

# Rectocele Repair

## What Is A Rectocele?

A rectocele occurs when the rectum (back passage) bulges into the vagina, creating a pocket that makes it difficult to fully empty the bowels. This can lead to obstructive defaecation syndrome (ODS), where you may feel like there is still stool left to pass despite straining.

Many women with rectocele press on the back of the vagina to help with bowel movements. If this is affecting your daily life, surgical repair may be recommended. This procedure is performed through the back passage (anus) itself, though alternative methods of repair may also be discussed.

## What Does The Operation Involve?

- **Bowel preparation** – You will be given an enema an hour before surgery to clear the lower bowel
- **Anaesthesia** – The procedure is carried out under general anaesthetic
- **Surgical repair** – The lining of the rectum is lifted to access the bulging muscle
- **Muscle strengthening** – The weakened muscle is repaired using stitches to restore normal support
- **Tissue trimming** – Excess rectal lining is trimmed and stitched back to cover the repair
- **Duration** – The operation takes approximately 45 minutes

## What Are The Risks?

As with any surgery, rectocele repair carries some risks. Your surgeon will discuss these with you before the procedure.

- **Bleeding** – Small amounts of blood in the stool are common in the first week and usually settle on their own
- **Wound separation** – Occasionally, the stitch line in the bowel lining may separate, leading to

minor bleeding, but this rarely causes complications

- **Bowel control changes** – If you have pre-existing bowel control issues, further tests such as anorectal physiology and endo-anal ultrasound may be needed before surgery
- **Effectiveness** – While the operation corrects the rectocele, it may not completely resolve bowel symptoms in all cases

In some situations, an alternative method of rectocele repair may be recommended. Your surgeon will explain the best approach for your individual case.

## What Happens After The Operation?

- **Minimal pain** – Most women experience little discomfort and only need simple oral painkillers after the first 24 hours
- **IV fluids** – A drip is usually in place for 24 hours to keep you hydrated
- **Eating and drinking** – You can eat and drink as soon as you feel able, usually on the same day
- **Bladder care** – A catheter, if required, is typically removed the day after surgery

## Recovery At Home

- **Hospital stay** is usually 2-3 days, but this may vary
- **Stool softeners** are prescribed for 4-6 weeks to prevent straining
- **Physical activity** – You should avoid heavy lifting and strenuous activities for at least 6 weeks
- **Driving** – Most patients can resume driving within 2 weeks, but this depends on your recovery

Your consultant will arrange a follow-up appointment to monitor your progress and discuss any further care you may need.

## Why Choose The Midlands Bowel Clinic?

- **Specialist colorectal surgeons** with extensive experience in rectocele repair
- **Minimally invasive techniques** to reduce discomfort and speed up recovery
- **Personalised treatment plans**, including thorough pre-operative assessments
- **Rapid access to specialist care**, avoiding long waiting times
- **Comprehensive follow-up support**, ensuring the best possible outcome

## Contact Us

If you have symptoms of rectocele and would like to discuss your treatment options, contact the Midlands Bowel Clinic. Our team is here to guide you through your treatment and recovery.