



## Information for Patients

# Anterior Rectocele

### What is an anterior rectocele?

An anterior rectocele is the name given to a pocket or bulge in the part of the bowel lying under the back wall of the vagina. It is a type of prolapse.

Between the vagina and the rectum, there is a sheet of strong connective tissue which helps to support the vagina and rectum and stop one from bulging into the other. Weakness of this tissue allows the rectum to bulge forwards into the vagina during straining or having the bowels opened. This bulge is called an anterior rectocele. Some women have an anterior rectocele and are not bothered by it at all. For some women, it causes a bulge or lump in the vagina. Sometimes it can cause a sensation of needing to empty the bowels during intercourse.

It can cause difficulty in getting a bowel movement to come out. Women may have a feeling that the stool is going forward into the vagina rather than coming out. They may need to put a finger into the vagina to help the bowels to empty and may have to return to the toilet several times because they are not able to fully empty the bowel all at once.

### How common is prolapse and anterior rectocele?

Prolapse is very common. Most women who have had a baby will have small amounts of prolapse. Anterior rectoceles are also very common. About 10% of women (1 in 10) have prolapse that causes bothersome symptoms.

### What causes an anterior rectocele?

We do not understand yet why some women get an anterior rectocele and others do not. Some things are known to increase the risk of developing an anterior rectocele over time. These include:

- Getting older
- Having babies
- Having to strain on the toilet
- Having very stretchy body tissues.

## When should I have treatment for my anterior rectocele?

An anterior rectocele is not a dangerous or harmful condition. They do not cause bowel cancer. If it is not bothering you, you could decide to do nothing about it. You should think about having treatment if you are getting symptoms which are bothering you.

## What will happen if I do not have treatment for my anterior rectocele?

As we age, our body tissues tend to sag and weaken. A slightly saggy tummy and wrinkles on our face are examples of this.

Over time you may notice your rectocele is worse and causes you more bother. Some women do not notice any change.

If you decide to have no treatment now, it does not prevent you from having treatment at a later date if your rectocele starts to bother you more. There is no advantage in having treatment for a rectocele that does not cause any bother. It does not prevent problems happening later.

## Is there anything I can do to help my anterior rectocele?

Yes. Try to reduce the pressure on your rectocele by keeping your weight normal and not straining on the toilet. Keep your stool soft and bulky so it is easier to pass. Plenty of fibre in your diet can help. A sachet of fibre powders (such as Fybogel) every day may also be useful.

Help the rectocele to empty by pressing gently on it whilst you have your bowels opened. You can safely do this by putting a finger in your vagina and will not do yourself any harm.

## Will I need any tests?

Before your first appointment you will be asked to complete an electronic questionnaire to help us identify your troublesome symptoms.

You may not need any other tests. However, if you are having a lot of problems with your bowels, particularly if the bowels are leaking, the doctor may suggest extra tests. These may include:

**A Defecating Proctogram:** This is a special X-ray which shows how the bowel is moving when it is trying to empty. It can show an anterior rectocele. It can also show other abnormalities of the bowel support such as prolapse of the rectum (where the rectum is turning itself inside out and sometimes coming out of the anus) or intussusception (where the bowel slides inside itself).

**Anorectal Manometry Studies (ARMS):** These are a set of tests all performed in one appointment. They involve an ultrasound scan of the sphincter muscles which keep the bowel closed, a test of the sphincter muscle power and a test of the feeling in the rectum.

## What treatments are available for anterior rectocele?

**Suppositories:** Using a suppository can be very helpful. They can help the anterior rectocele to empty fully in one go. Insert one or two suppositories about 5 to 10 minutes before going to the toilet.

Glycerol/glycerine suppositories are the first ones to try. These are available at the chemist. If you feel they have not helped, try Bisocodyl suppositories which are also available without a prescription. These are safe to use every day. Your bowels will not become dependent on them.

**Rectal irrigation:** Rectal irrigation or rectal washouts can be used to clean out the anterior rectocele. This is a safe, clean option for women who need more help than just a suppository. The Nurse Practitioner who specialises in this treatment can see you to explain more about it if you wish.

**Surgery:** If other treatments are not successful, an operation called a posterior repair with rectal plication can be used to treat an anterior rectocele. The stretched bowel forming the pocket is gathered together using dissolvable stitches. This is done through a cut along the back wall of the vagina. Any bulging of the back wall of the vagina is treated at the same time. A general (asleep) anaesthetic or a spinal (awake but pain free) anaesthetic can be used.

After the operation, we would hope that the bulge in your vagina would be improved and that your bowel would empty better. However, some women have more than one problem that is stopping their bowel from emptying properly. If this is the case, the rectal plication may not completely improve your bowel emptying. Sometimes your ability to empty your bowels improves for a period of time and then gets worse again. This might be because the bowel stretches again over time.

There is more information about the operation in the Posterior Repair leaflet.