

Mr Raymond Yap

MBBS, BMedSci, MSurgEd, FRACS, FCSSANZ
Colorectal and General Surgeon
Laparoscopy, Robotics, TEMS/TAMIS, taTME
Open Access Colonoscopy & Gastroscopy
Colorectal Cancer, Diverticulitis, IBD
Haemorrhoids & Anorectal Disease

CR Surgery Clinic

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After Rectal Prolapse Surgery Instructions

You have had your surgery. After the surgery, Mr Yap has talked to your contact person with instructions. A *responsible adult must take you home.*

Diet

- Eat a start a *high fibre diet* with added fibre from cereal and whole grain breads, including a fibre supplement such as Metamucil, Benefiber or psyllium.
- As your bowels have changed, please try eating 5-6 small meals each day rather than 3 larger meals.
- Drink 6-8 glasses of fluid daily.

Activity

- Expect to be more tired than usual. Limit your strenuous activities for 6 weeks. Daily walks, climbing stairs & light jogging is encouraged.
- Avoid activities that put a strain on the abdominal muscles such as sit-ups, sprinting, and sex. Do not lift anything over 5 kg for 6 weeks. Avoid any activity that causes much pain.
- If you live alone, make plans with family or friends in advance to stay with you and help prepare meals.
- Do not drive for a week, do not go alone or far on the first time. Do not drive if taking strong painkillers.

Smoking & Alcohol

- **Do not smoke:** If you have been smoking, **stop**. Smoking interferes with healing and increases your risk of complications including infection, hernias, pneumonia, chronic lung disease such as emphysema and

lung failure, and cancer. If you need help quitting, talk to your GP.

- **Avoid** alcohol in the first week after surgery. When you are not taking strong pain relief, drink no more than a standard alcoholic beverage a day.

Bowel Habits

- The **most important part of your recovery is that you keep your stools soft and do not strain when you go to the toilet.** This will mean that there will no extra pressure on the repair which may make it recur or damage the repair.
- Please follow the instructions for laxatives which are listed below.
- Your bowel habits may vary for some weeks after surgery. Frequent and/or loose stools are common. It takes your body time to adjust after an operation. Avoid foods which seem to cause diarrhea or gas.
- It is normal to notice some blood or mucus with your bowel movements.
- Frequent stools may be associated with irritation of the skin around the anus. You should take care to gently cleanse after each movement using unscented baby wipes, then pat dry. You can also use a bidet if you have one. Avoid toilet paper as it tends to be irritating to the skin. If you are experiencing irritation or discharge, take a warm tub bath for 5-10 minutes after movements and then rinse off in the shower. Avoid soaps or creams to the area. Pat dry.

REVIEW CONSULTATION: Date **TIME:.....**

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Laxatives – no prescription needed

- **Fibre supplements** – Take 1 tsp. of a powdered fibre supplement (eg. Metamucil) mixed in a glass of water or juice twice a day.
- Benefiber powder/tablets or psyllium husk can also be used as it is similar.
- Follow the below **one step at a time**.
 1. **Stool softeners** – Initially, take 1-2 sachets of Movicol up to 3 times a day, morning, lunch & mid-afternoon.
 2. **If you are still constipated** – take lactulose 20mls up to three times a day. Start at one dose, then increase up to 3 if required. Use one Microlax suppository in the morning if needed.
 3. **If you still constipated after this:** take two tablets of Coloxyl & senna up to two times a day. Do not use for longer than a week as the bowel becomes dependent on the senna. You can take the Coloxyl (no senna) on its own for as long as you like.
 4. **As a last resort**, you can try 1-2 doses of ColonLYTELY or Picolax.

Pain and other medications

- **Over the counter pain medications** – Take 1000mg of paracetamol every 6 hours, up to 4 times a day. You can add 400mg of ibuprofen to this, up to 3 times a day – they do not interact.
- **Narcotic pain relief** – If you still have severe pain, use the prescribed tablets every 4-6 hours. *Narcotics can cause constipation but this can be managed by taking laxatives as well.*

Wound Care

- Please shower/bath each day. Do not submerge your incision for 2 weeks. **If you have a dressing on your wound, it can go in the shower and pat dry afterwards. Leave them in place for 5 days or until they start to peel off.**
- Keep them clean and dry. Once they are uncovered, you may leave the wound uncovered unless there is discharge. Plain dry gauze may be kept over the wound to absorb any discharge. Do not wear a belt or tight pants against a recent wound.

Things to Watch For

- Heavy wound bleeding/discharge.
- Heavy bleeding from your anus.
- New pain, fevers, feeling faint or persistent nausea or vomiting.

Follow up

- Postoperative office visits are essential to ensure proper healing. A follow-up appointment may have been made for you before discharge. If you did not have an appointment scheduled, call the office to make one within 2-4 weeks.
- If you have any questions/concerns, please contact Mr Yap or the rooms.
- If you cannot reach your surgeon or you need immediate attention, please go to your nearest emergency room.