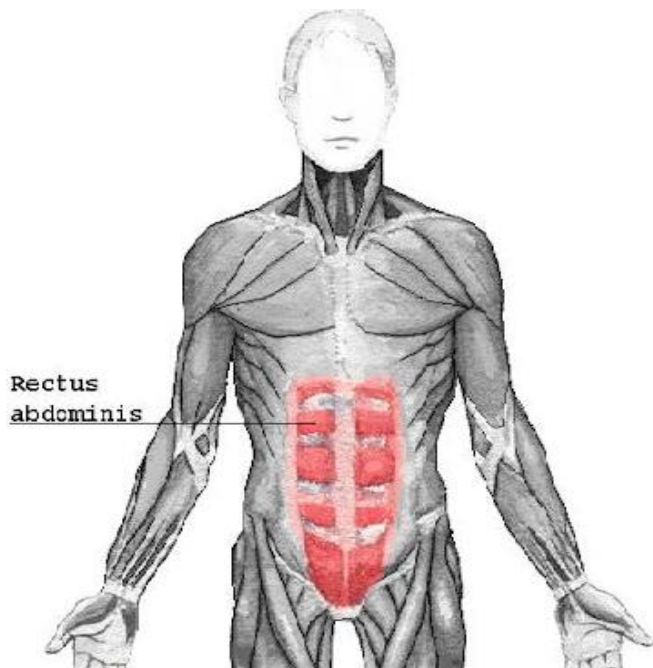


DIVARICATION



Divarication of the rectus is a condition where the rectus abdominis muscles are no longer located next to each other as they run up and down the abdomen from the breastbone (xyphoid) to the pubic bone (symphysis pubis). The muscles separate from each other and is easiest to see when the patient does sit-ups and notices a linear bulge running up the centre of the abdomen. The most common cause in women is pregnancy. Heavier men can develop this condition in their upper abdomen as well.

The condition itself has no risk, because the inner aspect of the abdominal wall is smooth. This means that bowel cannot find its way into a hernia and potentially strangulate. However, the divarication can be associated with umbilical or epigastric hernias, discomfort of the abdominal wall to touch, poor balance, and a sense of a loss of a functional “core”. This loss of core strength can explain back pain that occurs in some patients with severe rectus divarication.

Pregnancy induced rectus divarication can cause a significant shape change to the abdominal wall, even for very slender patients. Males have their own unique pattern of rectus divarication noticed as a midline bulge located between the xiphoid and the umbilicus. When patients have significant pain or associated hernias, a repair can be performed.

Surgical treatment:

Surgery aims to restore a healthy anatomy and strengthen the abdominal wall. During surgery, the rectus abdominis muscles are brought together while shortening and reinforcing the midline. Hernias are corrected as part of this procedure. Surgical mesh may be used as part of the repair.

Post-op:

Diet:

Food and fluids as tolerated. If you feel sick, sip water only. You may experience some constipation postoperatively (due to temporary muscle inaction). We suggest that you take a regular amount of aperients (e.g. Metamucil or lactulose) a few days before and after your surgery.

Activities:

The effects of your anaesthetic may be felt for up to 24 hours. During this time you should not drive a car, make major decisions, drink alcohol, sign important documents, operate machines.

Rest for the first 24 hours to minimise the chance of bleeding. Slowly increase your physical activity over one to two weeks, according to your comfort. Walk around as freely as possible for the first few days, increasing to normal according to comfort levels. Avoid strenuous or heavy exertion for four weeks. Return to work when you feel able to.

Most physical activities such as jogging, tennis, bicycling and manual labour can be resumed in about **four – six weeks**.

Pain:

You will be given pain relief medication. Please take this regularly. If you have what you consider to be excessive pain despite taking pain relief, or there is swelling at the operation site, contact the Hernia Clinic on 961-6666 or your surgeon. Be aware that some pain medication can cause constipation and temporary changes in your bowel habit.

Wound care:

The dressing may remain on for 5-7 days, but can be removed before this if it leaks or lifts off. You can shower with this dressing on as it is waterproof. After it is removed, keep the area clean and dry except for showers. Your sutures will normally be dissolvable and do not require removing. If you have been given an elastic binder, wear this during the day and night, removing it for showering or dressing changes.

PHONE FOR ADVICE IF THE FOLLOWING OCCURS:

Bleeding - apply firm pressure for 15 – 20 minutes

Swelling of your wound - A small amount of swelling is normal.

Red, inflamed discharging wound – may indicate infection. Fever (more than 38 deg C)

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