

Complications

Rectal Prolapse Surgery

Serious complications after rectal prolapse surgery include infection, bleeding, intestinal injury, anastomotic leakage, bladder and sexual function alterations, and constipation or outlet obstruction. The frequency of these complications is related to the type of procedure.

- **Dihecence**

Separation at the perineal anastomosis

- **Infection**

The most common source of infection in abdominal procedures is skin organisms in the wound. If foreign material has been implanted, infection can ensue (most often from skin organisms), and the material must be removed, if possible. Intense fibrosis can make removal of prosthetic material too dangerous; in these settings, long-term antibiotic therapy has been used. Long-term results are unclear. Infection after perineal procedures occurs rarely; more commonly, there can be a separation at the perineal anastomosis (see below).

- **Bleeding**
- **Bowel injury**

Bowel injury may occur during mobilization of the rectum. If it is recognized, the injury can usually be repaired without need for intestinal diversion. Foreign material should not be implanted if the bowel is injured. Unrecognized injury can lead to abscess formation and pelvic sepsis (see above).

- **Anastomotic leakage**

All procedures involving an anastomosis carry a risk of anastomotic leakage. Abdominal procedures complicated by a leak may not require reexploration if the leak is small and contained and the patient stable. The collection can be drained percutaneously, and these leaks often resolve with supportive care. If the patient fails to improve, abdominal washout with proximal faecal diversion becomes necessary.

- **Altered bladder and sexual function/ Damage to nearby structures, such as nerves and organs**

Alteration of bladder and sexual function should be a rare complication in a properly performed abdominal procedure. The pelvic sympathetic and parasympathetic nerves run along the rectum; if dissection is not carried out in the proper plane, injury can occur, leading to bladder

dysfunction, impotence, or retrograde ejaculation. This is an important consideration in the selection of the repair procedure, especially in males, though the risk of injury should be less than 1-2%.

- **Constipation/outlet obstruction**

Enterotomy and Enterectomy Complications

The biggest complication associated with intestinal resection and anastomosis is dehiscence of the anastomoses site. Other complications include shock, leakage, ileus, peritonitis, intestinal stenosis and short bowel syndrome. Short bowel syndrome may occur if large segments (more than 70% to 80%) of small intestine are removed. Weight loss, diarrhea, and malnutrition are the predominant clinical signs. If accidental spillage of intestinal contents occurs the abdomen should be thoroughly lavaged with warm saline (the solution to pollution is dilution).

Generally, other complications (eg, such as myocardial infarction, excess salivation, reduced reticulorumenal activity, and hernia) can occur but are not discussed here because they are not unique to these surgeries.