

# Rectocele Repair Surgery

## What is it?

A **rectocele** [REK-tuh-seel] 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.

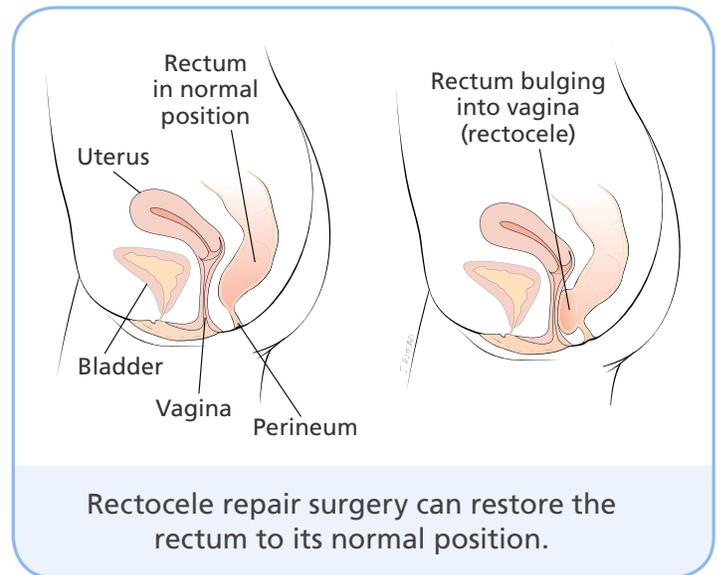
Vaginal childbirth, chronic constipation, and heavy lifting all increase your risk of rectocele.

## Why do I need it?

Your doctor may recommend surgery for a large or severe rectocele, especially if you have symptoms like:

- 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 only after trying other treatments. Sometimes rectocele repair is done at the same time as a hysterectomy (surgery to remove the uterus).



## 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 below 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.

Potential benefits	Risks and potential complications	Alternatives
Repair and strengthen the wall between the vagina and rectum to: <ul style="list-style-type: none"> <li>• Relieve pain and discomfort caused by the rectocele</li> <li>• Improve bowel control</li> <li>• Allow for more physical activity and more comfortable sexual activity</li> </ul>	<ul style="list-style-type: none"> <li>• Rectocele repair failure or rectocele recurrence</li> <li>• Blood clots in the legs or lungs</li> <li>• Infection</li> <li>• Bleeding during or after surgery</li> <li>• Injury to the rectum or nearby organs</li> <li>• Problems related to anesthesia</li> <li>• Sexual dysfunction caused by poor healing of the vaginal incisions or from damage to nerves</li> </ul>	Pessary (a device placed in the vagina to hold the rectum in place)

## What happens BEFORE the surgery?

Here's what you can expect before your surgery:

- You may have blood and urine tests.
- The day of 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 clean.
- 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, medicine, 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 makes you sleep during the surgery) or a regional anesthesia (which blocks feeling in the lower part of your body).
- A catheter — a thin tube — may be placed in your bladder to drain urine during the surgery.

## What happens DURING the surgery?

Rectocele repair surgeries are usually done through the vagina. 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.
- Stitches are sewn into the weakened tissue around the vagina and rectum and along the vaginal wall. These stitches can strengthen your tissues by closing any tears and encouraging scar tissue to build in the area for extra support.
- If necessary, the perineum (the area just behind the vaginal opening) will be repaired with deep stitches.
- The vaginal incisions are closed with stitches, and the vagina may be packed with gauze.

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

## What happens AFTER the surgery?

After surgery, you may need to stay in the hospital for 1 or more days. Your care providers will focus on:

- **Preventing blood clots:** Your nurses will encourage you to walk soon after surgery and may have you use a device that automatically inflates and deflates, massaging your legs. You may also receive injections of blood thinners.
- **Managing pain:** You'll have some pain, but your doctor will prescribe medicine to help control it.
- **Managing vaginal discharge:** You may have vaginal bleeding and discharge. Using sanitary pads will help absorb this.
- **Learning how to care for yourself at home:** Your nurse will go over instructions and answer questions you have about your recovery period.

## How do I care for myself at home?

Recovery is different for every woman and can last anywhere from 3 to 8 weeks. This section gives information to help you as you recover at home. (Be sure to follow any instructions from your 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 heavier than a very light menstrual period.



**GET EMERGENCY CARE** if your bleeding is heavier than a normal menstrual period or if you pass bright red clots.

## Pain

Your pain and soreness should gradually go away. Cramps, a bloated abdomen, and low back pain are all common complaints. To help ease and monitor your pain, take any medicine as prescribed. Follow your doctor's instructions for pain medicine carefully.



**CALL YOUR DOCTOR** if you have:

- Any increase in pain, or if pain medicine 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 are 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:

- 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 (chills, body ache)
- Increase in pain, or pain medicine 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 sit in a few inches of warm water ("sitz bath").

## Sexual intercourse

Don't have sexual intercourse until your doctor specifically 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. (Many patients can return to work within 2 weeks.)

## 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.
- Lie on your left side and draw your knees up to your chest. Or, get on your knees, and lean forward on your folded arms with your buttocks in the air.
- When you have gas, gently press on your abdomen every hour, following these 5 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 how 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 because of the surgery, pain medicine, discomfort, or anxiety. Here's what to do:

- Don't strain or bear down while urinating. 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 tells 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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