Rectocele & Rectocele Repair

What is a Rectocele?

- A rectocele is a bulge where the front wall of the rectum pushes into the back wall of the vagina.
- This is a result of a weakness in the typically strong fibrous tissue (rectovaginal septum) that separates the rectum and vagina.
- This can occur by itself or as part of a general weakening of the pelvic floor muscles.
- Other pelvic organs, including the bladder (cystocele) and small intestine (enterocele) can also bulge into the vagina, causing similar symptoms.
- The exact cause is not known, although it is thought that it may often occur at the same time as weakening of the pelvic floor. Causes of this include:
    - Increasing age
    - Menopause
    - Multiple vaginal births, especially with tearing or the use of forceps
    - Multiple gynaecological surgeries
    - Chronic constipation or excessive straining with bowel movements

What are the symptoms?

- When the rectocele is small, most women have no symptoms at all, with 4 in 10 women only diagnosed on routine vaginal examination.
- Symptoms can be rectal or vaginal.
- Rectal symptoms include:
    - Difficulty passing stool
    - Excessive straining on the toilet

    - Rectal discomfort
    - The urge to have multiple bowel movements throughout the day
    - Faecal incontinence or smearing. This may occur when small amounts of stool are retained in a rectocele, called stool trapping, which seeps out of the anus later.
- Vaginal symptoms include:
    - Abnormal sensations of bulging or fullness in the vagina
    - Tissue protruding from the vagina
    - Discomfort during sexual intercourse
    - Vaginal bleeding

How is it diagnosed?

- Your doctor will perform a pelvic examination of the vagina and the rectum. A speculum can be used to look inside the vagina, and the rectal examination will usually find a weakness in the wall of the rectum if rectocele is present.
- A special imaging test called a defecating proctogram can be used to review your bowel movements. This uses a contrast that can be ingested, or put into the rectum, vagina and bladder. X-rays are then taken at different stages of you opening your bowels. A rectocele can be considered an issue if it is larger than 2 cm and contains a lot of the contrast. If you wish for more information on this, or if it has been planned for you, please ask for one of our 'Defecating Proctogram' information leaflets.

How is it treated?

- Rectocele only needs to be treated if you are having symptoms, or if it is affecting your quality of life. Many of your symptoms can be managed without having surgery.
- It is very important that you avoid constipation and straining during bowel movements. High-fibre diets and good hydration will produce softer bulkier stools which help with this.

- You must avoid forcing bowel movements and sitting on the toilet for prolonged periods, especially when you do not have the urge to have a bowel movement.
- A treatment called biofeedback is sometimes offered. Here, a specialist nurse or physiotherapist will help you strengthen and retrain the pelvic floor muscles, helping you find ways of improving bowel emptying.

Surgical repair

- Surgery will only be performed if you have symptoms that interfere with daily life and do not go away with conservative measures.
- Different surgical specialists (colorectal surgeons, gynaecologists and urogynaecologists) are all trained in the diagnosis and treatment but treat them in different ways.
- The approach to the surgery can either be local (through the anus, perineum or vagina), or abdominal if there is also significant internal prolapse of the rectum or other organ into the pelvis. This is called a rectopexy and can be performed by keyhole (laparoscopic) or open surgery. For more information, please ask for a rectopexy patient information leaflet.

Before the procedure

- Before the operation, you will be sent for blood tests and be asked questions about your general health by a doctor or nurse. You will be able to ask any questions you have.
- You will need to use laxatives for around three days before the operation to soften your stools. You will also be given an enema on the morning of the operation to empty the lower part of your bowel.
- You will likely come in on the morning of your operation.
- It can be performed under general anaesthetic or a spinal anaesthetic, like one might have during a caesarean section.
- On the morning of your operation, you will meet again with the doctor to run through the procedure and sign a consent form and an anaesthetist to discuss their plan.

The operation

- One of the commonest operations for rectocele is the trans-perineal rectocele repair.
- You will have a urinary catheter placed just before starting the procedure and will be given prophylactic antibiotics.
- In a trans-perineal rectocele repair, an incision is made in the perineum, the space between the vagina and anus. Your surgeon will be able to reinforce the weaknesses between your vagina and rectum using stitches.
- They may also repair some of the other muscles and structures in the perineum, to ensure a strong repair.
- It typically takes 1-2 hours to complete.

After the procedure

- When you wake up from the procedure you will be taken to the surgical recovery unit and then to the ward.
- You will have a catheter in your bladder to drain urine and a drip in your arm to hydrate you. You will also have a pack in vagina to reduce bleeding and a sanitary pad in place. These can be removed on the morning after surgery or in some cases on the same day.
- You will be able to eat and drink straight away and will be encouraged to get up.
- Your blood pressure and observations will be regularly checked.
- You should be able to go home 1-3 days after the procedure, once you feel comfortable.

After the hospital

- You will be given laxatives and pain medication to go home with. You will need to use laxatives to keep your stools soft and may be used for six weeks after surgery.
- You should only take the pain medication you are sent home with as some medications can cause constipation. Your discomfort should settle after a few weeks. If your pain is poorly managed in this time, please see your GP who can advised on suitable alternatives.

- Most women return to light activity after three weeks, but you should avoid strenuous activity for the first six weeks. You should be able to return to your normal levels of activity after three months.
- You can resume having sexual intercourse after six weeks, provided you are comfortable. You may need to proceed gently and use lubrication. Some internal knots made during the operation could cause discomfort for yourself and your partner. However, these stitches will dissolve over time.
- You should avoid driving until you have the strength to do an emergency stop. Most women wait until three weeks after your operation. It is wise to contact your insurance company before your operation to discuss your cover.
- Most people only need 2-3 weeks off work; however, this depends on the type of work you do.
- If you have any issues immediately after going home, please contact the ward. If you have any issues after being at home for a few days, contact your GP or district nurse.

Follow-up

- You will have a follow-up appointment roughly 6-8 weeks after your operation.
- Your surgeon will perform an examination to ensure everything is healthy and healing normally.
- Your stitches do not need removal as they will be dissolvable.

Success rate

- The success of surgery depends on the symptoms, symptom duration and the surgical approach.
- The risks associated with surgery include bleeding, infection, pain (including during intercourse), incontinence of faeces, rectovaginal fistula (the formation of a connection between the rectum and vagina), recurrence or worsening of rectocele, risks of the anaesthetic, blood clots. The fill list of risks will be discussed with you before any invasive procedure.
- Some studies have found significant improvements in as many as 9 in 10 patients after surgery.

- Other studies highlight that the success rate seems to decrease over time and that a rectocele may recur in the future.
- Your surgeon will discuss the options available to you.

For further information about this, please consider reviewing the Pelvic Floor Society website:
https://thepelvicfloorsociety.co.uk/patients/default.aspx