

# Enterocoele And Sigmoidocoele

## What Is An Enterocoele Or Sigmoidocoele?

An enterocoele or sigmoidocoele is a type of pelvic organ prolapse or internal hernia. It occurs when the small intestine (enterocoele) or colon (sigmoidocoele) pushes downwards between the vagina and rectum, creating a bulge that can cause pressure and discomfort.

## What Causes Enterocoele And Sigmoidocoele?

The main cause of an enterocoele or sigmoidocoele is weakness or damage to the pelvic floor tissues, particularly in the area between the rectum and vagina. Common risk factors include:

- **Childbirth** - Vaginal delivery can stretch or tear the supportive tissues, leading to weakness over time
- **Chronic straining** - Excessive straining due to constipation or difficulty emptying the bowels can contribute to prolapse
- **Hysterectomy** - The removal of the uterus can weaken the vaginal wall and pelvic support structures
- **Other pelvic floor conditions** - Enterocoeles and sigmoidocoeles are often associated with rectocoeles, internal prolapse (intussusception), and anal incontinence symptoms

## Symptoms Of Enterocoele And Sigmoidocoele

Many women notice a vaginal bulge, which may be accompanied by:

- **A dragging or pressure sensation**, often worsening later in the day or after prolonged standing
- **Difficulty emptying the bowels**, as the bulge presses against the rectum
- **A sensation of incomplete bowel emptying**, even when the lower bowel is empty

If you experience these symptoms, it's important to seek medical advice for an accurate diagnosis and appropriate treatment.

## Investigations For Enterocele And Sigmoidocele

To determine if your symptoms are caused by an enterocele or sigmoidocele, your doctor may recommend:

- **Flexible sigmoidoscopy or colonoscopy** - To ensure your bowel is otherwise healthy
- **Video proctogram or MRI proctogram** - These imaging tests confirm the presence of a bulge and assess whether it is obstructing bowel movements. They also help identify other pelvic floor disorders, such as rectocele or internal prolapse, which may require simultaneous treatment
- **Anorectal physiology tests** - To evaluate sphincter muscle function and detect any associated damage
- **Endoanal ultrasound scan** - To assess the structure and integrity of the anal sphincter muscles

## Treatment For Enterocele And Sigmoidocele

### Non-surgical treatment

If symptoms are mild, surgery may not be necessary. You may be advised to:

- **Keep stools soft** by increasing fibre and fluid intake
- **Avoid excessive straining** by using laxatives, glycerine suppositories, or small enemas to ease bowel movements

### Surgical treatment

For women experiencing significant pressure symptoms or difficulty emptying their bowels, surgery may be recommended. The type of repair depends on whether other pelvic floor issues or prolapse are present.

- **Vaginal repair** - If the enterocele is the primary issue, surgery may be performed through the vagina, often in collaboration with a gynaecologist
- **Ventral mesh rectopexy** - If internal rectal prolapse coexists, this minimally invasive procedure may be considered

## Why Choose The Midlands Bowel Clinic?

If you are experiencing symptoms of enterocele or sigmoidocele, early diagnosis can prevent worsening symptoms and improve your quality of life. Our team provides personalised treatment plans to ensure the most effective approach, whether through conservative management or surgery.

- **Expert specialists** - Experienced colorectal and pelvic floor consultants
- **Advanced diagnostics** - MRI proctogram and videoproctogram for accurate assessment
- **Multidisciplinary care** - Collaboration with gynaecologists for holistic treatment
- **Minimally invasive options** - Keyhole surgery for faster recovery
- **Personalised treatment** - Tailored plans for optimal outcomes

## Contact Us

For expert diagnosis and treatment, get in touch today. Our specialist team provides expert care, advanced treatments, and compassionate support tailored to your needs.