Rectocele

A rectocele is a hernia of the rectal wall in direction to the vagina. This results in a curve of the vaginal wall.

Depending on its size and position, the rectocele is accompanied by severe constipation, (Obstructed Defecation Syndrome) fecal incontinence, dyspareunia, urinary disorders and pelvic pain.

Surgical treatment consists to correct the rectal vaginal wall via an incision in the vagina or through the perineum or stapling the rectal mucosa (STARR)*

In the case of fecal incontinence, we proceed by conducting through the same incision to correct your sphincter.

In the case of the correction of the rectal vaginal wall, at the end of the intervention, a compress is placed in the vagina and optionally a urinary catheter. 8 hours later or the day after the operation we remove the compress and the urinary catheter.

The post-operative attention you will take will be limited to a local wash with a possible antiseptic.

If you are more than 50 years of age, we will prescribe you with optional estrogen ovules for 10 days to promote the healing.

In the case of stapling the rectal mucosa(STARR)*

After surgery an impregnated hemostatic sponge with an ointment is placed in the anal canal that will be removed 6 hours later. The post-operative analgesic is usually sufficient with 1g of paracetamol (4cp per day)

To reduce post-operative pain, you will be given:

- Anti-inflammatory (unless you suffer from heartburn)
- Paracetamol up to 3 to 4 times 2cp 500mg per day in the form of Dafalgan, Zolben or Panadol

Do not take aspirin or even cardio aspirin.

The Acetylsalicylic acid contained in this drug can promote bleeding.

Eat normally, eat food rich in vegetable fibers, and drink 2 liters of water a day.

Take all necessary measures to avoid constipation and to have soft feces.

It usually is sufficient to take in the evening a tablespoon of liquid paraffin oil, for feces to pass through with no problems.

If necessary we will prescribe a laxative.

(STARR)*: Stapling Trans Anal Rectocele Resection

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