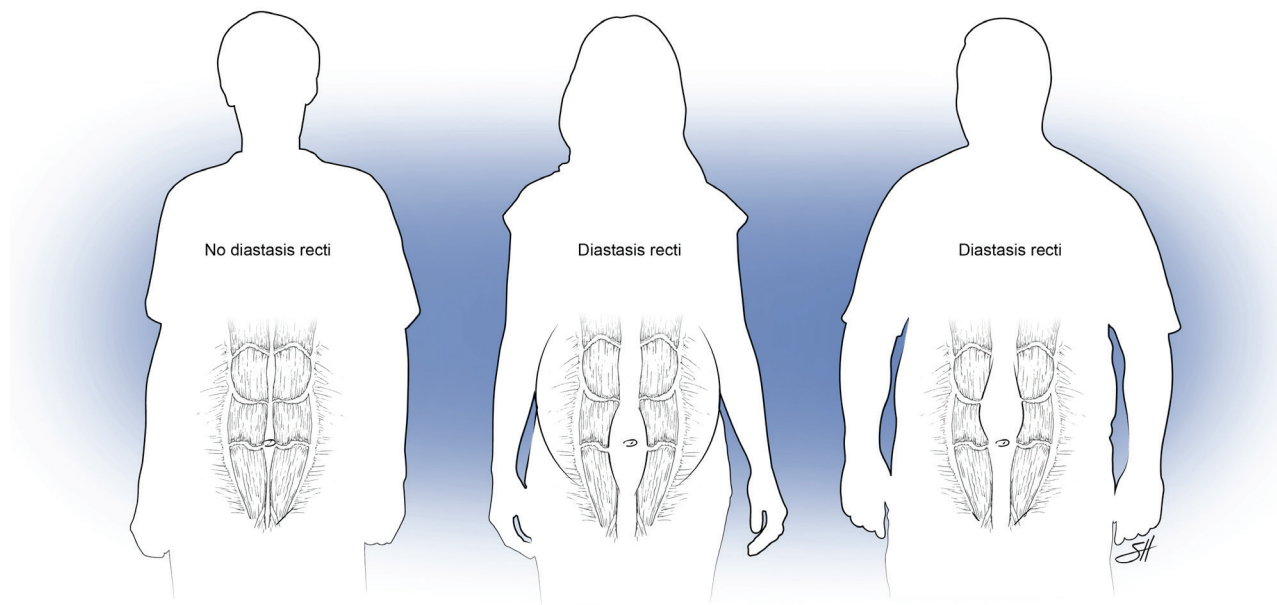


# Diastasis Recti

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## What is diastasis recti?

Diastasis recti, also called diastasis, is a fancy way of saying someone's rectus muscles (six pack muscles) do not meet in the middle anymore, they are separated by a bridge of fascia (connective tissue). This can cause cone-shaped bulging of the middle belly when straining. Most often, patients experience this bulging between the breastbone and belly button, however it can extend below the belly button.

Diastasis is common in women who have been pregnant or individuals who carry extra weight around their midsection, often becoming more noticeable with age.

## Is diastasis recti the same as a hernia?

Diastasis is not a hernia. While a hernia involves a hole in the abdominal-wall tissues through which fat or intestines protrude, causing a bulge, diastasis occurs differently. In diastasis recti, there is no hole; instead, the bulging results from the connective tissue in the center of the abdomen appearing loose and failing to contract properly when the muscles are engaged.

## Is diastasis recti dangerous?

Diastasis recti poses no danger to the patient, as there is no hole for intestines to become trapped, unlike with a hernia. However, severe cases of diastasis recti can significantly affect core strength and reduce quality of life. For these patients there are some treatment options to explore.

## Why does it bulge?

Diastasis recti is most obvious with straining, such as lifting something heavy, going to the bathroom, coughing or sneezing. With straining, normal rectus muscles contract to become stronger and firmer. The straining increases pressure inside the belly, putting pressure on the muscles and tissues of the belly wall from the inside going out. With diastasis recti there is no muscle or contractile tissue in the middle of the abdomen. Since there is no strong/firm tissue in the middle of the abdomen, this area bulges out instead. When the activity that causes the straining is stopped, the bulging goes away.

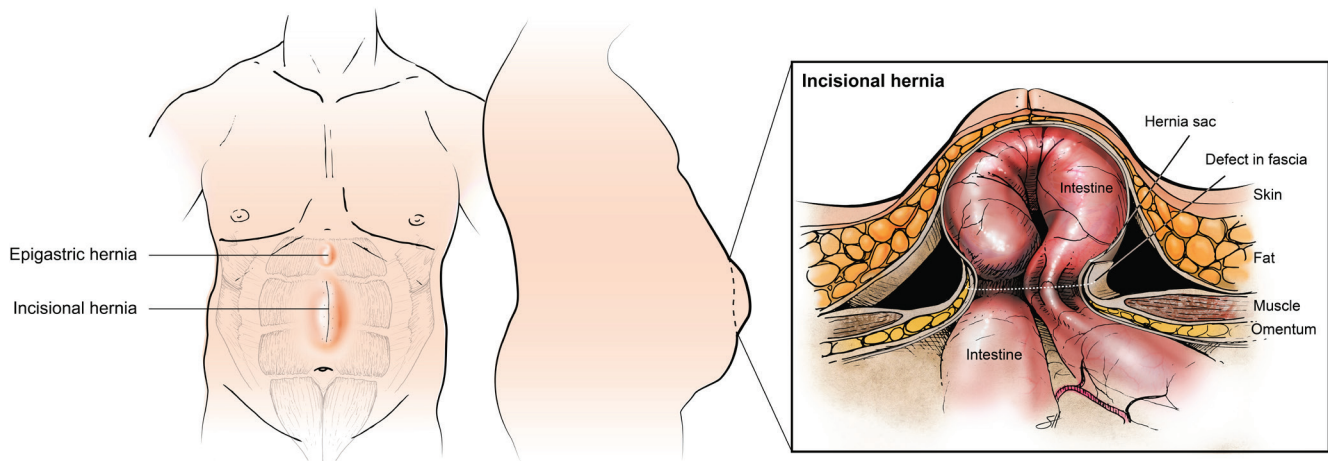
## What are the treatment options?

In pregnant women, diastasis usually improves (although may not completely resolve) after delivery.

For those with a small or moderate amount of diastasis, weight loss (as appropriate) and/or physical therapy can help improve the distance between the muscles and thus decrease the prominence of the bulging.

For patients with both diastasis recti and a hernia in the same area, the surgeon will likely address the diastasis, at least partially, during the hernia repair. The primary goal of hernia repair is bringing the six pack muscles back together to close the hernia hole. This process also effectively repairs the diastasis.

For small hernias and minor diastasis, the surgery can be performed through an open incision or using a robotic approach (three or four small incisions). However, if the diastasis is significant or the hernia is large, an open incision is typically required. In more complex cases, the general surgeon may collaborate with a plastic surgeon to complete the repair.



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For those who have significant diastasis, and no hernia, with limited functionality of their core, surgery may also be an option. A plication, a surgery performed to approximate the rectus muscles (bring the six pack muscles together) can be performed by a plastic surgeon. Diastasis repair, or plication, is considered a cosmetic procedure to some insurance companies, meaning the patient may have to pay out of pocket for this procedure. Once a hernia has been ruled out as the source of your bulging, you can be referred to a plastic surgeon to further discuss options.

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