Transanal Rectocele Repair

What is a rectocele?

A rectocele is a bulge of the front wall of the rectum into the vagina. The rectal wall may become thinned and weak, and it may balloon out into the vagina when you push down to have a bowel movement. 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. The rectum bulging into the vagina is termed a rectocele. And the small intestines pushing down on the vagina from above may form an enterocele. Although uncommon, men may also develop a rectocele. A rectocele may be present without any other abnormalities. However, in some cases a rectocele may be part of a more generalized weakness of pelvic support and may exist along with a cystocele, urethrocele, and enterocele, or with uterine, vaginal prolapse or rectal prolapse, and fecal or urinary incontinence.

What treatment is available?

Rectoceles that are not causing symptoms do not need to be treated. You should avoid constipation by eating a high fiber diet and drinking plenty of fluids.

If symptoms persist with medical therapy, then surgical repair may be indicated. There are several surgical techniques used to repair a rectocele. A rectocele repair may be performed through the anus, through the vagina, through the perineum between the anus and vagina, or from above through the abdomen. When there is extensive pelvic relaxation and prolapse, the best approach may be a combined repair.

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Transanal repair of a rectocele is one of the common methods of correcting this problem. It is most appropriate when the symptoms relate to the rectum. These include constipation with difficult bowel movements, the feeling that the stool is going in the wrong direction, and bulging in the vagina with straining. The repair is performed through the anus in the rectum so there are no incisions on the outside.
The mucosal lining over the rectocele is stripped out, the rectal wall muscle is pulled together with sutures (plicated), and the mucosal lining is closed over the repair.

Although there is little pain after the procedure, this is some soreness. It is very important to follow the Bowel Management Program after the procedure to avoid constipation which could cause complications. Recovery is usually complete by 3 to 4 weeks after surgery.