



# **A Simple Guide To Rectocele, Diagnosis, Treatment And Related Conditions (A Simple Guide to Medical Conditions)**

*Kenneth Kee*

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Chapter 1

Rectocele

What is the Rectocele?

A rectocele is a medical disorder that results from a tear in the rectovaginal septum (which is normally a tough, fibrous, sheet-like separator between the rectum and vagina).

Rectal tissue bulges through this tear and into the vagina as a hernia.

A rectocele is a herniation (bulge) of the front wall of the rectum into the back wall of the vagina.

The wall between the rectum and the vagina is termed the rectovaginal septum.

This structure can become weakened and thin over time, leading to a rectocele.

When rectoceles are small, most women have no symptoms.

A rectocele may be a weakened swelling or happen as part of a complete weakening of the pelvic floor muscles.

Other pelvic tissue parts such as the bladder (cystocele) and the small intestine (enterocele), can protrude into the vagina, resulting in similar symptoms as rectocele.

In women, the vagina is separated from the rectum by a firm wall of tough, fibrous tissue called fascia.

Occasionally, a part of this wall becomes weak, and part of the rectum bulges into the vagina.

This bulge is called a rectocele.

Rectocele

The problem usually develops after the wall is damaged during a vaginal delivery.

The protrusion may occur after a vaginal delivery but symptoms may not develop until later in life.

Rectoceles are more frequently observed in older women who developed menopause.

Some disorders can raise the danger of forming rectocele such as:

1. Chronic constipation,
2. Chronic cough,
3. Repetitive heavy lifting
4. Any activity that puts pressure on the pelvic floor over time.

As small rectoceles frequently do not cause any symptoms, it is difficult for doctors to find out exactly how frequently they occur.

As few as 20% or as many as 80% of adult women may be involved

Rectoceles are most frequently observed in older women who have frequent vaginal childbirths.

In a recent study of women who had rectoceles, the usual patient was around the age of 60 years old, passing menopause and had gone through 2 or 3 vaginal childbirths.

A woman with a rectocele also tends to have linked disorders such as:

1. Cystocele (an abnormal bulging of the bladder through a weakness in the anterior vaginal wall)
2. Uterine prolapse (abnormal sagging of the uterus into the vagina because of loss of its pelvic support).

What are the causes of Rectocele?

The exact cause of a rectocele is not known.

Symptomatic rectoceles normally happen together with weakening of the pelvic floor.

There are many things which can lead to weakening of the pelvic floor such as:

1. Advanced age,
2. Multiple vaginal deliveries
3. Birthing injury during vaginal childbirth (e.g. vacuum delivery, forceps delivery, tearing with a vaginal delivery, and episiotomy during vaginal delivery).

As well, a history of prolonged constipation and excessive straining with bowel movements are believed to play a contributory factor in forming a rectocele.

Multiple gynecological or rectal surgeries can also result in weakened muscles of the pelvic floor and rectocele formation.

There are two main causes of this tear: childbirth, and hysterectomy.

Although the procedure applies most normally to the phenomenon of rectal herniation into the vagina in females, males can also have a similar rectocele.

Rectoceles in men are rare, and normally the protrusion is retroverted rather than anteverted (forward), as the prostate gland provides structural support anteriorly in men

It can be produced by many factors, but the most frequent is child delivery, especially with babies over nine pounds in weight, or rapid births.

## TABLE OF CONTENT

Introduction

Chapter 1 Rectocele

Chapter 2 Causes

Chapter 3 Symptoms

Chapter 4 Diagnosis

Chapter 5 Treatment

Chapter 6 Prognosis

Chapter 7 Rectal Prolapse

Chapter 8 Uterine Prolapse

Epilogue

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