

Enteroceles and Sigmoidoceles

What is an enterocele or sigmoidocele?

An enterocele or sigmoidocele is a type of prolapse or internal hernia. It is a bulge that develops between the vagina in front and the rectum behind. The small intestine (enterocele) or colon (sigmoidocele) pushes downwards between the vagina and rectum causing pressure on each.

What causes an enterocele?

Enteroceles or sigmoidoceles usually occur as a result of damage to the tissues between the rectum and vagina during childbirth. The tearing leads to a weakness in the tissues and with time a bulge develops. Enterocele or sigmoidocele may also develop in women who have to strain excessively to open their bowels.

Enterocele or sigmoidocele are also more common in women who have had a hysterectomy. This may be due to weakness at the top of the vagina caused by the hysterectomy itself.

Enteroceles and sigmoidoceles may be associated with other pelvic floor weaknesses that include internal prolapse (intussusception), rectoceles and anal incontinent symptoms.

What symptoms do enteroceles or sigmoidoceles cause?

Many women may notice a bulge in their vagina. They may also notice dragging or a feeling of pressure particularly towards the end of the day or if they have been on their feet for a few hours.

As the bulge gets bigger sometimes it can be more difficult to completely empty their bowels. This is because the bulge presses on the front of the rectum. Sometimes the bulging gives the sensations that there is still more bowel movement to pass even though the lower bowel is empty.

How are enteroceles or sigmoidoceles investigated?

It is important to make sure that it is the enterocele or sigmoidocele that is causing the bowel problem. Most women will require some form of endoscopic examination of the bowel either by flexible sigmoidoscopy or colonoscopy ensure that it is otherwise healthy.

The most useful test for the enterocele or sigmoidocele itself is a MRI proctogram or a videoproctogram. This should confirm that there is a prolapse of the small intestine or sigmoid colon. The test is also useful to ensure that there are not any other areas of prolapse such as an internal prolapse (intussusception) or a rectocele which would require treatment at the same time.

Most women will also have tests of their sphincter muscle function (anorectal physiology) and an endoanal ultrasound scan to look for any damage to the muscle.

How are enteroceles or sigmoidoceles treated?

If symptoms are minimal then no surgical treatment may be necessary. Keeping the stools soft and avoiding straining should help to prevent the enterocele or sigmoidocele getting larger. Sometimes glycerine suppositories, small enemas or an irrigation system can be used to help emptying.

For most women who have an enterocele or sigmoidocele that is causing pressure symptoms or problems with bowel emptying, a repair is recommended. This type of surgery is typically undertaken by a gynaecologist who operates through the vagina to repair the defect and will often carry out a procedure to support the vagina at the same time.