Rectus Abdominis Diastasis (RAD)

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Pathophysiology and Presentation

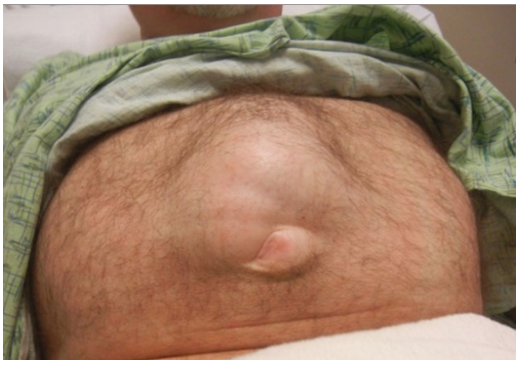
Also Known as "Diastasis Recti", "Diastasis of Rectus Abdominis Muscle (DRAM)", "Abdominal Muscle Separation", or "Divarication of the Rectus Abdominis"

Definition

- Definition: Abnormally Wide Separation of the Rectus Abdominis Pillars [1]
- Fascia Remains Intact (**Not a True Hernia**)
- Separation > 2 cm is Generally Considered Abnormal Although Clinically Evident RAD May Be Present with Smaller Distances [2,3]
- Can Be Congenital or Acquired

Risk Factors for Acquired Diastasis [4-7]

- Elevated Intraabdominal Pressures
  - Pregnancy
  - Obesity
- Prior Abdominal Surgery
- Connective Tissue Disorders
- Diabetes
- Abdominal Aortic Aneurysm (AAA)


Diastasis Recti [8]

Presentation [2]

- Many are Asymptomatic
- Prominent Midline Ridge Extending from the Xiphoid to Umbilicus
  - Bulge Rises with Increased Intraabdominal Pressure (Sitting-Up or Head Lift)
- Abdominal Pain
- Not a Hernia – No Risk of Incarceration or Strangulation

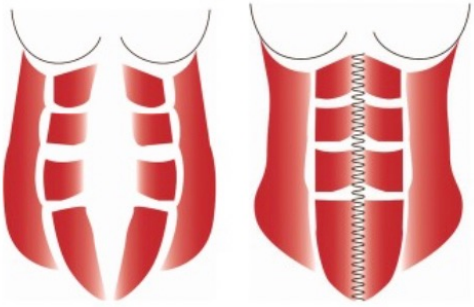
Diagnosis and Treatment

Diagnosis [9]

- Generally a Clinical Diagnosis Based on History and Physical Examination
- May Be Confused with a Ventral Hernia
  - *See Ventral Hernia
- Imaging (US, CT, or MRI) Can Be Used if Diagnosis is Uncertain, to Aid in Classification or to Guide Surgical Planning
  - Imaging Can Also Evaluate for the Coexistence of True Hernias
  - US (Preferred) or CT Can Be Used if Diagnosis Uncertain
- Multiple Classification Systems Have Been Proposed [10-12]

Treatment [13,14]

- Primary Treatment: Weight Loss and **Abdominal Wall Strengthening**/Physiotherapy
- Consider Surgical Repair for Large Symptomatic Diastasis that Fails Conservative Management



Rectus Sheath Plication [14]

Surgical Repair [13-17]

- Primary Surgical Repair is **Rectus Sheath Plication**
- Approaches:
  - Plications Can Be Single or Double Layer
  - May Consider Reinforcement with Mesh
  - Can Be Done Open or Minimally Invasive
- Can Perform a Combined Abdominoplasty for Excess Skin
- Surgical Repair Can Improve Both Pulmonary and Abdominal Wall Function
- Low Recurrence Rates – Generally Reported as 0% at 6 Months

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