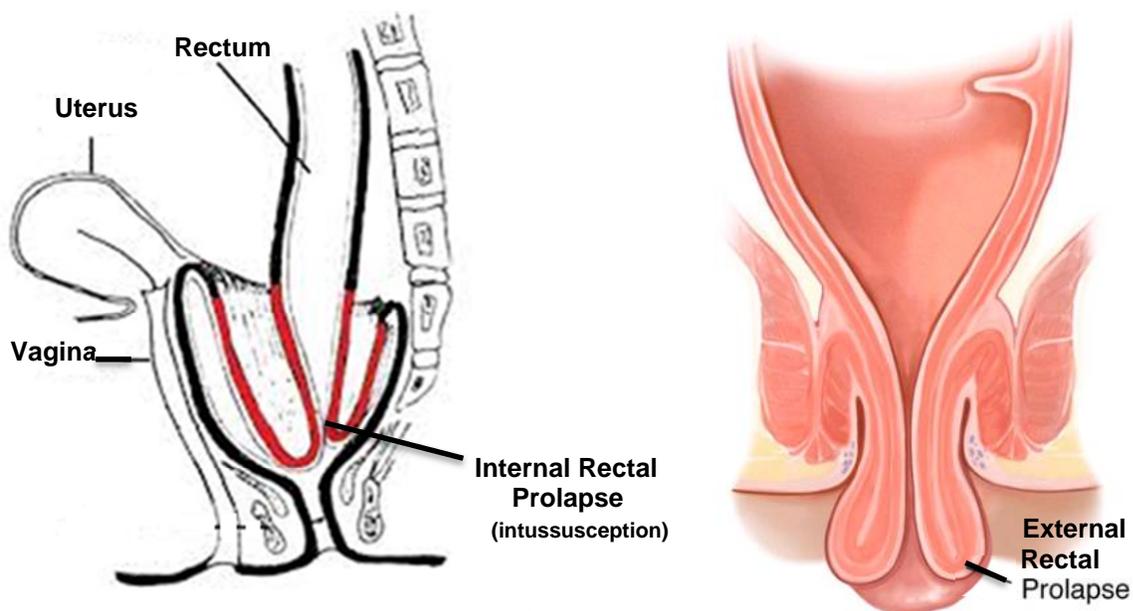


Robotic Ventral Rectopexy

What is a robotic ventral rectopexy?

The term “rectopexy” refers to an operation in which the rectum (the part of the bowel nearest the anus) is put back into its normal position in the pelvis. One of the most common reasons for patients to undergo this surgery is external rectal prolapse (bowel coming out through the anus).

Another reason is internal prolapse or “intussusception,” when the rectum collapses in on itself, without coming out of the anus. This collapse or prolapse may cause obstructed defecation syndrome (ODS), which causes a sensation of a blockage in the bowel, difficulty in passing stool and prolonged (often unsuccessful) visits to the toilet. Internal rectal prolapse sometimes also causes fecal incontinence (when you are unable to hold a bowel movement in). This surgery is also occasionally performed for rectoceles.



What tests are necessary before surgery?

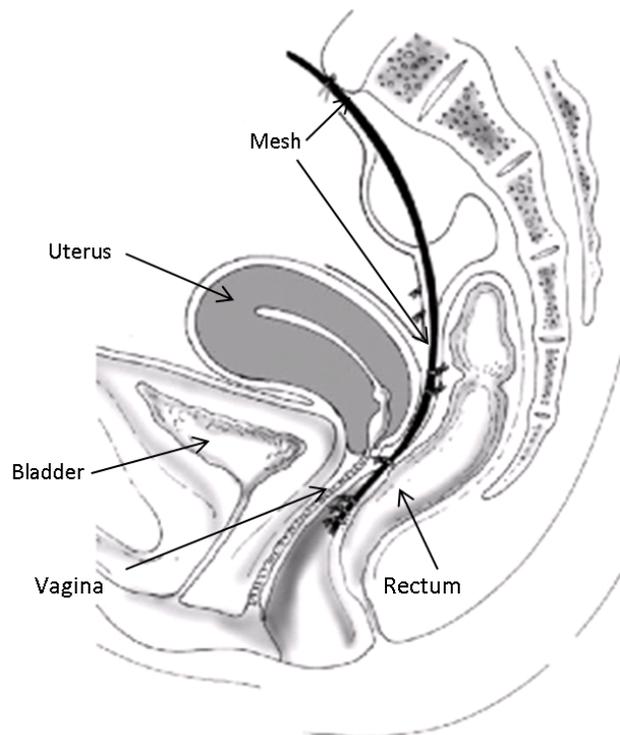
This can vary depending on symptoms and severity of prolapse. Most commonly, anorectal physiology studies and defecography x-ray is performed at our Pelvic Floor Center. This test shows what happens internally in the pelvis during defecation. Thus, the movement of the rectum, vagina and pelvic floor muscles can be seen during defecation.

What does the surgery involve?

A robotic ventral rectopexy is performed by a colorectal surgeon in the operating room. The patient is under general anesthesia. Five small incisions (8mm each) are made in the abdomen to allow the surgeon to operate in the pelvis using the surgical robot.

The bowel is pulled out of the pelvis and a piece of sterile mesh is sewn in place along the front wall of the rectum and the back wall of the vagina to provide support in the pelvis and prevent collapse and prolapse of these organs. Once the mesh is appropriately secured in place, it is covered with the natural lining of tissue in the pelvis so it does not come in contact with any other organs in the abdomen.

If there is significant prolapse of the bladder, uterus or front of the vagina, then another surgeon may perform additional mesh placement to support these organs.



What is the recovery from a robotic ventral rectopexy?

After the surgery, the patient remains in the hospital for 1-2 nights. A urinary catheter is placed in the operating room and remains in place for 1 day, typically the morning after surgery. Intravenous fluids are given to provide hydration until the patient feels comfortable eating and drinking. Pain medication is also given as needed. Most patients do not require a lot of pain medication after this surgery. Patients are able to get out of bed and walk a few hours after surgery.

It may take a few days for the intestines to “wake up” and begin working again after surgery. Passing flatus and stool is a good sign that the intestines are starting to work again. It may take several days for the stools to become mostly solid, and several weeks for bowel habits to follow a “normal” and reliable pattern. Bowel medications may be necessary after surgery to avoid straining and having firm stools.

Heavy lifting (>10 lbs) and strenuous physical activity should be avoided for 8 weeks. Excess strain on the pelvic floor muscles can delay healing. You may be ready to return to work or drive (if not taking narcotics) after two weeks. Light activity is encouraged.

What are the risks of surgery?

This is considered a major abdominal surgery, but it is relatively low risk because no bowel is removed. Bowel habits are expected to fluctuate immediately after surgery, but most patients report improvement in constipation or urgency after recovery (8-10 weeks after surgery). There are small risks of bleeding during surgery, infection at incision sites, urinary tract infection, or development of a hernia at an incision site. The risks and benefits of surgery will be discussed in detail with your surgeon.

Should I be concerned about the use of mesh?

There is also the risk of mesh pushing or eroding through the bowel or vagina. This can happen months or even years after surgery. A problem with mesh is rare, but if it occurs, further surgery may be needed to correct it.

What are the benefits of having robotic ventral rectopexy surgery?

This surgery has a high success rate for fixing internal and external rectal prolapse. Once the prolapse is fixed, most patients report improvement in their bowel symptoms. There is always the risk of prolapse coming back. Mesh is used during this surgery to strengthen the pelvic tissues and minimize the risk of recurrent prolapse. Current surgical studies show a 2-3% risk of recurrent prolapse after robotic ventral rectopexy. Other surgeries to repair rectal prolapse show a 20% risk of recurrent prolapse.

Studies have shown up to 86% of patients experience improvement in obstructed defecation and up to 92% of patients experience improvement in fecal incontinence. However, some patients do not see a drastic improvement of their bowel symptoms after surgery. Additional treatments, such as dietary modification, stool softeners, pelvic floor physical therapy or a nerve stimulator, are available to help with these symptoms.

This surgery is performed minimally invasively using the surgical DaVinci robot. This allows for small incisions, minimal postoperative pain and early return to light activity.

POST OPERATIVE CARE

Do's	Don'ts
<p>Do get up and about during your hospital stay and after going home.</p> <p>Do drink plenty of fluid and resume normal bowel medications or as advised by MD (i.e. MiraLax, Senna) to keep stools soft.</p> <p>Do reduce taking laxatives after surgery if stools are too loose. Patients differ enormously in their need for laxatives after surgery.</p> <p>Do start light exercise, such as walking once comfortable.</p> <p>Do expect your bowel function to be different after surgery.</p> <p>Do minimize use of narcotic pain medication. Tylenol or NSAIDs (i.e. ibuprofen) can be taken instead.</p>	<p>Don't lift anything heavier than 10-15 lbs for 6-8 weeks after surgery.</p> <p>Don't get constipated or strain to defecate.</p> <p>Don't ignore the urge to go to the bathroom.</p> <p>Don't be concerned if it takes several days for your bowels to work again after surgery. This is normal.</p> <p>Don't do running or weight lifting for 8 weeks.</p> <p>Don't have sexual intercourse for 8 weeks after surgery.</p> <p>Don't drive until no longer taking narcotic pain medication.</p>