

# Rectocele

## What is a rectocele?

**A rectocele is a type of prolapse. It is a bulge that develops from the lowest part of the front of the rectum into the back wall of the vagina.**

## What causes a rectocele?

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

Rectoceles may be associated with other pelvic floor weaknesses which include internal prolapse (intussusception), enteroceles and anal incontinent symptoms.

## What symptoms do rectoceles cause?

Many women may notice a bulge in the back of their vagina. This may get bigger when they strain to open their bowel.

As the bulge gets bigger sometimes it can be more difficult to completely empty the bowel. This is because some of the bowel movement is 'trapped' inside the bulge. Some women learn to press on the back of the vagina or the tissues between the anus and vagina (perineum) to reduce the bulging and help bowel emptying. Doctors call this digitation. Some women find leaning back on the lavatory also helps emptying.

As emptying may not be complete some women can experience a small amount of stool after they have been to the lavatory.

## How are rectoceles investigated?

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

The most useful test for the rectocele itself is a MRI proctogram or a videoproctogram. This should confirm that there is a bulge and that it is causing trapping. It is also useful to ensure that there are not any other areas of prolapse such as an internal prolapse (intussusception) or an enterocele 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 (link) to look for any damage to the muscle.

## How are rectoceles treated?

If symptoms are minimal then no surgical treatment may be necessary. Keeping the stools soft and avoiding straining should help to prevent the rectocele getting larger. Sometimes glycerine suppositories will help emptying.

For most women who have a rectocele that is causing problems with bowel emptying a repair is recommended. The type of repair that we would suggest will depend on the site and size of the rectocele. Most often the repair is carried out by a specialist gynaecologist who will operate through the back wall of the vagina. We are also able to offer a trans-anal repair where the surgery is carried out through the back passage. If other types of pelvic floor weakness are identified, such as an internal prolapse (intussusception) or an enterocele, then an alternative technique of repair may be suggested.