



Navigating Diastasis Recti

Causes, Diagnosis and Treatment Options



Image Courtesy: iStockphoto.com

Image Courtesy: Anamika Ghosh

Types of Diastasis Recti



NORMAL



BELOW NAVEL



AROUND NAVEL



ABOVE NAVEL



OPEN DIASTASIS

What is Diastasis Recti?

Diastasis Recti (DR) is the term used to describe the separation of the rectus abdominis muscle during or after pregnancy. The rectus abdominis is the muscle that runs vertically along the front of the stomach, often referred to as "six-pack abs." It is divided into the right and left rectus abdominis. This condition is commonly observed during pregnancy, where the expansion of the uterus causes stretching of the abdominal muscles, leading to the separation and tearing of the Linea alba—the band of tissue that holds the muscles together. In the postpartum period, the Linea alba can naturally heal and come back together due to its elasticity. However, in some cases, the tissue loses its elasticity due to overstretching, resulting in a gap between the two recti, known as Diastasis Recti. This separation is often referred to as the "ab gap" and may occur either above or below the umbilicus, although it appears to be less common below the umbilicus and in individuals with good abdominal tone before pregnancy.

What is the significance of Diastasis Recti?

The significance of Diastasis Recti lies in its potential to cause musculoskeletal complaints, including low back pain, functional limitations, decreased fetal protection, and the possibility of hernias, particularly umbilical hernias in adults.

To determine the presence of Diastasis Recti, an examination can be performed. For postpartum women, it is recommended to wait until three days after delivery, and for C-section patients, approximately six weeks.

A self-test involves lying on your back with knees bent and feet flat on the floor. Place one hand on the midline of your core with fingers flat on your midline, and the other hand under your head and neck for support. Lift your head slowly, adding pressure through the pads of your fingers. With no Diastasis Recti, there is a sensation of a toned wall as you lift. If a space is felt or your fingers sink into the core, Diastasis Recti may be present. Repeat the process to the areas directly above the belly button down to the pubis to determine whether the Diastasis Recti is isolated or involves the entire core. A separation of two finger widths or more is considered Diastasis Recti.

The signs and symptoms of Diastasis Recti:

The signs and symptoms of Diastasis Recti include a stomach bulge (commonly referred to as a stomach pooch), pelvic floor issues, unnatural posture, stomach and back pain, abdominal gaping, a sensation of bloatedness, incontinence, poor posture, constipation, doming of the abdomen, and difficulty in everyday activities due to a lack of core function.

Diagnosis criteria of Diastasis Recti on Ultrasound:

The diagnosis criteria of Diastasis Recti using ultrasound include an Inter-Rectus Distance (IRD) of:

- >2mm at 3cm below the umbilicus
- >20mm at the umbilicus and
- >14mm at 3cm above the umbilicus.

The treatment options for Diastasis Recti:

1. Prehab:

Do's: Be careful with the exercises and the aim is to strengthen the transverse abdominis muscles, correct your posture, stretch appropriately.

Don'ts: Strain yourself and avoid exercises that add tension to your core muscles (crunches/sit ups, Full pushups, any exercises that can cause bulging of abdomen).

2. Post-partum:

Adequate rest is a must. Start exercising once you get a green signal from gynecologist and start working on strengthening the core.

Belly binding and Diastasis Recti:

Belly binding, a common postpartum approach, is believed to close the recti gap by wrapping a binder around the torso. However, it does not strengthen or tighten the muscles; instead, it may provide support for lower back pain and other pregnancy-related issues in the early postpartum weeks.

The exercises to avoid in Diastasis Recti

Exercises to avoid with Diastasis Recti include those that increase abdominal pressure, such as crunches, planks, twists, and heavy lifting, as well as any exercises causing visible doming of the abdomen.

Recommended exercises for healing Diastasis Recti include candles/core engagement, tabletop/reverse marching, seated side bend, goddess side bend, goddess squat twist, lunge with a twist and chop, and opposite reach.

If the healing of Diastasis Recti does not occur and persists, surgery may be the last option. This invasive surgery, known as abdominoplasty or tummy tuck, has two types: partial abdominoplasty and full abdominoplasty. The surgery duration ranges from 2-5 hours, depending on the severity of Diastasis Recti, with a recovery period of about 4-6 weeks to fully recover and observe the full effects of a tummy tuck.

(Dr. Shwetha Kamath is an MBBS graduate, triplet mom, and a creative force as a model, artist, poet, dancer, and the owner of Anvesham, a home-based boutique specializing in handicrafts and paintings.)