

The Altemeier's Operation

Altemeier's operation (perineal rectosigmoidectomy) is a surgical procedure used to correct a full-thickness rectal prolapse. During this procedure, the surgeon pulls the rectum through the anus, removes a portion of the rectum and sigmoid colon and attaches the remaining rectum to the large intestine (colon). The surgeon may also place a small pack inside the rectum to stem any bleeding. This will either be removed by the nursing staff, dissolve, or will be passed with your first bowel movement.

Altemeier's procedure is relatively simple to perform, has low surgical risk and no need for an abdominal incision. However, it has significant recurrence rates and is therefore generally reserved for patients with significant co-morbidity or in cases when an abdominal procedure is considered to have significant risks (e.g. large incisional hernias or extensive adhesions from previous abdominal surgery). The surgery is usually performed under a general anaesthetic (spinal anaesthesia might be preferred in some cases) and as an inpatient.

Benefits Of Altemeier's procedure

The main benefit is the correction of the rectal prolapse and the relief of pain, bleeding, discharge and discomfort caused by the rectal prolapse.

Are There Any Alternatives?

Rectal prolapse can only be treated surgically. However, not all patients with rectal prolapse require intervention, depending on their symptoms and the frequency with which the rectal prolapse occurs. In general there are two types of operations for rectal prolapse: abdominal and perineal procedures (see information on rectal prolapse). These options will be discussed with you before any surgery is scheduled.

What Would Happen If My Rectal Prolapse Was Left Untreated?

Untreated rectal prolapse will continue to cause symptoms (discomfort, leakage of mucus, inflammation and irritation of the skin around the anus) and negatively influence your quality of life. Sometimes the prolapsed rectum cannot be reduced, losing its blood supply and causing a surgical emergency (strangulation); this generally results in the formation of a colostomy.

Will The Rectal Prolapse Return After surgery?

Rectal prolapse can return after any form of treatment, and recurrence rates after Altemeier's procedure can be quite high (around 20% in some reports). If it does return another form of treatment may be necessary.

How Long Will I Be In hospital?

Patients are generally expected to stay in for 1-3 days after surgery, depending on their general fitness, mobility and level of support at home.

Before The Operation

Pre-operative preparation includes blood tests, medical evaluation, chest x-ray and an electrocardiogram (ECG), depending on your age and medical condition. In addition, patients with significant co-morbidity might be asked to undergo lung function tests and an echocardiogram (ultrasound examination of the heart). In high-risk patients a formal anaesthetic evaluation and cardio-pulmonary exercise (CPEX) testing will be performed. Blood transfusion and/or blood products may be needed depending on your condition and the amount of blood loss during surgery.

It is recommended that you shower the night before or morning of the operation.

In general, no formal bowel preparation (emptying) is required for Altemeier's procedure. In some cases a Phosphate enema might be administered just before surgery.

After midnight the night before the operation, you should not eat or drink anything except medications that your surgeon has told you are permissible to take with a sip of water the morning of surgery.

Drugs such as aspirin, blood thinners, anti-inflammatory medications (arthritis medications) and Vitamin E will need to be stopped temporarily for several days to a week prior to surgery. Diet medication or St. John's Wort should not be used for the two weeks prior to surgery.

Please quit smoking for at least 48 hours before surgery and arrange for any help you may need at home.

After The Operation

Your blood pressure, pulse and wounds will be monitored closely over the first few hours. You will normally be able to start drinking shortly after the procedure, and can start eating as soon as you are hungry. You will normally be able to get out of bed a few hours after surgery, although the nurses will assist you the first time.

Some pain is to be expected, and can be quite significant. The nurses will give you painkillers and monitor your pain. If a dissolvable anal plug has been used this will be passed on your first bowel movement. A small amount of bleeding from the back passage is also to be expected. The nurses will monitor the wound site and if necessary provide pads to protect your clothes from marking.

Before your discharge the nurse will advise you about your post-operative care and will give you a supply of painkillers and laxatives. Your GP will be notified of your treatment.

If a hospital follow-up appointment is required you will be notified of this prior to discharge and an appointment card given to you.

What Activities Will I Be Able To Do After My Surgery?

You can return to normal physical and sexual activities when you feel comfortable; this normally takes 3-4 weeks but sometimes longer.

How Much Pain Can I Expect?

At times the pain may be significant, so taking regular painkillers will help. Warm baths may also help reduce the discomfort. You may experience discomfort for up to four weeks after the operation.

Bowel Action And Personal Hygiene

It is important to maintain a regular bowel movement that should be well formed but soft. Continue to take laxatives for two weeks after your surgery. Eating a high fibre diet and increasing your fluid intake will also help. You will normally open your bowels within two to three days of your operation, although this may be uncomfortable at first. You may notice blood loss after each bowel movement but this will gradually reduce over the next few weeks.

It is important to keep the operation site clean. If possible, wash after each bowel action for three to four weeks after the operation. Bathing once or twice a day is also soothing and may reduce discomfort. Wearing a small pad inside your pants will protect your clothes from any staining.

Driving

You must not drive for at least 24 hours after surgery. Before driving you should ensure that you are able to perform an emergency stop, have the strength and capability to control the car, and be able to respond quickly to any situation that may occur.

Return To Work

You can return to work as soon as you feel well enough. This could depend on type of work that you do. Typically you will need four to six weeks off work.

Significant, Unavoidable And Frequently Occurring Risks After Altemeier's Procedure

The Altemeier's procedure is generally a very safe operation with few risks but, as with any surgical procedure, complications do occasionally occur; fewer than 5% patients need to have a second anaesthetic to attend to a complication.

Immediately after the operation, a few patients find it difficult to pass urine and a catheter may be required to empty the bladder. If you suffer from urinary symptoms due to a large prostate you might be at increased risk of urinary problems after surgery.

Around 5% of patients experience more bleeding than usual and this may need re-admission to hospital for observation or, rarely, another operation.

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Anastomotic dehiscence is unusual but it can happen; if this occurs surgical intervention and formation of a colostomy might become necessary.

Infection is quite rare, usually manifested as a perianal abscess.

For most people, rectal prolapse surgery relieves symptoms and improves faecal incontinence and constipation. However, in some cases, constipation or incontinence can worsen or become a problem when it wasn't one before surgery.

It is sometimes possible to experience significant pain after an Altemeier's procedure. This can be made worse by avoiding opening your bowels or constipation. We will provide several painkilling medications, and laxatives to help soften your bowel motions.

When To Contact Your Surgeon

In the period following your operation you should contact us on 07968228832 or your GP if you notice any of the following problems:

- increasing pain, redness, swelling or discharge from the back passage
- significant abdominal distension and discomfort
- severe bleeding
- constipation for more than three days despite using a laxative
- difficulty in passing urine
- high temperature over 38°C or chills
- persistent nausea or vomiting.