

Delormes Operation for Rectal Prolapse

What is a rectal prolapse?

A rectal prolapse occurs when the normal supports of the rectum become weakened, allowing the muscle of the rectum to drop down through the anus to the outside. Sometimes this only happens when you open your bowels and it goes back on its own. In more severe cases, the rectum may need to be pushed back after opening the bowels, or may even stay outside all the time. While not a dangerous or life threatening condition, this can be very uncomfortable, a considerable nuisance, and may cause loss of bowel control. There may also be a mucus or bloodstained discharge.

How will the operation help me?

Your surgeon has advised that your rectal prolapse is severe enough or troublesome enough to need an operation. A Delormes operation aims to prevent further prolapse. This operation involves the surgeon removing some of the prolapsed lining of the rectum (mucosa) and reinforcing the muscle of the rectum by stitches. This is done via the anus and no external incision is needed.

What are the risks/complications of surgery?

- Bleeding.
- Infection.
- Recurrence.

These risks and complications will be explained to you when the surgeon asks you to sign the consent form for the operation.

Coming into hospital

You will attend the pre-admission assessment clinic 1-6 weeks prior to admission to ensure that you are fit for surgery, allowing time for the necessary pre-operative tests, which may include blood tests, cardiogram (ECG) and a chest x-ray.

You will be admitted on the day of the operation.

You may be given a phosphate enema on admission to empty the rectum before your operation or your consultant may request that you have a laxative medicine to drink the day before your operation, which will cause frequent bowel actions, to clear your bowels. If you are given this laxative medicine, you will be required to drink plenty of the fluids, as the laxative effect may dehydrate your body if you do not maintain an adequate fluid intake.

The surgeon performing the operation will see you and you will also see the anaesthetist. If you have any questions about your operation, please ask the doctors.

The operation is usually carried out under general anaesthetic. You will need to be 'nil by mouth' (that is: not allowed to eat or drink) on the day of the operation. The nurses looking after you will instruct you about this and prepare you for theatre when the time comes.

We will usually want you to stay in hospital until you are reasonably comfortable when having your bowels open. This is usually 2-3 days after the operation, but this can vary a lot between individuals.

What should I expect after my operation?

You will have an intravenous drip in your arm and a catheter to drain your bladder. When you are awake you will be able to drink as you wish, and when you are drinking well the drip in your arm can come out.

The catheter will stay in your bladder for 1-2 days. It is not uncommon to have some difficulty or discomfort when passing urine for the first time after the catheter comes out.

You may also have a small dressing plug in the anus. Some discomfort is to be expected. Painkillers are available and will be given regularly at first: please ask your nurse if you need something to help with the discomfort. You will take a bath or shower the day after the operation. There are no stitches to be removed.

From the day after your operation you may be given laxatives to soften your stools and stimulate a bowel action. You may not feel the need to open your bowels for a few days. When you do, you may experience some discomfort and a little bleeding – this is to be expected. You may also find that you have a small mucus discharge from the anus for about a week. Wearing a pad will protect your clothes. Some bleeding may continue for up to 2 weeks, and is particularly common around the 10th day after surgery.

In a few cases where someone has difficulty in controlling the bowels or leakage due to weak muscles around the back passage (anal sphincter), this may not improve immediately after the operation. Give it time – it can take several months for things to settle down following surgery.

Sometimes some exercises to strengthen these muscles may help and you may be referred to a Physiotherapist.

The time taken to get back to normal activities varies a lot for different people. Do as much as you feel comfortable doing. If lifting causes you discomfort you should avoid it. It would be unwise to go swimming for a few weeks until the area has completely healed.

You can resume sexual activity as soon as this feels comfortable.

You must not start driving unless you feel ready and confident to do so. It's important to ensure you are comfortable and your concentration is not impaired. Most people do not start to drive for at least 2 weeks, and some take longer.

Most people need about a week off work, but this will depend a little on what you do, and it is important for you to pay attention to your body, and only do as much as you feel able to. If you require a 'Fit Note' for work please ask a member of staff before discharge.

A Delormes operation does not guarantee that a rectal prolapse can never come back. The best way of helping to prevent this is to avoid heavy lifting and straining to open your bowels.

If you have a tendency to constipation, try to increase the amount of fibre in your diet. Fibre forms the structure of cereals, fruit and vegetables. It is not completely digested and absorbed by the body, so it provides bulk to the stools. This helps movement of waste through the intestine, resulting in soft stools, which are easy to pass.

You should increase the amount of fibre in your diet gradually – a sudden increase can cause abdominal discomfort and wind. If the fibre in your food is not enough to keep your stool soft then consider taking a fibre supplement, such as fybogel. It is important to ensure that you drink plenty of fluid.

Try to take at least 6-8 cups of fluid a day. The fluid can be any type, including water, tea, coffee, fruit juice, squash or soup. If you feel you would like further guidance on diet, your doctor may be able to refer you to a dietician.

If you develop regular difficulty with opening your bowels, do not struggle alone – seek medical advice. If you become pregnant you will need to take special care not to become constipated.

You will usually come for an outpatient check-up 3 months after the operation. It is important you talk to your doctor about any concerns you have at this time.

Please retain this information leaflet throughout your admission, making notes of specific questions you may wish to ask the Doctor and/or Nurses before discharge.

Points of contact:

If you have any queries prior to the procedure outlined and the implications for your relatives/carers, please contact the Surgical Pre-Admission Assessment Clinic on 01603 287819.

If you have any queries following the surgery please contact the ward from which you were discharged via the main hospital switchboard on 01603 286286.

Further information and support:

NHS Choices www.nhs.uk

The Association of Coloproctology of Great Britain & Ireland
Web address: www.acpgbi.org.uk

For Help Giving Up Smoking: SMOKEFREE NORFOLK 0800 0854 113



This sheet describes a medical condition or surgical procedure. It has been given to you because it relates to your condition; it may help you understand it better. It does not necessarily describe your problem exactly. If you have any questions please ask your doctor.

The information within this information sheet is attributed to St Marks Hospital for Colorectal Diseases ©