



## Cystocele or Rectocele

**Definition:** Weakness in the pelvic supporting structure that allows the pelvic organs to descend in to the vagina. Cystocele is a descent of a portion of the bladder in to the vagina. Rectocele is a protrusion of the rectum through the vaginal wall. Urethrocele is sagging of the urethra. When associated with a cystocele it is called a cystourethrocele.

**Cause:** Weakness in the tissue of the vaginal wall usually caused by a history of vaginal deliveries.

**Signs or Symptoms:** Sometimes there are no symptoms. Usually you may experience one or all of the following: stress incontinence, incomplete emptying of the bladder, increased urinary frequency, a sensation of vaginal fullness, pressure or "falling out," pain during sexual intercourse, or increased susceptibility to urinary tract infections. Constipation worsening that is caused by a rectocele that interferes with muscle contraction in the rectum. This causes a build up of stool and sometimes requires placing a finger in the vagina to eliminate stool.

**Preventative measures:** Sometimes pelvic strengthening exercises called kegal exercises that are done during and following pregnancy may help or estrogen therapy after menopause. Avoidance or correction of obesity, chronic cough and straining also helps.

**Possible Complications if no treatment is sought:** Recurrent urinary tract infections, uterine prolapse, chronic constipation, or fecal impaction may happen.

**General Measures:** Diagnostic testing including pelvic elimination, pelvic ultrasound, urinalysis and cystometrogram to study the bladder muscles. Treatment measures will depend on the severity of the symptoms, the age of the patient and desire for future pregnancies. Treatment steps may include exercises, use of a pessary, medications or surgery. Other treatment steps may be recommended for those who are obese, have a chronic cough or have chronic constipation. Kegals exercises will help to tighten and strengthen the pelvic floor muscles and relieve some symptoms. Use of pessary may provide adequate temporary support. Surgery is recommended for severe symptoms and is usually required for final resolution.

### Post Op Instructions:

- Return Appointment:** Please make your post op appointment now for two weeks from the date of the surgery. Please call the office if you have any problems or questions.
- Diet:** Eating a high fiber diet and increasing fluid intake will help relieve problems of constipation. A stool softener such as Colace is recommended.
- Sexual Intercourse:** It is preferable to avoid sexual intercourse for 4 weeks after the surgery.
- Activity:** Avoid occupations or activities that require heavy lifting of cause increasing intra-abdominal pressure. You may bathe or shower; resume normal activity as you feel capable.
- Notify your physician if you have any of the following:**  
Fevers or chills, Heavy vaginal bleeding, Frequency of urinating, excessive discharges, or abdominal swelling.