

The Delorme's Operation

Delorme's operation is a surgical procedure used to correct a full thickness rectal prolapse. During surgery the inner layer (mucosa) of the prolapsed rectum is removed, preserving the muscle layer, which is then folded over like a concertina with the use of stitches, thus correcting the prolapse. Most of the stitches are inside the anal canal (back passage) and will dissolve over a period of weeks. 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.

Delorme's procedure is relatively simple to perform, has low surgical risk and no need for an abdominal incision. However, it has high recurrence rates and is therefore generally reserved for patients with significant co-morbidity, young patients of reproductive age 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 Delorme'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 a Delorme's procedures are quite high (up to 30%-50% 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.

Enquiries: 07500870587 or 01519295181
enquiries@wirralsurgeon.co.uk
www.wirralsurgeon.co.uk

Before The Operation

Prior to admission you will need to have a pre-operative assessment. This is an assessment of your health to make sure you are fully prepared for your treatment and discharge. The pre-operative assessment nurses will help you with any worries or concerns that you have and will give you advice on any preparation needed for your surgery.

If you are undergoing a general anaesthetic you will be given specific instructions about when to stop eating and drinking; please follow these carefully, otherwise this may pose an anaesthetic risk and may mean we will have to cancel your surgery. You should bath or shower before coming to hospital.

On admission a member of the nursing staff will welcome you. The nurses will look after you and answer any questions you may have. You will be asked to change into a theatre gown. Prior to surgery you may need to have an enema (a liquid medication given into the back passage to empty the bowel).

The surgeon and anaesthetist will visit you and answer any questions that you have.

A nurse will go with you to the anaesthetic room and stay with you until you are asleep. A cuff will be put on your arm, some leads placed on your chest, and a clip attached to your finger. This will allow the anaesthetist to check your heart rate, blood pressure and oxygen levels during the operation. A needle will be put into the back of your hand to give you the drugs to send you to sleep.

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 2-3 weeks but sometimes longer.

How Much Pain Can I Expect?

At times the pain may be significant, so taking regular painkillers and laxatives 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 one to three weeks off work.

Significant, Unavoidable And Frequently Occurring Risks After Delorme's Operation

The Delorme'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.

Infection is very rare.

The sutures that are placed sometimes separate, leaving an open wound: do not be concerned if this happens as healing will still take place.

It is sometimes possible to experience significant pain after a Delorme'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
- severe bleeding
- constipation for more than three days despite using a laxative
- abdominal distension and discomfort
- difficulty in passing urine
- high temperature over 38°C or chills
- persistent nausea or vomiting.