

Rectocele and Pelvic Floor Dysfunction: Diagnosis and Care

Inoue Mika*

Department of Gynecology, Saitama Medical University, Saitama, Japan

DESCRIPTION

Rectocele is a form of Pelvic Organ Prolapse (POP) that occurs when the rectum bulges into or through the vaginal wall. This condition is often associated with Pelvic Floor Dysfunction (PFD), which refers to a group of disorders caused by the weakening of the pelvic muscles and connective tissues. Women, particularly those who have experienced childbirth, are more susceptible to rectocele and other forms of pelvic floor dysfunction. While rectocele is not life-threatening, it can significantly impact a person's quality of life by causing discomfort, difficulty with bowel movements, and sexual dysfunction. This article discusses the relationship between rectocele and pelvic floor dysfunction, with a focus on their diagnosis and care.

Understanding rectocele and pelvic floor dysfunction

Rectocele is primarily caused by the weakening or damage of the pelvic floor muscles and connective tissues, particularly those supporting the rectum and vaginal walls. The pelvic floor is a group of muscles, ligaments, and tissues that support the pelvic organs, including the bladder, uterus, rectum, and small intestine. Pelvic floor dysfunction occurs when these structures become weakened, overstretched, or damaged due to factors like childbirth, aging, chronic constipation, obesity, or previous pelvic surgeries.

Causes of rectocele

Childbirth: Vaginal delivery, especially if prolonged or traumatic, can stretch and damage the pelvic floor muscles and connective tissues, making rectocele more likely. Multiple pregnancies further increase the risk.

Aging: As women age, the pelvic muscles naturally lose strength and elasticity, which may lead to pelvic organ prolapse.

Chronic constipation: Repeated straining during bowel movements can weaken the pelvic floor and contribute to rectocele development.

Obesity: Excess body weight increases pressure on the pelvic floor, weakening its structures over time.

Pelvic surgery: Surgeries like hysterectomy can alter the support structures in the pelvic region, increasing the risk of pelvic organ prolapse, including rectocele.

Symptoms of Rectocele

A feeling of bulging or fullness in the vagina.

Difficulty with bowel movements, including constipation or incomplete evacuation.

The need to manually push on the vaginal wall to assist with bowel movements (splinting).

Pelvic discomfort or pressure, particularly when standing for long periods.

Pain or discomfort during sexual intercourse (dyspareunia).

Urinary symptoms, such as incontinence or difficulty emptying the bladder, may also be present in some cases due to pelvic floor dysfunction affecting multiple organs.

Diagnosis of rectocele and pelvic floor dysfunction

Physical examination: A pelvic examination is the primary method for diagnosing rectocele. During the examination, the provider will assess the vaginal walls and rectum for any bulging or protrusion. The patient may be asked to bear down (Valsalva maneuver) or cough to observe the extent of the prolapse. The examination may also include an assessment of the pelvic floor muscles to determine their strength and function.

Imaging studies: In some cases, imaging studies like pelvic ultrasound, Magnetic Resonance Imaging (MRI), or defecography (an X-ray or MRI study during defecation) may be ordered to better visualize the pelvic structures and assess the extent of the prolapse.

Manometry and electromyography: These tests measure the strength and coordination of pelvic floor muscles and may be

Correspondence to: Inoue Mika, Department of Gynecology, Saitama Medical University, Saitama, Japan, E-mail: Inouemika@edu.jp

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used to assess pelvic floor dysfunction more broadly, especially in cases where multiple pelvic organs are involved.

Treatment and care: The treatment of rectocele and pelvic floor dysfunction varies depending on the severity of the condition, the patient's symptoms, and their overall health. Both non-surgical and surgical options are available.

Non-surgical treatments

Pelvic floor physical therapy: Pelvic floor exercises, commonly known as Kegel exercises, are an effective non-invasive treatment for strengthening the pelvic muscles. Physical therapy programs often include biofeedback or electrical stimulation to help patients better engage the correct muscles.

Pessary: A pessary is a medical device inserted into the vagina to support the vaginal wall and rectum, preventing further prolapse. Pessaries are available in different shapes and sizes, and a healthcare provider can help determine the most suitable type. This option is particularly helpful for women who are not candidates for surgery or prefer to avoid it.

Dietary changes: For patients with chronic constipation, dietary modifications that increase fiber intake can help reduce straining during bowel movements and alleviate rectocele symptoms.

Medications: Laxatives or stool softeners may be prescribed to ease bowel movements and prevent further damage to the pelvic floor. Hormone replacement therapy may also be considered in postmenopausal women to improve the health of pelvic tissues.

CONCLUSION

Rectocele and pelvic floor dysfunction are common conditions that can significantly affect quality of life. Early diagnosis and appropriate care, whether through conservative management or surgical intervention, are essential for improving symptoms and restoring pelvic health. Through a combination of lifestyle modifications, pelvic floor rehabilitation, and personalized treatment plans, most patients can achieve relief from their symptoms and prevent further complications.