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PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

RECTOCELE REPAIR

Definition

Recto = of or pertaining to the rectum

Cele = balloon like in appearance

A rectocele, in its literal sense, means rectum appearing like a balloon. Perhaps it was referred to this way because a herniating rectum, which this term really describes, may appear balloon-like when protruding into the vagina.

Factors contributing to loss of normal support of the uterus and vagina include any one or a combination of:

- Pregnancy and vaginal childbirth, especially multiple deliveries and those associated with large babies or prolonged, difficult labor
- Menopause (both natural and as a result of surgical removal of ovaries)
- Aging
- Chronic coughing
- Obesity
- Years of strenuous activity or heavy lifting

The most common complaints associated with a rectocele are constipation, an uncomfortable feeling during sexual intercourse, or a general feeling of discomfort within the vagina (when the rectocele is severe). It is uncommon for women to present with complaints limited to a rectocele. More often, a woman will be evaluated for a cystocele (prolapsed or dropped bladder) or urinary incontinence, and the rectocele is then apparent on physical examination as well. When asked about the above symptoms, a patient will then often admit to them. While constipation is not a problem specifically associated with the presence of a cystocele (dropped bladder), complaints of vaginal fullness or uncomfortable intercourse may be present from a cystocele.

Because they have the same risk factors, a rectocele and cystocele are often present together. Each is also often associated with anatomic changes that cause urinary incontinence. It is not uncommon to need simultaneous surgical correction of all of these problems. If your rectocele repair is going to be combined with a cystocele repair and/or incontinence procedure, you will receive educational literature on each.

Preparation

As with all procedures in which anesthesia is administered, you will be asked not to eat or drink anything after a certain time, usually midnight, on the evening prior to your surgery. You may brush your teeth in the morning but should not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood ("blood thinners, aspirin, anti-inflammatory medicines, etc..."). The most common of these medications are aspirin and all related pain relievers or anti-inflammatory compounds (whether prescription or over-the-counter). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative/pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

*It is definitely to your advantage not to strain to have a bowel movement in the week after the procedure. We therefore recommend that for the entire week before the procedure, you avoid constipating foods such as rice, bananas, and red meat. You should be eating lots of fruits and vegetables as well as oatmeal and cereals.

You will be asked to clean out your rectum the evening prior to surgery. After an early (perhaps 5:30pm) and light dinner you should administer an enema. Perhaps two to three hours later, you should repeat another enema especially if the first did not produce adequate results.

Procedure

You will be lying on your back with your knees bent and heels in stirrups, much like you would for a pelvic examination. The procedure usually takes approximately one hour or more depending on an individual's anatomy and your prior surgical history. Obviously, the procedure will be longer if you are also having other simultaneous procedures (cystocele repair, incontinence procedure, etc.).

The operation is done completely through the vagina. First, a catheter may be placed into the bladder to keep it empty during the procedure. Often, the rectum is packed with gauze to help push the tissue further into the vagina. This maneuver helps the surgeon to dissect the tissue. A measured portion of the loose, stretched vaginal tissue that covers the rectum (the back wall of the vagina) is dissected away from the rectal wall. Once this is complete, the strong supportive tissue on either side is sewn together to push the rectal wall back into its normal position. Lastly, the introitus (opening to the vagina) is measured (so as not to make it too tight) and reconstructed much like an episiotomy repair after vaginal childbirth.

Post Procedure

You will be in the recovery room for a short time before being sent to your hospital bed. Certain patients can be discharged home *if* no other procedures were done. Admitted patients will typically stay one night in the hospital. There may be some discomfort in the rectum, perineum (area between the anus and the vagina), and within the vagina. If you had other procedures as well, there may be some lower abdominal discomfort. Most patients have some sense of tenesmus (the urge to have a bowel movement).

You are encouraged to shower and gently wash the area when you get home. It is normal to have some bloody discharge from the vagina for a day or two. If you have significant bleeding, you should call our office. You cannot take a bath or swim for 10 days (unless otherwise instructed). Some surgeons may ask you to take warm baths a couple of times a day a few days after your surgery. We ask that you refrain from any strenuous activity or heavy lifting until your follow up office visit. Every patient has some degree of swelling in the area, and it is not possible to predict in whom this might be minimal or significant.

We strongly encourage you to take at least one week off from work and perhaps more if your occupation requires strenuous activity or heavy lifting. **In** the first 48 hours, it is to your advantage to minimize activity and to often rest in a lying down position. Periodic walking is encouraged. Some patients have almost no discomfort while others are somewhat uncomfortable for a few days to weeks. Severe pain is unlikely but possible. We may provide you with a prescription for pain medication to alleviate most of the discomfort. Take this medication as prescribed and as needed. An antibiotic prescription may also be given and should be taken until completion. If any side effects occur, contact our office immediately.

**You must refrain from any strenuous activity or heavy lifting until we tell you otherwise. Sexual activity of any sort is absolutely prohibited (usually four to six weeks) until we tell you that you may resume.*

It is very important that you avoid any constipating foods for several weeks.

Expectations of Outcome

If the rectocele was present for a long time, you may have actually become accustomed to the abnormal changes in your anatomy. After this type of operation, it may take some time before you are fully comfortable. The rectum may need time to adjust to its restored position.

Once intercourse is resumed, it may be slightly difficult and uncomfortable at first. The vaginal introitus will be tighter than previously. Prior problems of constipation may be alleviated, but again, you must avoid constipating foods.

Possible Complications of the Procedure

All surgical procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or even quite delayed in presentation. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. Aside from anesthesia complications, it is important that every patient be made aware of all possible outcomes, which may include, but are not limited to:

- **Urinary Tract Infection or Sepsis**: Although we may give you antibiotics prior to and after the operation, it is possible for you to get an infection. The most common type is a simple bladder infection (after the catheter is removed) that presents with symptoms of burning urination, urinary frequency, and a strong urge to urinate. This will usually resolve with a few days of antibiotics. If the infection enters the bloodstream, you might feel very ill. This type of infection can present with both urinary symptoms and any combination of the following: fevers, shaking chills, weakness or dizziness, nausea, and vomiting. You may require a short hospitalization for intravenous antibiotics, fluids, and observation. This problem is more common in diabetics, patients on long-term steroids, or in patients with disorders of the immune system.
 - **Wound Infection**: The incision sites can become infected. While it typically resolves with antibiotics and local wound care, occasionally, part or all of the incision may open and require revision and or catheter replacement.
- *If you have symptoms suggesting any of the above after your discharge from the hospital, you must contact us immediately or go to the nearest emergency room.*
- **Treatment failure**: Although usually associated with a high success rate, the procedure can fail in the immediate post-operative period, or months to years later. In this regard, the rectocele can return.
 - **Painful Intercourse and Vaginal Shortening**: After rectocele surgery, the shape of the vaginal vault can change. In certain cases, the depth of the vagina may be lessened and the angle changed. While usually not a problem, some women may complain of pain or difficulty with intercourse. Sometimes it is temporary, but it can also be permanent. In addition, the introitus (opening to the vagina) can become too tight making intercourse difficult and uncomfortable. Although we take specific measures to gauge the ultimate size of the introitus, it can continue to scar (making it smaller) weeks or months after the surgery.
 - **Bowel/Rectal Injury**: It is possible to make a hole in the deeper tissue of the rectum or bowel. In almost all cases, the hole can be repaired, and there are no long-term problems. In severe injuries, we may ask for a consultation from a general surgeon to ensure that no other protective surgical measures should be undertaken.
 - **Deep Vein Thrombosis (DVT)/Pulmonary Embolus (PE)**: In any operation (especially longer operations), you can develop a clot in a vein of your leg (DVT). Typically, this presents two to seven days (or longer) after the procedure as pain, swelling, and tenderness to touch in the lower leg (calf). Your ankle and foot can become swollen. ***If you notice these signs, you should go directly to an emergency room and also call our office.*** Although less likely, this blood clot can move through the veins and block off part of the lung (PE). This would present

as shortness of breath and possibly chest pain. We may sometimes ask the medical doctors to be involved with the management of either of these problems.

- Bleeding/Hematoma: When a small blood vessel continues to ooze or bleed after the procedure is over, the area of collected blood is referred to as a hematoma. The body normally re-absorbs this collection over a short period of time, and surgical drainage is rarely necessary
- Lower Extremity Weakness / Numbness: This, too, is a rare event that may arise due to your position on the operating table. It is possible in procedures in which you are in the lithotomy (legs up in the air) for a long period. The problem is usually self-limited, with a return to baseline expected
- Chronic Pain: As with any procedure, a patient can develop chronic pain in an area that has undergone surgery. This is extremely rare from a rectocele repair. Typically, the pain disappears over time. If persistent, further evaluation may be necessary.
- Blood Loss/Transfusion: The vaginal region is quite vascular. Usually blood loss in this procedure is quite minimal. In rare cases, blood loss can be significant enough to necessitate transfusion.

Patient Signature

Date

Patient Name

Patient ID #

Date

Physician Signature

Date

Witness

Date

The information contained in this Medical Informed Consent Form ("Consent Form") is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.