Rectocele
Some of the causes of a rectocele include vaginal childbirth, hysterectomy, pelvic surgery and chronic constipation.

A rectocele may occur by itself or present alongside other pelvic abnormalities, such as a prolapsed bladder (cystocele).

Surgery may be needed if the rectocele doesn’t respond to simpler treatments.

A rectocele occurs when the rectum pushes the back wall of the vagina forward, causing a prominent bulge into the vagina. Risk factors include difficult childbirth and the use of forceps during delivery, but women who have never had children can also develop rectocele.

The degree of severity varies; for example, in mild cases the rectocele may be felt as a small bulge high inside the vagina while, in severe cases, the bulge may be hanging outside of the vagina. Milder cases can be treated by measures such as management of constipation, Kegel exercises to strengthen the pelvic floor and the insertion of a vaginal pessary to prop up the pelvic organs. Surgery may be needed in severe cases.

Symptoms of rectocele

The symptoms of rectocele may be vaginal, rectal or both, and can include:

- A sensation of pressure within the pelvis
- The feeling that something is falling down or falling out within the pelvis
- Symptoms worsened by standing up and eased by lying down
- Lower-abdominal pain
- Lower-back pain
- A bulging mass felt inside the vagina
- Vaginal bleeding that’s not related to the menstrual cycle
- Painful or impossible vaginal intercourse
- Constipation
- Problems with passing a bowel motion, since the stool becomes caught in the rectocele
- The feeling that the bowel isn’t completely empty after passing a motion
- Faecal incontinence (sometimes).

The rectovaginal septum and rectocele

Our pelvic organs are supported by our pelvic floor muscles. Structures including ligaments and connective tissue help to keep the pelvic organs tethered in place.

In women, the front wall of the rectum is situated behind the rear wall of the vagina. The front wall of the rectum and rear wall of the vagina, and the thin layer of tissue between them, are together called the rectovaginal septum (or wall). This wall can become weak or stretched by pressure such as childbirth, straining while going to the toilet, or ageing. A weak or thinned rectovaginal septum allows the front wall of the rectum to bulge into the vagina.

Causes of rectocele

Some of the events that may weaken or thin the rectovaginal septum and cause a rectocele include:

- Vaginal (normal) childbirth
- Giving birth to multiple babies
- A long and difficult labour
- Assisted delivery during childbirth, including the use of forceps
- Tearing during childbirth, particularly if the tear extended from the vagina to the anus
- Episiotomy (a surgical cut made to enlarge the vaginal opening during childbirth to avoid injury to mother and baby), particularly if the cut extends to the anus
- Hysterectomy
- Pelvic surgery
- Chronic constipation
- Straining to pass bowel motions
- Advancing age, as older women are more prone to rectocele.

Rectocele and related problems

A rectocele sometimes occurs by itself. In other cases, the woman may also have other problems including:

- Cystocele – the bladder protrudes into the vagina
- Enterocele – the small intestines push down into the vagina
- Uterine prolapse – the cervix and uterus drop down into the vagina and may protrude out of the vaginal opening

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• Vaginal prolapse – in cases of severe uterine prolapse, the vagina may slide out of the body too
• Rectal prolapse – the rectum protrudes through the anus.

**Diagnosis of rectocele**

A doctor can diagnose rectocele by using a number of tests including:

- Pelvic examination
- Special x-ray (proctogram or defaecogram).

**Treatment for rectocele**

Generally speaking, a rectocele with no obvious symptoms doesn’t need medical treatment, but it is wise to pay attention to diet and other lifestyle factors that contribute to constipation. Treatment options may include:

- High-fibre diet
- Fibre supplements
- At least six to eight glasses of water per day
- Stool softeners (don’t use laxatives)
- Instruction on how to help yourself to pass a bowel motion; for example, you may be advised to gently press a finger against the rear wall of the vagina while toileting
- Don’t strain on the toilet
- Hormone replacement therapy for postmenopausal women
- Pelvic floor (‘Kegel’) exercises
- Insertion of a pessary – a ring-like device worn high in the vagina that helps to support the pelvic organs.

**Surgery for rectocele**

Surgery may be needed if the rectocele doesn’t respond to other treatments and is causing symptoms. Depending on individual factors, such as the severity of the rectocele and the presence of other prolapsed structures, the operation can be performed in different ways, including:

- Through the vagina
- Through the anus
- Through the area between the vagina and anus (perineum)
- Through the abdomen
- In some cases, a combination of surgical techniques may be necessary.

The aim of surgery is to repair and strengthen the wall between the vagina and rectum. Procedures for vaginal repair include:

- One or more incisions are made along the back wall of the vagina to expose the underlying structures.
- Weakened pelvic floor muscles around the vagina and rectum are strengthened with absorbable stitches.
- The wall is repaired using absorbable stitches.
- Sometimes, the perineum (area between the vagina and anus) needs to be repaired at the same time, with deep stitches into the muscle.
- If the vagina has been stretched (from childbirth, for example), the excess tissue may be removed.
- The vaginal incisions are stitched closed.
- The vagina is packed with gauze.
- A urinary catheter is inserted to allow urine to drain from the bladder.

**Immediately after surgery for a rectocele**

After your operation for a rectocele, things you can expect include:

- Hospital staff will observe and note your temperature, pulse, breathing and blood pressure.
- You will have an intravenous fluid line in your arm to replace fluids in your body.
- You will receive pain-relieving medications. Tell your nurse if you need more pain relief.
- You may have a catheter to drain off urine for the next day or so, or until you can empty your bladder by yourself.
- If you have a vaginal pack, this will be taken out later the same day or the day after surgery.
- You may be in hospital for three to six days following surgery.
- You will need to make follow-up appointments with your doctor.

**Complications of surgery for a rectocele**

Possible complications of surgery include:

- Allergic reaction to the anaesthetic
- Haemorrhage
- Infection
- Injury to nearby nerves or blood vessels
- Damage to other pelvic organs, such as the bladder or rectum
- Death (necrosis) of the rectal wall
- Recurrence of the rectal prolapse.

**Taking care of yourself at home after surgery for a rectocele**
Be guided by your doctor, but general suggestions include:

- Rest as much as you can.
- Avoid heavy lifting or straining for a few weeks.
- Don’t strain on the toilet.
- Take measures to prevent constipation, such as eating high-fibre foods and drinking plenty of water.
- After rectocele surgery, expect bloody vaginal discharge for about four weeks.
- Contact your doctor if you experience any unusual symptoms, such as difficulties with urination, heavy bleeding, fever, or signs of infection around the wound sites.
- You can expect to return to work around six weeks after surgery.
- Attend follow-up appointments with your surgeon.

Where to get help

- Your doctor
- Gynaecologist
- Colorectal or general surgeon

Things to remember

- Some of the causes of a rectocele include vaginal childbirth, hysterectomy, pelvic surgery and chronic constipation.
- A rectocele may occur by itself or present alongside other pelvic abnormalities, such as a prolapsed bladder (cystocele).
- Surgery may be needed if the rectocele doesn’t respond to simpler treatments.

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More information

Digestive system

The following content is displayed as Tabs. Once you have activated a link navigate to the end of the list to view its associated content. The activated link is defined as Active Tab

- Digestive system explained
  - Oesophagus
  - Stomach
  - Small intestine
  - Large intestine
  - Rectum
  - Liver and gallbladder
  - Pancreas

Digestive system explained

- Barium tests
  Barium tests are used to examine conditions of the digestive tract such as reflux, narrowing or ulceration.
- Digestive system explained
  The digestive tract can be thought of as a long muscular tube with digestive organs attached along the way.
- Fibre in food
  A diet high in fibre keeps the digestive system healthy.

Oesophagus

- Barrett's oesophagus
  Symptoms of Barrett's oesophagus are similar to regular heartburn, which means many people don't seek treatment until their condition is quite advanced.
- Digestive tract birth defects
  Too much amniotic fluid surrounding the baby during pregnancy (polyhydramnios) may indicate the presence of defects of the digestive tract.
- Indigestion
  Food inside the stomach is only kept there by the force of gravity so to avoid heartburn, don't lie down after a big meal.
- Throat cancer
  Risk factors for throat cancer include smoking and heavy alcohol consumption.

Stomach
Abdominal pain in children

Children may feel stomach pain for a range of reasons and may need treatment.

Gastritis

Gastritis may be caused by many factors including infection, alcohol, particular medications and some allergic and immune conditions.

Hernias

Both reducible and non-reducible hernias need to be surgically repaired - this is a common operation.

Peritonitis

Peritonitis is a life-threatening emergency that needs prompt medical treatment.

Stomach cancer

The symptoms of stomach cancer are usually vague and can be common to other medical conditions.

Stomach ulcer

Most stomach ulcers are caused by infection or medication, not stress or poor diet.

Small intestine

Coeliac disease and gluten sensitivity

Coeliac disease is an immune disease caused by gluten.

Crohn's disease and ulcerative colitis

When people with inflammatory bowel disease are not experiencing a flare-up of their illness, they feel quite well and are often free of symptoms.

Gastroenteritis

It is important to establish the cause of gastro, as different types of gastroenteritis respond to different treatments.

Gastroenteritis - amoebiasis

Amoebiasis can cause diarrhoea among travellers to developing countries.

Gastroenteritis - campylobacteriosis

Campylobacteriosis is a type of gastroenteritis and is more common in children under five years of age and young adults.

Gastroenteritis - cryptosporidiosis

Outbreaks of cryptosporidiosis have been associated with child care centres, public swimming pools and contaminated water supplies.

Gastroenteritis - giardiasis

Most people infected with Giardia parasites do not develop symptoms but can still spread the infection to others.

Gastroenteritis in children

Gastroenteritis or Gastro can be dangerous for very young babies. Gastro is common in young children and spreads easily. Gastro is a bowel infection which causes diarrhoea (runny or watery poo) and...

Gastroenteritis - salmonellosis

You may be more prone to salmonellosis if you are elderly, have another medical condition (such as a weakened immune system) or are malnourished.

Gastroenteritis - shigellosa

Outbreaks of shigellosa gastroenteritis can occur in institutional settings, particularly where children are still in nappies or adults are incontinent.

Irritable bowel syndrome (IBS)

Irritable bowel syndrome can't be cured with medications or special diets but avoiding individual triggers can help prevent it.

Pets – safe handling of reptiles and tropical fish

People in contact with tropical fish and reptiles such as turtles, lizards and snakes may be at risk of infections and illness due to germs (such as bacteria, viruses and parasites) carried on the...

Rotavirus

Rotavirus is a common cause of viral gastroenteritis for Australian babies and preschool children.

Traveller's diarrhoea
The risk of traveller's diarrhoea is higher where sanitation and hygiene standards are poor.

Large intestine

- **Appendicitis**
  Anyone of any age can be struck by appendicitis, but it seems to be more common during childhood and adolescence.

- **Botulism**
  Botulism is considered a medical emergency. If untreated, it may cause death.

- **Bowel cancer**
  Bowel cancer is highly curable if found at an early stage.

- **Bowel motions**
  Many illnesses and events can affect the colour and texture of faeces.

- **Collagenous colitis and lymphocytic colitis**
  Collagenous colitis and lymphocytic colitis are types of inflammatory bowel disease (IBD).

- **Constipation**
  Most cases of constipation are treated by eating a diet high in fibre, drinking more fluids, and exercising daily.

- **Constipation and children**
  A healthy diet, plenty of fluids, exercise and regular toilet habits can help relieve constipation in children.

- **Diarrhoea**
  Acute diarrhoea in babies and young children can be life threatening.

- **Diverticulosis and diverticulitis**
  Diverticulosis and diverticulitis relate to the formation or infection of abnormal pouches in the bowel wall.

- **Flatulence**
  Foods that tend to trigger flatulence also contain essential nutrients and shouldn't be eliminated.

- **Incontinence and continence problems**
  Many things can be done to manage, treat and sometimes cure incontinence and continence problems.

- **Incontinence - prevention tips**
  Incontinence can be prevented in most cases.

- **Irritable bowel syndrome (IBS)**
  Irritable bowel syndrome can't be cured with medications or special diets but avoiding individual triggers can help prevent it.

- **Pinworms**
  Despite the unsavoury reputation, a pinworm infection (worms) is relatively harmless and easily treated.

- **Polyps**
  Nasal polyps can sometimes interfere with breathing.

- **Short bowel syndrome**
  A person with short bowel syndrome is likely to be deficient in a range of important nutrients.

- **Slow transit constipation**
  A newborn with slow transit constipation may not pass meconium until 24 hours or more after being born.

- **Stoma after ileostomy or colostomy**
  A stoma is an artificially created hole (stoma) in the abdomen so that faeces can still leave the body.

- **Tapeworms and hydatid disease**
  It's important for your own health to control tapeworm infection in your dog.

Rectum
• **Anal fissure**
  Around half of cases of anal fissures heal by themselves with proper self-care and avoidance of constipation.

• **Haemorrhoids**
  A diet high in fibre can both treat and prevent haemorrhoids.

• **Rectal cancer**
  If treated in its earliest stages, rectal cancer is highly curable.

• **Rectal prolapse**
  Rectal prolapse occurs when the rectum turns itself inside out and comes out through the anus.

• **Rectocele**
  A rectocele is when the rectum protrudes into the vagina.

**Liver and gallbladder**

• **Cirrhosis of the liver**
  Cirrhosis is a type of liver damage where healthy cells are replaced by scar tissue.

• **Gallbladder - gallstones and surgery**
  Medical treatment for gallstones may not be necessary unless the gallstones cause symptoms.

• **Gilbert's syndrome**
  Gilbert's syndrome and hepatitis both cause jaundice but are not related.

• **Hepatitis**
  Hepatitis is an umbrella term for several diseases that affect the liver.

• **Hepatitis A**
  Immunisation is the best protection against hepatitis A infection and it is recommended for people in high-risk groups.

• **Hepatitis B**
  Hepatitis B is a viral infection that affects the liver and can lead to serious illness or death.

• **Hepatitis B – immunisation**
  Immunisation against hepatitis B reduces the risk of infection in babies.

• **Hepatitis C**
  In Australia, hepatitis C is most often spread through the sharing of unsterile drug injecting equipment. New all oral combination treatment has greatly improved health outcomes for people with.

• **Hepatitis C Care - what it means for Victorians (video)**
  Hepatitis C Care - what it means for Victorians.

• **Jaundice in babies**
  If your baby is full-term and healthy, mild jaundice is nothing to worry about and will resolve by itself within a week or so.

• **Liver**
  Some forms of liver disease are inherited, while others are caused by lifestyle factors.

• **Liver cancer**
  Liver cancer can be a primary cancer that starts in the liver, or a secondary cancer that starts in another part of the body and spreads to the liver.

• **Liver - fatty liver disease**
  The damage caused by fatty liver disease can often be halted or reversed through simple lifestyle changes.

• **New drugs for the treatment of hepatitis C – Frequently Asked Questions for patients**
  In Australia, hepatitis C is most often spread through the sharing of unsterile drug injecting equipment. New all oral combination treatment has greatly improved health outcomes for people with.

• **Primary biliary cirrhosis**
Primary biliary cirrhosis is an autoimmune condition characterised by inflammation and scarring of the bile ducts within the liver.

Pancreas

- Diabetes
  Diabetes and the build-up of glucose (sugar) in the blood can cause serious complications if left untreated.
- Diabetes type 1
  Type 1 diabetes can affect anyone of any age, but is more common in people under 30 years.
- Diabetes type 2
  Type 2 diabetes may be prevented, but it cannot be cured.
- Pancreas
  The pancreas helps to digest food, particularly protein.
- Pancreatic cancer
  The causes of pancreatic cancer are unknown, but smokers are at greater risk.
- Pancreatitis
  Pancreatitis is inflammation of the pancreas, which can be either acute or chronic.

Related Information

- Vaginal bleeding - irregular
  If you suffer from ongoing vaginal bleeding problems, see your doctor.
- Haemorrhoids
  A diet high in fibre can both treat and prevent haemorrhoids.
- Rectal prolapse
  Rectal prolapse occurs when the rectum turns itself inside out and comes out through the anus.
- Anal fissure
  Around half of cases of anal fissures heal by themselves with proper self-care and avoidance of constipation.
- Vaginal cancer
  Some vaginal cancers have no symptoms in their early stages, and only cause symptoms once they have invaded other parts of the body.

Home

Related information on other websites

- eMedicine Consumer Health
- Medscape Reference – Rectocele

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