What is an Enterocele?

Small bowel prolapse, also called enterocele (EN-tur-o-seel), occurs when the small intestine (small bowel) descends into your pelvis and pushes at the top part of the vagina, creating a bulge. Childbirth, aging and other processes that put pressure on your pelvic floor may weaken the muscles and ligaments that support pelvic organs, making small bowel prolapse more likely to occur.

To manage small bowel prolapse, self-care measures and other nonsurgical options are often effective. In severe cases, you may need surgical repair.

How does it occur?

Enterocele occurs when the pelvic floor muscles are stretched or weakened. This is most commonly caused by childbirth, but can occur at other times. Not everyone who has a baby will develop an enterocele and some women who have
never had children still get enteroceles. Some women have stronger supporting tissue and may not have as much of a problem.

Other conditions that can cause an enterocele are chronic constipation, a chronic cough, a lot of heavy lifting, and obesity. These activities all strain your pelvic floor muscles. Additional prolapsed organs can exert pressure in the pelvic cavity, contributing to the formation of an enterocele as well.

Having a hysterectomy or surgery for urinary incontinence can also be the cause for an enterocele.

Enterocles are more common among older people. In addition to the general loss of muscle mass and strength, a decrease in estrogen levels can also cause an enterocele.

**What are the Symptoms?**

A mild enterocele may produce no signs or symptoms. If you do experience symptoms, they may include:

- A pulling sensation in your pelvis that eases when you lie down
- A feeling of pelvic fullness, pressure or pain
- Low back pain that eases when you lie down
- A soft bulge of tissue in your vagina
- Difficulty evacuating your bowels
- Vaginal discharge and bleeding
- Vaginal discomfort and painful intercourse (Dyspareunia /dɪˈspɛrənɪə/)
**How is it Diagnosed?**

A pelvic exam is needed to diagnose an enterocele. Your doctor will ask you to take a deep breath and hold it while bearing down like you are having a bowel movement. This will cause the prolapsed small bowel to bulge downward while the doctor feels for it. This test will first be done on an examining table but may need to be done again while you are standing. Enteroceles can also be diagnosed by a defecography.

**Defecography**- is a fluoroscopic (a moving X-ray) technique to evaluate pelvic floor disorders.

**How is it treated?**

- Some mild/small enteroceles show no symptoms and do not need to be treated.
- Nonsurgical treatments:
  - Observation: If your prolapse causes few or no obvious symptoms, you don't need treatment. Simple self-care measures, such as performing exercises called Kegels to strengthen your pelvic muscles, may provide symptom relief. Avoiding heavy lifting and constipation may reduce the likelihood of worsening your prolapse.
  - Estrogen Therapy: If you are postmenopausal your doctor may recommend a vaginal cream, gel or tablet to increase your estrogen levels. This helps to correct the thinning of the vaginal lining that occurs after menopause.
  - Vaginal Pessary: This is a silicone ring that is removable; it is placed into the vagina to support areas of pelvic organ prolapse. Your doctor will fit you will a pessary but often finding the right one involves trial and error. You will need to remove the pessary
and clean it regularly or come to clinic every 3 months to have it removed and replaced.

- Surgery: A severe enterocele may require surgery. Generally, the surgical approach is through the vagina. The surgeon will put the prolapsed bowel back into place and tightens the connective tissue of your pelvic floor. Sometimes, small portions of synthetic mesh may be used to help support weakened tissues. Surgery is more commonly used as a treatment for enteroceles when other prolapsed organs (such as the uterus, bladder or rectum) are present.