DISCHARGE INSTRUCTIONS:
LAPAROSCOPIC RECTOPEXY

You have just had a laparoscopic rectopexy. This leaflet aims to provide you with all the essential information you need to make a successful recovery. Please read these instructions carefully and contact us if you have any questions.

What wound care do I need?

Your wounds are closed with absorbable sutures and/or tissue glue, which disappear in 10-14 days. After 48 hours you are allowed to shower briefly, but should not soak, scrub or rub the wounds. If there are dressings placed on your wounds you have to change them whenever they get wet. Dressings are only there to protect your clothing against any seepage of the wound and to prevent your clothing from catching on the wounds. If your wounds are dry it is not necessary to reapply a new dressing.

What precautions should I take after surgery?

You have to try to avoid any strenuous activity and you should not lift anything heavier than a full kettle for six weeks. This gives your body the chance to incorporate the mesh and stitches and form internal scar tissue with the rectum in the correct position.

When am I allowed to:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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<tbody>
<tr>
<td>Drive a car</td>
<td>It is important not to drive until you feel completely able to do so, which usually takes two weeks. It is advisable to contact your car insurance company and check their policy on when you are legally allowed to drive after “minor abdominal surgery”, as policies between companies may vary.</td>
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<tr>
<td>Restart exercises</td>
<td>It is fine to start walking (outside or on a treadmill) in the first few days after surgery. Strenuous exercises however are best started only after 6 weeks.</td>
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<tr>
<td>Swim</td>
<td>After a week your wounds will have healed sufficiently to allow swimming. It is a good activity in the recovery phase, if you are comfortable.</td>
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<tr>
<td>Eat normally</td>
<td>Straight after surgery. You might however be more comfortable on a lighter diet until your bowels have started working.</td>
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<tr>
<td>Go back to work</td>
<td>Whenever you feel well enough and as long as you don’t have to do any heavy lifting. You might consider a gradual return to work.</td>
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<tr>
<td>Sexual intercourse</td>
<td>We advise you not to have sexual intercourse for 6 weeks.</td>
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Laxatives

It is very important to prevent constipation and straining in the weeks following surgery. However, it is very common for your bowel to go 'on strike' for a few days after surgery. It is not unusual for it to be 3-5 days before your bowels work. It is advisable to stay on a lighter diet (soups, yoghurts, low-fibre) until you have passed your first stool. If you have not opened your bowels for more than 3 days and you are experiencing marked discomfort, a one-off enema or suppository might be useful. Microlax is an example of an efficient over-the-counter enema. It is essential however to keep using the prescribed oral laxatives and you may need to increase the dose.

It is essential to drink sufficient water for the laxatives to work (1.5l or 2.5 pints a day)

The Bristol Stool Form Scale

- Separate hard lumps, like nuts (hard to pass)
- Sausage-shaped but lumpy
- Like a sausage but with cracks on its surface
- Like a sausage or snake, smooth and soft
- Soft blobs with clear-cut edges (passed easily)
- Fluffy pieces with ragged edges, a mushy stool
- Watery, no solid pieces
- Entirely liquid

You have been prescribed a specific laxative by your surgeon (usually Movicol/Laxido or Metamucil). It is important to take these daily for at least 6 weeks, preferably longer. The prescribed starting dose is typically 3 sachets a day. You will probably have to adjust this dose to the specific needs of your body and diet to find your optimal dose. It takes a few days for your body to adjust to changes so allow at least 5 days between dose changes.

Still having hard stool (Type 1 & 2): You need to increase the dose of the laxative. Most people need 1-3 sachets, one to two times a day, but doses up to 8 a day are safe. You might need to increase your water intake.

Very loose stool (Type 6 & 7)/incontinence: You may decrease your dose slowly (half a sachet per 5 days) to achieve your optimal dose.

Bloating/gas: This is a common effect of surgery and/or laxatives, caused by changes in your gut bacteria. It usually resolves after four weeks. Foods known to aggravate gas formation are:

- Cabbage family vegetables (cabbage, Brussels sprouts, broccoli, cauliflower)
- Onions, spinach, beans, corn, radishes, cucumber, nuts
- Fizzy drinks, beer, dairy products
- Sugar-free foods containing sorbitol, mannitol or xylitol eg chewing gum, sweeteners, diet drinks & snack bars

This does not mean you can never eat these products again. Cut them out for a few weeks to see the effect on your bowel, then reintroduce them slowly, one at a time. If you are still experiencing too much discomfort it might be useful to switch between laxatives; You could switch between Movicol/Laxido, Fybogel, Psylliumhusk and golden linseed. A course of probiotics could be tried. If symptoms persist you might want to see a specialist dietician.
Problems

One of my wounds looks red. What should I do?

Sometimes the stitches or glue can trigger skin irritation. However redness in combination with pain at the wound may be a sign of infection. In case of redness and pain without fever it is best to let your GP have a look to see if antibiotics are necessary.

Fever

There is no need to routinely check your temperature after surgery.

If you are feeling unwell after surgery you might want to take your temperature. Fever is a body temperature above 37.5C.

If you are feeling unwell and develop fever after surgery we want you to be reviewed either by your GP or at the Accident & Emergency department.

If you are feeling severely unwell and your heart rate is over 100 beats per minute it is best to phone for an ambulance to take you to hospital.

Pain

On your discharge from hospital you will have been prescribed painkillers specified to your situation for the first post-operative days.

If you are without pain you should reduce and then stop taking the painkilling medication.

If you are still in pain after surgery

- Use Paracetamol 1000mg four times daily
- Take more rest. It might be that you are too active.
- You can ask your GP to recheck your medication and increase the dose or add a new painkiller.

Please remember that excessive opiate use (drugs like codeine and tramadol) will lead to nausea and constipation. It is better just to rest.

In case of disproportionate or increasing pain you might want to check your temperature.

Pain on opening of bowels may be caused by a fissure or tear. Make sure your stools are as soft as possible by increasing the laxatives.

Pain on urination may be caused by a bladder infection. Your GP can test your urine and start you on antibiotics when necessary.

Shoulder pain. During the laparoscopy your tummy has been filled with gas. We take care to release as much air as possible at the end of the procedure. However any remaining air can irritate your diaphragm, leading to shoulder pain. This always resolves within 3 days as the gas is reabsorbed.
**Follow-up**

Your surgeon will see you 8-12 weeks after surgery. You will receive a letter with the specific date and time through the post. Your surgeon may want to examine you when you come back to clinic. Usually there are no specific additional investigations required after surgery.

If everything is fine you will be discharged after the first follow-up.

You may be asked to fill in some questionnaires at set times after your surgery. Oxford GI takes pride in being one of the world leading authorities in pelvic floor surgery and research. By participating in these studies you make a significant contribution to the continuous improvement of treatments for men and women just like you. We would be very grateful for your participation.

**Long term advice**

It is important to invest time in building your new healthy bowel routine. Restarting your pelvic floor exercises will speed up your recovery. The full benefit from surgery may take up to one year to appear. After six weeks no specific measurements are necessary. However excessive straining needs to be avoided at all times as it may lead to recurrence of symptoms in the long term. The aforementioned laxatives are suitable for life-long use without risks of developing ‘dependency’.

If you have any questions after reading this brochure you can always contact us, or contact the ward at the hospital where you had your operation.

**Manor Hospital**

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Outside business hours you can contact the ward to talk to a hospital duty nurse or resident medical officer (RMO) for urgent matters. Alternatively you can contact your GP. Do not rely on email for urgent matters, as these may not be noticed in time.