# **DIASTASIS RECTI IN WOMEN**

### WHAT IS DIASTASIS RECTI?

Diastasis Recti is a separation of the rectus abdominis (otherwise known as the six-pack muscle). Also referred to as abdominal separation, diastasis recti occurs when the rectus abdominis, the two large vertical banks of muscles that meet in the center of your abdomen, pull apart from their attachment point, the linea alba that runs down the body's midline.

#### What causes diastasis recti?

The largest of the abdominal muscles, the rectus abdominis works together with the pelvis and lower back to help you move and transfer weight through the pelvic area. It also forms part of a wall of muscle that holds the uterus, intestines and other organs in place. Under pressure from a growing baby, these muscles stretch and thin, separating from the connective tissue that binds the abs together. Most of the time it happens later in pregnancy, and usually occurs with bigger babies or with multiple pregnancies close together. It is not harmful and it sometimes goes away after the baby is born and there is no more intra-abdominal pressure.

#### Who is at risk?

Diastasis recti can occur in anybody and the likelihood of developing diastasis increases for those who are pregnant with multiples, who have had recurrent abdominal surgery (like a C-section), and who have had more than one pregnancy. In rare cases, the separation can be so bad it causes a painful hernia, which occurs when organs poke through the separated abs and push against the skin. It creates a distance between your rectus abdominis muscles into a left and right side and the muscles can no longer contract effectively. In a study done with 300 women, about 45% of these moms had a mild case of diastasis at 6 months postpartum.<sup>1</sup>

Diastasis recti occurs in 33-60% of pregnant women.<sup>2</sup> After pregnancy, a diastasis recti looks like a ridge or even a loaf of bread protruding from your midline. The ridge becomes more prominent when you're straining – from coughing or sitting up, for example. It may disappear or cave in when you lie down or relax your abdominal muscles.

We all have connective tissue between the recti belly muscles and a gap between our two recti muscles. A normal gap is 1-2 finger widths. Normally, if this gap is over 2.7 cm or two finger widths, it's considered diastasis recti. If you do have this separation (or gap), it does not always mean you need a surgical procedure!

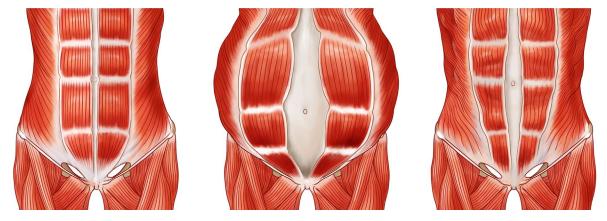


Figure 1: Illustration of a woman with no diastasis (left) and a woman with diastasis during pregnancy (center) and after pregnancy (right).





#### What can I do about diastastis recti?

Once the connective tissue gets stretched out, it can be difficult to rebuild your core strength and bring your muscles back together. Doing traditional crunches can make your condition worse. They tend to make those muscles tighter, pushing them further apart and stretching the connective tissue even more so that it grows thinner and weaker. Isometric work with the transverse abdominis as well as overall strength training and cardiovascular exercise have proven to eliminate diastasis recti.<sup>1</sup>

Please know there is no industry standard for the treatment of diastasis recti. Until recently there has been very little research and women are usually referred to a physical therapist or physiotherapist.<sup>3</sup>

The more aggressive surgical repair of diastasis recti involves stitching the abdominal wall muscles back together along the midline. In some cases, a surgeon may be able to do the procedure laparoscopically (using a tiny camera and instruments inserted through small incisions). Severe diastases require open abdominal surgery through a larger incision. Unfortunately, in most cases this is considered a cosmetic procedure, so it's generally not covered by insurance. Those that are covered through insurance start at \$8,500 and are only covered if they are deemed medically necessary.

## Can a diastasis recti lead to other health complications?

A diastasis can lead to other problems including chronic low back pain, urinary incontinence, constipation, pain during sex, and pelvic or hip pain.

#### How can I avoid a diastasis?

If you can, it's a good idea to begin doing exercises to strengthen your core before you become pregnant. Once you're pregnant, you can continue some of them through the first trimester. But even gentle core strengthening is largely ineffective once your belly starts to get bigger. In any case, it's likely that staying active can help. Some studies show that women who exercised regularly during pregnancy were less likely to end up with diastasis recti.

#### Is it ever too late to correct a diastasis?

No. With proper care, you can close a diastasis even years after you delivered your last baby. How long it takes to heal depends on the severity of your diastasis (the distance between the separated abdominal muscles and the damage to the stretched connective tissue) as well as your commitment to fixing the problem.

#### **References:**

- 1. Sperstad JB, Tennfjord MK, Hilde G, Ellström-Engh M, Bø K. Diastasis recti abdominis during pregnancy and 12 months after childbirth: prevalence, risk factors and report of lumbopelvic pain. Br J Sports Med. June 2016:bjsports-2016-096065. doi:10.1136/bjsports-2016-096065
- 2. Boissonnault JS, Blaschak MJ. Incidence of diastasis recti abdominis during the childbearing year. Phys Ther. 1988;68(7):1082-1086.
- 3. Sharma G, Lobo T, Keller L. Postnatal Exercise Can Reverse Diastasis Recti. Obstet Gynecol. 2014;123:171S. doi:10.1097/01.AOG.0000447180.36758.7a

©2018 BTL Group of Companies. All rights reserved. BTL\* and EMSCULPT\* are registered trademarks in the United States of America, the European Union and/ or other countries. The products, the methods of manufacture or the use may be subject to one or more U.S. or foreign patents or pending applications. Emsculpt\_CLIN\_Diastasis-Recti\_ENUS100 799-74EMCCLDRENUS100

**EM**SCULPT

