Laparoscopic Ventral Mesh Rectopexy (VMR) surgery – Your guide

What is laparoscopic VMR surgery?

Laparoscopic VMR is an operation that helps to return the rectum back into its normal position by inserting a supportive mesh inside the pelvis. Your surgeon may have advised this operation to help improve your bowel function.

Why do I need a laparoscopic VMR operation?

Laparoscopic VMR is used to repair a rectocele (a bulge from the rectum into the vagina) and/or an internal rectal prolapse. This is when the rectum falls inside itself, without coming out of the anus (back passage). In some circumstances, VMR is also recommended if you have an external rectal prolapse (bowel coming out through the anus).

These conditions may cause symptoms of obstructed defaecation syndrome (ODS) including:

- A feeling of incomplete emptying of the bowel after stool is passed.
- A need to return to the toilet several times after to pass further stool to clear the bowel fully.
- Difficulty in 'wiping clean' after a bowel movement.
- Prolonged or excessive straining when passing stool.
- A need to manually assist the passage of stool either by supporting the perineum, manual evacuation of stool with a finger into the anus or internally supporting the vagina with a finger (digitation).
- Passage of hard stools/constipation.
- Occasional leakage of stool after a bowel movement.

What does laparoscopic VMR surgery involve?

VMR surgery is performed as a laparoscopic (keyhole) operation involving 3-4 small cuts made in the tummy. Occasionally a laparoscopic operation is not technically possible and an open operation is necessary which will involve a larger cut.

VMR surgery involves stitching a man-made mesh to the lower part of the rectum. The mesh is positioned between the rectum and the vagina and provides support to correct a rectocele (a bulge from the rectum into the vagina). The opposite end of the mesh is pulled up and fixed into place onto the bone at the back of the pelvis (sacrum) using special tacks. This pulls the bowel up and out of the pelvis and back into its normal position, and prevents it from prolapsing back down. Occasionally, the vagina is also stitched to the mesh to prevent it from also prolapsing.

The operation takes 1 ½ - 2 ½ hours and is performed under general anaesthetic.

What tests are necessary before the operation?

Your surgeon will arrange to see you in the clinic to assess your symptoms and to perform a physical examination. Other tests needed may include:

- A colonoscopy or sigmoidoscopy – an endoscopic (telescope) test on the bowel.
- A defaecating proctogram – a dye test X-ray to assess how well supported your pelvic organs are during the process of emptying your bowels.

- A colonic transit study – an X-ray which tests the speed of passage of the motion through the colon.
- Anorectal physiology and endo-anal ultrasound – an internal ultrasound and pressure studies to assess the sphincter muscles around the anus.

The decision to offer VMR surgery is made only after your test results have been reviewed by a team of pelvic floor experts at a Multi-Disciplinary Team (MDT) meeting. At Bradford Teaching Hospitals NHS Foundation Trust, this meeting is held every 4-6 weeks and you will be informed of the outcome thereafter. If you have not heard anything after three months you can contact the Colorectal Functional Nurse Specialist as below.

Review by the MDT ensures that surgery is the most appropriate treatment option and will offer the best outcomes for you. Please note there are additional treatment options other than VMR which can also be helpful and maybe more appropriate. These will be discussed with you by your specialist team.

Before having any surgery, your surgeon will usually recommend that you complete a course of **Pelvic floor and biofeedback physiotherapy**. This is delivered by the physiotherapy department at Bradford Teaching Hospitals NHS Foundation Trust.

Biofeedback is a 12 week course of specialist physiotherapy and uses a combination of exercises and specially designed sensors to help stimulate the muscles within the pelvic floor helping you to both locate and strengthen or relax them.

Approximately 6 out of 10 patients report a significant improvement in their symptoms after having biofeedback and pelvic floor physiotherapy and will not require major surgery. For the remaining 4 out of 10 people, biofeedback and pelvic floor physiotherapy is still worthwhile as it improves the overall outcome of VMR surgery.

What are the results from VMR surgery?

Approximately 4 out 5 people with ODS will have a significant improvement in their symptoms after VMR surgery. Symptoms of incontinence caused by internal prolapse are also greatly improved in a similar number of people.

Unfortunately, there are some people however, that do not notice any improvement in their bowel symptoms after VMR surgery. If this is your experience, other additional treatment options can be helpful and will be discussed with you by your specialist pelvic floor team

What are the risks of surgery?

VMR is a relatively low risk procedure, because no bowel is removed. However, as with any surgery, complications can occur.

General risks associated with surgery:

- No improvement or worsening of existing symptoms
- Blood clots in your legs or lungs
- Bleeding during or after surgery
- Infection (Urinary tract infection / wound infection / chest infection)
- Pain

Additional risks with VMR:

- Erosion of the mesh (The mesh invades into surrounding organs - the risk of this is greater when a man-made mesh is used). Further surgery may be needed to remove the mesh.
- Fistula (development of an opening between the rectum and the vagina). Further surgery may be needed to repair this.
- Injury to your bowel.
- Ureteric injury (damage to the tubes that carry urine from the kidneys to the bladder).
- Injury to the nerves supplying the bladder or sexual organs.
- Bladder disturbance.
- Faecal urgency.
- Symptoms of incontinence / constipation become worse.
- Discomfort during intercourse.

What is the recovery like after surgery?

Following VMR, it is expected that you will need to stay in hospital for 1 or 2 nights.

After the operation, it is normal to have a catheter (tube) placed into the bladder for your urine. This is generally removed the day after the operation. You will be able to eat and drink and will have a drip in your arm to give you additional fluid if you need it.

The anaesthetist will discuss pain control with you before the operation.

You will be given a course of laxatives, that you will also take home (Movicol is most commonly used). It is important that you take these to prevent constipation, as straining in the first few weeks after surgery causes pain. The laxatives are gradually reduced but you should take them for 6weeks.

You will usually be fit to drive after 2 weeks, return to work after 2 - 4 weeks but should not do any lifting for at least 6 weeks. But remember everyone is different and you might take less or more time than this.

After surgery:

Do get up and about both during your hospital stay and after going home.

Do take regular laxatives (we usually recommend Movicol one sachet three times a day) to keep your motions soft.

Do gradually reduce your laxatives in the six weeks after surgery, if your bowels are too loose. Patients differ in their need for laxatives but it is important that for six weeks, your bowels are on the loose side of normal.

Do take exercise in the form of walking and swimming as soon as comfortable.

Do drink plenty of fluids after surgery.

Do expect that your bowel function will be different after surgery compared to before.

Don't lift anything heavier that a kettle for six weeks after surgery.

Don't get constipated or strain when on the toilet.

Don't ignore the urge to go to the toilet.

Don't be concerned if you do not open your bowel for 4-5 days after surgery. This is quite normal.

Don't strenuous exercise for six weeks after the surgery.

Don't have sexual intercourse for four weeks after the surgery.

Don't drive for two weeks after surgery.

Don't suffer discomfort unnecessarily. You should take paracetamol regularly if needed. This will not cause constipation.

For more support please contact:

Colorectal Functional Nurse Specialist on 01274 365554

This number is available Monday – Friday, between 8am and 4pm. Outside of these times a voicemail message service is available. Please leave your details and your call will be returned within 2 working days.

Next Generation Text

We use Next Generation Text for people with hearing difficulties.
To contact us ring 18001 01274 365554.

Other Formats and Languages

If you need this information in another format or language, please ask a member of staff.

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

Wristbands

When you are in hospital it is essential to wear a wristband at all times to ensure your safety during your stay.

The wristband will contain accurate details about you on it including all of the essential information that staff need to identify you correctly and give you the right care. All hospital patients including babies, children and older people should wear the wristband at all times.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

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