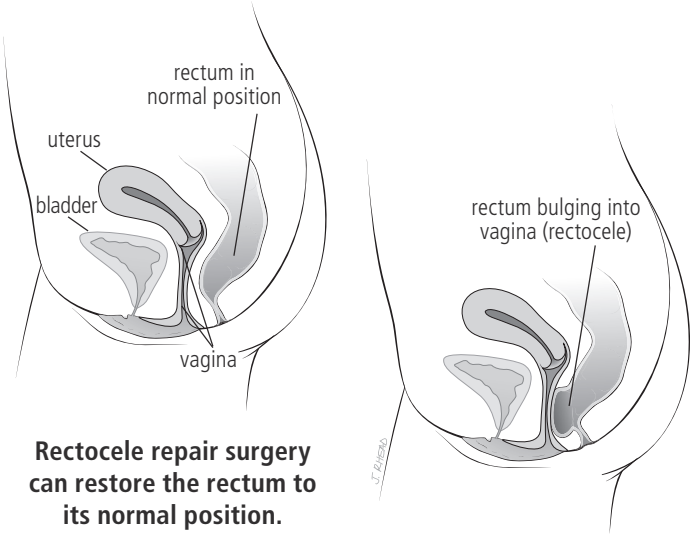
Intermountain® Healthcare

Rectocele Repair Surgery

What is it?

A **rectocele** is a bulging of the rectum into the vagina. (See the pictures at right.) It happens when the tissues that support the rectum and vagina are weakened and torn. **Rectocele repair surgery** (also called **posterior wall repair**) can strengthen and repair the damaged tissue and restore the rectum to its normal position.

Vaginal childbirth, chronic constipation, and heavy lifting all increase your risk of rectocele, as they can damage the tissue that supports the rectum and vagina.



Rectocele repair surgery can restore the rectum to its normal position.

Why do I need it?

Your doctor may recommend surgery to treat a large or severe rectocele, especially if it brings symptoms such as these:

- Bulging, pain, and discomfort in the vagina
- Difficult bowel movements
- A feeling of pressure or "fullness" in your bowels, even when you've just had a bowel movement
- Inability to control your bowel movements

Because rectocele repair is a major surgery, a doctor will often suggest it after other treatments have failed to correct the problem. Sometimes rectocele repair is done at the same time as a hysterectomy (surgery to remove the uterus).

How is it done?

Rectocele repair surgeries are usually done through the vagina or the **perineum** (the skin between the vagina and the anus). The approach your doctor recommends will depend in part on the severity of the rectocele. Once the area of the rectocele is reached, surgery includes these general steps:

- The surgeon makes one or more incisions (cuts) along the back wall of the vagina (the side closest to the rectum).
- Stitches are sewn into the weakened tissue around the vagina and rectum, and along the vaginal wall. (The stitches can strengthen your tissues in two ways: first, by closing any tears, and second, by encouraging scar tissue to build in the area for extra support). Sometimes mesh or a graft material is sewn in for additional support.
- If necessary, the perineum will be repaired with deep stitches into the muscle.
- The vaginal incisions are closed with stitches and the vagina may be packed with gauze.

Note that the stitches used in this surgery will eventually be absorbed by the body. They don't need to be removed.

Talking with your doctor about rectocele repair surgery?

To decide whether to have a rectocele repair surgery, talk to your doctor. Discuss the surgery's potential benefits, its risks, and your treatment alternatives. The table on the next page lists the most common of these, but other benefits and risks may apply in your unique medical situation. As you talk to your doctor feel free to ask questions.

What happens BEFORE the surgery?

Here's what you can expect before rectocele repair surgery:

- You'll have blood and urine tests.
- The day before your surgery, you'll be asked to fast (not eat anything), and you may be given a special liquid to help empty your bowels.
- Hair on your pubic area and abdomen may be clipped to help keep the incision sites sterile.
- To prevent infection, you'll be given antibiotics.
- A nurse will place an IV — a small tube put through a needle into a vein — in your arm or wrist to deliver fluids, medication, or blood as needed.
- You'll be attached to monitors and given anesthesia. Depending on your preference and on how your surgery will be done, you may have general anesthesia (which puts you completely asleep during the surgery) or a regional anesthesia (which blocks the feeling in the lower part of your body).
- A catheter — a thin tube — will be placed in your bladder. The catheter drains urine from your bladder during the surgery.

What happens AFTER the surgery?

After a rectocele repair surgery, you may need to stay in the hospital for a few days. Here's what to expect:

- To help prevent blood clots, your nurses will encourage you to walk as soon as possible after surgery. Also, a pneumatic compression device will massage your legs by inflating and deflating.
- You'll have some pain. Your doctor will prescribe medication to help control the pain.
- You'll have vaginal bleeding and discharge. Sanitary pads will help absorb this.
- You'll learn how to care for yourself at home during your recovery period. Your nurse will go over the instructions in the next section of this fact sheet and will answer any questions you have.

How do I care for myself at home?

Recovery is different for every woman, and has a lot to do with the type of surgery you've had. **It can last anywhere from 3 to 8 weeks.** This section gives information to help you know what to expect — and what to do — as you recover at home. (Be sure to follow the specific instructions of your own care team if they're different from what you see here.)

Vaginal discharge

After a rectocele repair, it's normal to have light vaginal discharge for up to 6 weeks. At first, the discharge tends to be bright red or pink. Gradually, it changes to a brownish or yellowish color. Here's what to do to take care of yourself:

- Use pads to absorb discharge. Change them every time you go to the bathroom.
- Do NOT douche, use tampons, or have sex. Ask your doctor when it's okay to do so.
- Wipe front to back after going to the bathroom. This helps prevent infection.
- **CALL YOUR DOCTOR** if the discharge becomes foul-smelling, or if the discharge becomes heavier than a light menstrual period.
- **GET EMERGENCY CARE** if your bleeding is heavier than a normal menstrual period, or if you pass bright red clots.

Potential benefits of rectocele repair surgery	**Risks and potential complications** of rectocele repair surgery	**Alternatives**
The aim of surgery is to repair and strengthen the wall between the vagina and rectum to: • Relieve pain and discomfort caused by the rectocele • Improve bowel control • Allow for more physical activity and more comfortable sexual activity	• Rectocele repair failure, or rectocele recurrence • Blood clots in the veins or lungs • Infection • Bleeding during or after surgery • Injury to the rectum or nearby organs • Problems related to anesthesia • Sexual dysfunction caused by poor healing of the vaginal incisions or from damage to nerves	• Pessary (a device placed in the vagina to hold the rectum in place)

Pain

Your pain and soreness should gradually go away as the days pass. Cramps, a bloated abdomen, and low back pain are all common complaints. To help ease and monitor your pain, do these things:

- Take any medication as prescribed. Often your doctor will prescribe medication to treat pain. Follow your doctor's instructions carefully.
- **CALL YOUR DOCTOR** if you have:
  - Any increase in your pain, or if pain medication isn't working
  - A lot of bloating or swelling in your abdomen
  - Pain, redness, or swelling in one leg or in your groin
- **GET EMERGENCY CARE** if you have chest pain, a cough (not from a cold), or trouble breathing.

Fatigue

Any surgery will leave you feeling tired. Your body is healing. Try these tips to help speed the process:

- Try to get at least 8 hours of sleep each night. Rest throughout the day.
- Eat well balanced, healthy meals.
- Tell your family what they can do to help you get the rest you need.
- **CALL YOUR DOCTOR** if you become more tired (rather than less) each day, or if you're dizzy for more than a few seconds at a time.

Infection

You don't need to care for the incisions made in your vagina. The internal stitches will dissolve on their own. However, you must be alert to any signs of infection.

- **CALL YOUR DOCTOR** if you have any of these symptoms:
  - Ongoing red bleeding from your vagina. (It's normal to have a small amount of bloody discharge — but not red bleeding — at home.)
  - Fever of 100.4°F (38.0°C) or greater.
  - Flu-like symptoms (for example, chills, body ache, fatigue, or headache).
  - Increase in pain, or pain medication that isn't working.

Bathing

You may take a shower after the first 48 hours, but do NOT soak in a bath, hot tub, or swimming pool. However, you may take a shower or sit in a few inches of warm water ("sitz bath").

Sexual intercourse

Don't have sexual intercourse until your doctorspecifically says you may safely do so. Explain to your partner: to protect the healing, it's important to check with the doctor before resuming sexual activity.

Physical activity and exercise

During your recovery, light activity is good for you. It helps prevent problems such as gas, stiffness, weakness, and blood clots. The trick is being active at the right level. Here are a few guidelines:

- Take it easy for the first 2 weeks. This means:
  - Don't sit or stand for more than half an hour at a time.
  - Don't push, pull, or strain.
  - Don't lift anything heavier than 5 pounds. And when you're picking things up, bend carefully at the knees and lift slowly.
  - Don't do housework or yard work. Get your family to pitch in, or hire help.
  - You can drive as soon as your pain is gone and you are NOT taking narcotics.
  - Take short walks several times a day. Ask someone for support if you feel shaky or dizzy. Start with short distances, and work up to longer walks.
- Avoid climbing stairs if it hurts — but climb them as soon as you can do so without pain.
- **ASK YOUR DOCTOR** when it's okay to return to work or do more strenuous exercise. (Most patients can return to work within 2 weeks.)

Note: You don't need to care for the incisions made in your vagina. The internal stitches will dissolve on their own. However, do be alert to any signs of infection, such as fever or flu-like symptoms. **Follow all the advice on this sheet about when to call the doctor.**

Gas

Many women have gas after surgery. Here are some things to do to prevent or treat gas:

- Walk more often or a little farther every day.
- Stay away from carbonated drinks — and don't use a straw. Drink warm drinks.
- Lay on your left side, with your knees drawn up to your chest. Or get on your knees and lean forward, placing your weight on your folded arms with your buttocks in the air.
- When you have gas, gently press on your abdomen every hour, following these steps:
  1. Take a few deep breaths. Blow out slowly.
  2. Place your hands below your navel with the fingertips touching.
  3. Take a deep breath and hold it for 5 counts.
  4. Breathe out slowly and completely through your mouth while pressing in and down on your abdomen.
  5. Move your hands a half-inch and repeat steps 2 to 4 several times, moving in a circle across your lower abdomen.
- **CALL YOUR DOCTOR** if you have continuing or severe abdominal swelling or bloating.

Constipation

Constipation after surgery can add to your discomfort. Here's what to do to prevent and relieve constipation:

- Drink at least 6 to 8 glasses of water each day.
- Eat high-fiber foods. Fresh fruit, vegetables, and whole grain bread are good options.
- Don't strain with bowel movements.
- Take a stool softener or laxative if your doctor recommends it. Do NOT use an enema.
- **CALL YOUR DOCTOR** if you can't relieve constipation with the measures listed above.

Urination

After surgery, you might have trouble urinating. This might be due to your surgery. But it may also come from pain medication, discomfort, or anxiety. Here's what to do:

- Don't strain or bear down while going to the bathroom. This can damage the area of your recent surgery.
- Urinate while sitting in a few inches of warm water.
- Don't let your bladder get too full. Believe it or not, it's easier if you urinate more often.
- Do Kegel exercises to strengthen the muscles around your vagina, bowel, and bladder. To start, tighten the muscles you use to stop the flow of urine. Hold for a count of ten, then relax the muscles slowly. Repeat several times a day, working up to 100 Kegels a day.
- If you can't urinate on your own before you leave the hospital, you may need to go home with a **urinary catheter** (a small tube to drain urine from the bladder). Until you can urinate on your own, follow these instructions:
  - **If you go home with a catheter in place,** follow the nurse's instructions for caring for the catheter and drainage bag. Do any exercises you've been taught. And make sure you know when and how the catheter will be removed.
  - **If you need to self-catheterize,** a nurse will teach you how before you leave the hospital. Be sure to self-catheterize as often as your nurse has told you to — usually every 3 to 4 hours during the day.
- **CALL YOUR DOCTOR** if you:
  - Can't urinate, or have ongoing difficulty urinating
  - Have problems with your catheter, or with self-catheterizing
  - Have bloody, cloudy, or foul-smelling urine
  - Have burning, painful, or frequent urination

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