

## Enteroceles and Sigmoidoceles

An enterocele or sigmoidocele is a type of prolapse or internal hernia. It is a bulge that develops between the vagina in front and the rectum behind. The small intestine (enterocele) or colon (sigmoidocele) pushes downwards between the vagina and rectum causing pressure on each.

Enteroceles or sigmoidoceles usually occur as a result of damage to the tissues between the rectum and vagina which occurs during childbirth. The tearing leads to a weakness in the tissues and with time a bulge develops. Enterocele or sigmoidocele may also develop in women who have to strain excessively to open their bowels.

Enterocele or sigmoidocele are also more common in women who have had a hysterectomy. This may be due to weakness at the top of the vagina caused by the hysterectomy itself.

Enteroceles and sigmoidoceles may be associated with other pelvic floor weaknesses that include internal prolapse (intussusception), rectoceles and anal incontinent symptoms.

### Symptoms of enterocele and sigmoidocele

Many women may notice a bulge in their vagina. They may also notice dragging or a feeling of pressure particularly towards the end of the day or if they have been on their feet for a few hours.

As the bulge gets bigger sometimes it can be more difficult to completely empty their bowels. This is because the bulge presses on the front of the rectum. Sometimes the bulging gives the sensations that there is still more bowel movement to pass even though the lower bowel is empty.

### Investigating enterocele and sigmoidocele

It is important to make sure that it is the enterocele or sigmoidocele that is causing the bowel problem. Most women will require some form of endoscopic examination of the bowel either by flexible sigmoidoscopy or colonoscopy to ensure that it is otherwise healthy.

The most useful test for the enterocele or sigmoidocele itself is a video proctogram. This should confirm that there is a bulge and that it is causing trapping. It is also useful to ensure that there are not any other areas of prolapse such as an internal prolapse or a rectocele which would require treatment at the same time.

Most women will also have tests of their sphincter muscle function (anorectal physiology) and an endoanal ultrasound scan to look for any damage to the muscle.

If symptoms are minimal then no surgical treatment may be necessary. Keeping the stools soft and avoiding straining should help to prevent the enterocele or sigmoidocele getting larger. Sometimes glycerine suppositories or small enemas will help emptying.

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#### **What are the next steps?**

If you think you have this condition or any of these symptoms, you will need to seek medical advice.

#### **If you have private medical care or wish to pay to see a consultant:**

Take this factsheet along to your own GP and request a referral to one of our consultants.

#### **For more information or to make an appointment:**

Contact the Birmingham Bowel Clinic on 0845 241 7762 or email [enquiries@birminghambowelclinic.co.uk](mailto:enquiries@birminghambowelclinic.co.uk).