



X-Plain[™] *Rectocele Repair* **Reference Summary**

Introduction

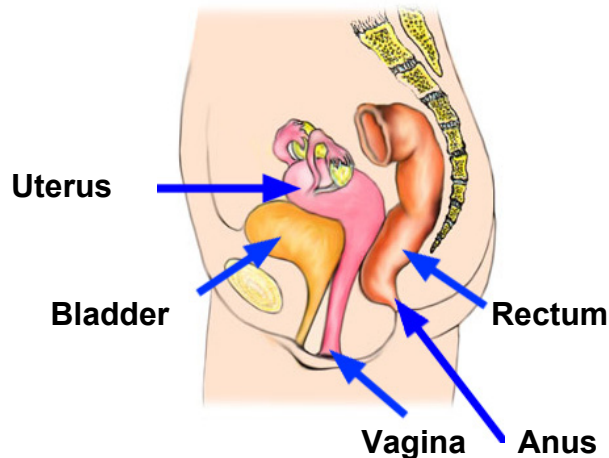
A rectocele occurs when the rectum starts to fall to the front and pushes against the back wall of the vagina.

If you have a rectocele, your doctor may recommend that you have surgery to correct this condition.

This reference summary explains the operation to correct a rectocele. It discussed what a rectocele is, its causes, symptoms, and alternative treatments. The program also presents the recommended surgical treatment along with its risks and benefits.

Anatomy

The reproductive system is 'sandwiched' between the urinary system and intestinal system. The urinary system is in front and the intestinal system is located behind the reproductive system.



The female's reproductive system consists of two ovaries, Fallopian tubes, the uterus and the vagina. The Fallopian tubes connect the ovaries to the uterus, and the vagina connects the uterus to the outside of the body.

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The urinary system consists of two kidneys, the ureters, the urethra and the bladder. The ureters connect the kidneys to the bladder and the urethra allows us to empty the bladder.

The intestinal system ends in the sigmoid colon, rectum and anus.

The front or anterior part of the vagina is close to the bladder. The back or posterior part of the vagina is close to the sigmoid colon and rectum.

There is an area of tissue known as the fascia between the posterior part of the vagina and the rectum.

This fascia and the muscles of the vagina prevent the rectum from pushing into the vagina.

Rectocele

A rectocele occurs when the muscles of the vagina and the fascia between the vagina and the rectum can no longer keep the rectum pushed to the back.

When the muscles of the vagina along with the fascia can no longer keep the rectum in place, it starts to fall to the front, pushing with it the posterior or back wall of the vagina.

A rectocele may result from muscle strain during childbirth. Other kinds of straining can also cause a rectocele. For instance, heavy lifting or repeated straining during bowel movements can cause a rectocele.

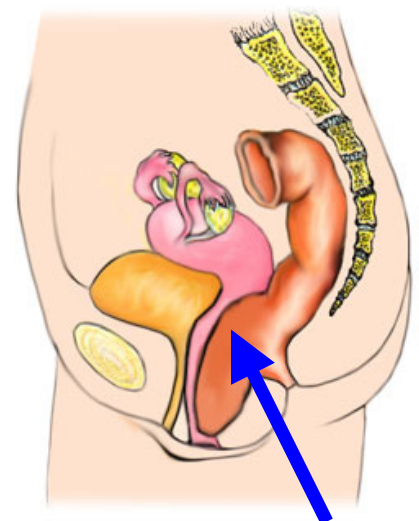
Rectoceles are divided into 3 Grades. The grades depend on how far the rectum pushes into the vagina with Grade 1 referring to small rectoceles and Grade 3 referring to large rectoceles.

The most advanced Grade 3 rectocele occurs when the rectum bulges out through the opening of the vagina. This condition can cause discomfort and pain during sex. In its most advanced form, vaginal sex may not be possible.

Symptoms & Diagnosis

Small rectoceles usually cause no symptoms and require no treatment. Larger rectoceles may cause:

- A bulge of tissue through the vaginal opening



Grade 3

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- Constipation
- Sensation of rectal pressure and fullness

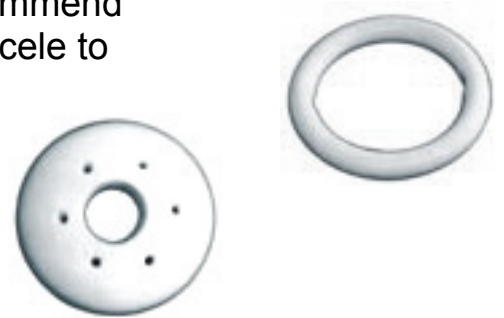
A doctor can diagnose a Grade 2 or Grade 3 rectocele from a description of symptoms and from physical examination of the vagina because the fallen part of the rectum will be visible.

Alternative Treatments

The treatment options for rectocele range from no treatment for a mild Grade 1 rectocele to surgery for a serious Grade 3 rectocele.

If a rectocele is not bothersome, the doctor may only recommend avoiding heavy lifting or straining that can cause the rectocele to worsen.

A set of pelvic muscle exercises, known as Kegel exercises may help strengthen the muscles of the rectum and vagina and relieve some of the symptoms.



If symptoms are moderately bothersome, the doctor may recommend a pessary. A Pessary is a device placed in the vagina to hold the rectum in place. Pessaries come in a variety of shapes and sizes to give the most comfortable fit for the patient. Pessaries must be removed regularly to avoid infections or ulcers.

Surgical Treatment

Large rectoceles may require surgery to push up the rectum away from the vagina and support it so it will stay in a more normal position.

Rectocele surgery is an inpatient surgery, which means you will be spending a few days in the hospital.

The operation is done under either general anesthesia or regional anesthesia. Under general anesthesia you will be asleep for the surgery. Under regional anesthesia, the pelvic area will be numbed and you may still be awake.

The operation is performed through the vagina. The back wall of the vagina is opened. Next the fascia between the vagina and the rectum is reinforced. This is either done through specially placed sutures or with the help of a synthetic mesh.

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If the vagina is deemed to have stretched too much over time, the surgeon may decide to trim some of the excess tissue and the incision is then closed.

The sutures in the vaginal incision are absorbable and do not need to be taken out.

During and after surgery, a Foley catheter will be placed in the bladder to drain the urine to the outside through the urethra.

After the operation you may spend an hour or two in the recovery room before being taken to your hospital room.

You will be asked to get up and walk fairly soon after the operation. The bladder catheter is usually taken out within one or two weeks if you have no problem urinating.

Risks and Complications

This procedure is very successful and safe. There are however, several possible risks and complications. These are very unlikely, but possible. You need to know about them just in case they happen. By being informed, you may be able to help your doctor detect complications early.

The risks and complications include:

- Risks related to anesthesia,
- Risks related to any type of surgery, and
- Risks specific to this procedure

Risks of general anesthesia include nausea, vomiting, problems with urination, cut lips, chipped teeth, sore throat, and headache.

More serious risks of general anesthesia include heart attacks, strokes, and pneumonia.

Your anesthesiologist will discuss these risks with you and ask you if you are allergic to certain medications.

Blood clots in the legs can occur. These usually show up a few days after surgery. They cause the leg to swell and hurt. These blood clots can come loose from the



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leg and go to the lungs where they can cause shortness of breath, chest pain and possibly death. Sometimes the shortness of breath can happen without warning.

It is extremely important to let your doctors know if any of these symptoms occur. Walking shortly after surgery helps to decrease the risk of blood clots in the legs.

Some risks, such as infection and bleeding, are seen in any type of surgery. Infection can occur in the vagina or rectum. Infection can be treated with antibiotics. Rarely, another operation may be needed.

Bleeding can occur either during or after the operation. If needed, blood can be replaced through a blood transfusion.

The vaginal incision is not seen from the outside and tends to heal very well. Sometimes however the operation causes the vagina to become too tight making vaginal intercourse painful or uncomfortable. This is rare.

In extremely rare cases, nerves going to the reproductive system may be affected, which may result in sexual dysfunction.

Other risks and complications are specific to this surgery. These include the possibility that the rectocele may recur with time.

The rectum could be injured during this operation. If the injury is identified during surgery it can be fixed with no further problems.

Sometimes however, small rectal injuries may go unnoticed and may surface later requiring another surgery. Such an injury may show up in the form of stool leaking to the outside through the vagina, not the rectum.

Other abdominal organs, such as intestines, blood vessels and nerves, could potentially be injured but this is very rare.

After the Operation

Bloody discharge is normal from the vagina for few weeks after the operation.

Bright red and profuse bleeding or very foul smelling discharge may not be normal and should be reported to your doctor.

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You should refrain from any heavy lifting or bending for at least a few weeks. Your doctor will also tell you how long to refrain from vaginal intercourse.

Your doctor will also tell you when you should schedule a follow up visit.

Call your doctor and seek medical attention if you have a fever, chills, severe abdominal pain, inability to urinate, profuse vaginal bleeding or very foul smelling vaginal discharge.



Conclusion

A rectocele occurs when the rectum starts to fall to the front and pushes the back wall of the vagina. It can happen after childbirth.

If the rectocele is severe, your doctor may recommend rectocele repair surgery. Though it has risks like any other surgery, the rectocele repair operation is generally very successful and safe.

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