Rectocele: Symptoms Include Vaginal Pain or Constipation

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What is a rectocele

A rectocele is a bulge from the rectum into the vagina. Most rectoceles occur in women where the front wall of the rectum is up against the back wall of the vagina. This area is called the *rectovaginal septum* and may be a weak area in the female anatomy. Other structures may also push into the vagina. The bladder bulging into the vagina is called a *cystocele*, and the small intestines pushing down on the vagina from above may form an *enterocele*.

A rectocele may be present without any other abnormalities. In some cases, a rectocele may be part of a more generalized weakness of pelvic support and may exist along with a bulging from the bladder, urethra, and intestines (cystocele, urethrocele, and enterocele), or with uterine or vaginal prolapse (slipping downward), rectal prolapse, and fecal or urinary incontinence.

What can cause a rectocele

The underlying cause of a rectocele is a weakening of the pelvic support structures and thinning of the rectovaginal septum. Factors that may increase the risk of a woman developing a rectocele include multiple, difficult, or prolonged deliveries; the use of forceps or other assistance methods during delivery; perineal lacerations or tears of an episiotomy into the rectum or anal sphincter muscles; a history of constipation and straining with bowel movements; and hysterectomy. Commonly, these problems develop with age but they may occasionally occur in younger women or in those that have not delivered children.

What are the symptoms of a rectocele

Many women have rectoceles but only a small percentage of women have symptoms related to the rectocele. Symptoms may be primarily vaginal or rectal. Vaginal symptoms include vaginal bulging, the sensation of a mass in the vagina, pain with intercourse or even something hanging out of the vagina that may become irritated.

Vaginal bleeding is occasionally seen if the vaginal lining of the rectocele is irritated, but your doctor should check for other sources of the bleeding. Rectal symptoms include constipation, particularly difficult evacuation with straining. Often this is associated with bulging in the vagina with straining to have a bowel movement. Some women find that pressing against the lower back wall of the vagina or along the rim of the vagina helps to empty the rectum. At times, there will be a rapid return of the urge to have a bowel movement after leaving the bathroom. A general feeling of pelvic pressure or discomfort is often present, but this may be due to a variety of problems.

How is a rectocele diagnosed

Most rectoceles may be identified on a routine office examination of the vagina and rectum. However, it may be difficult to assess the size and significance of the rectocele. A more accurate method of assessing the rectocele is an x-ray study called a *defecagram*. This study shows how large the rectocele is and if it empties well with evacuation.

When should a rectocele be treated

Treatment should be considered for rectocele when it causes significant symptoms. It takes an experienced

doctor to help decide whether symptoms are caused by a rectocele.

What treatment is available for a rectocele

Rectoceles that are not causing symptoms do not need to be treated, as advised by your physician. In general, one should avoid constipation by eating a high fiber diet and drinking plenty of fluids. Be sure to review all treatment approaches with your physician.

Medical treatment – A bowel management program is the best first step. This includes a diet high in fiber and 6 to 8 glasses of fluids each day. The fiber acts like a sponge, soaks up the fluid, and keeps it in the stool so that it does not get dried out as it progresses through the colon. The stools will be larger, softer, and easier to pass. A fiber supplement and/or a stool softener may be added to this regimen to improve stool consistency. Stool softeners help to smooth and lubricate the stool. Active laxatives are best avoided in most cases.

Avoid prolonged straining. If complete emptying is not attained, get up and return later. Holding pressure with a finger to support the rectocele and encourage the stool to go in the correct direction is often helpful. This may be accomplished by pressing against the lower back wall of the vagina or along the posterior rim of the vagina. Avoid placing a finger inside the anus to pull the stool out as this may cause harm. A *pessary* may be used to support the pelvic organs. It is a ring that is inserted into the vagina and must be fitted to each woman.

Surgical treatment – If symptoms persist with medical therapy, then surgical repair may be indicated. There are several surgical techniques used to repair a rectocele. The rectocele may be approached through the anus, through the vagina, or from above through the abdomen. Occasionally when there is extensive pelvic relaxation and prolapse, the best approach may be a comprehensive repair.

Who should treat this problem

Both colorectal surgeons and gynecologists are trained to deal with these problems. If the symptoms are entirely vaginal, then it is appropriate for a gynecologist to address the problem. If symptoms are rectal, then a colorectal surgeon should be involved. If there is any question, opinions from physicians of both specialties should be sought.

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