after 2 to 4 weeks.

Outcome of surgery

Surgery results in a good improvement in symptoms of around 8 out of 10 patients but additional non-surgical treatments can help with the symptoms. There is around a 6 to 7% risk of recurrence following the operation. It will usually take several months for your bowels to settle down into a regular pattern after surgery. Less than 5% of patients report worsening of symptoms after this surgery.

What are the risks?

You will have the opportunity to discuss all the risks and benefits of the operation with your surgeon before signing the consent form. As the surgery is performed through your bottom there is a risk of weakening your bowel control. The risk is greater if you already have bowel control problems. To minimise this risk we assess the strength of your anal sphincter muscles first. If you do not wish to risk worsening bowel control alternative non-surgical options will be discussed with you.

There is a small risk of bleeding after surgery and you may notice minor blood spotting when passing stools. You may also experience minor bleeding 4 to 8 weeks after the operation when the stitches start to dissolve. A wound infection can occur following surgery. Infection may cause discomfort and can result in a discharge through the back passage which can delay healing. This may require further antibiotics; it can delay your discharge from hospital, and in a few cases may require further surgery.

Follow up

You will receive an appointment to be seen in your Consultant's outpatient clinic around 2 to 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

Self-Help UK

This is a directory of self-help groups and charities.

Website: www.selfhelp.org.uk

Website: www.sath.nhs.uk

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