



Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

Evidence Based Intervention

Diastasis Recti Repair

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Policy:

Diastasis recti is the widening of the space between the left and right stomach muscles. It is common and does not usually lead to any complications requiring medical treatment. Physiotherapy is used as the first-line treatment to reduce the space between the muscles, but this may not achieve complete resolution. Evidence post-diastasis recti repair surgery shows sustained improvements in pain, physical and mental wellbeing of those who had repair surgery.

The procedure should not be commissioned for purely cosmetic reasons, but it should be funded if a specific set of criteria are met, as outlined below.

The EBI programme proposes clear, evidence-based criteria for use across England. The expected outcome from the use of these criteria is equitable access to diastasis recti repair, across England.

Clinical overview

Diastasis recti is a widening of the linea alba fascia with lateralisation of the rectus abdominis muscles but with no underlying fascial defect. Essentially, this presents as a gap between the two sides of the rectus abdominis muscle, whereby tissue may herniate through the gap. Diastasis recti is present when the linea alba width is more than 2.7cm at umbilical level, or approximately 1cm above or below the umbilicus (depending on age).

A common cause for this condition is pregnancy. It generally occurs due to a weakening of the abdominal wall muscles. It is not an abdominal hernia and does not carry the same clinical risks as true abdominal hernias.

Criteria

Diastasis recti repair should not be offered for cosmetic purposes alone, but may be considered in patients:

- That require reconstructive surgery following trauma or abdominal wall surgery OR
- With congenital divarication of the recti muscles OR
- With a diastasis of greater than 3cm, with the following sub-criteria: — Where the condition is either disabling or causes significant functional impairment (i.e., significantly affecting ability to carry out normal activities of daily living) AND
- For people who have recently been pregnant, >1 year after childbirth AND
- Have had a six-month trial of abdominal core training physiotherapy.



Expected Outcome

The implementation of this proposed guidance would result in a reduction in unwarranted variation of access across England for diastasis recti repair by standardising the criteria for referral. Overall, there would be an increase in the number of referrals for the consideration of diastasis recti repair.

Rationale for recommendation

Diastasis recti is relatively common and, in most patients, does not lead to any complications that require intervention. Diastasis recti generally present low risk of herniation. However, there is evidence to suggest that these patients may suffer from abdominal pain and discomfort, functional decline & poor quality of life due to reduction in both physical and psychological wellbeing (including e.g., physical perception and/or image satisfaction). There is no evidence of association between diastasis recti and urinary incontinence, voiding symptoms, sexual dysfunction, or low back pain. There is some evidence that diastasis recti may be associated with pelvic organ prolapse. Physiotherapy remains first-line in the treatment of asymptomatic and symptomatic diastasis recti but may not achieve full resolution and symptoms may persist. Long-term trial data has shown improvements in pain, discomfort, and physical and mental wellbeing following surgery.

Information Sources

1. Carlstedt A, Bringman S, Egberth M, Emanuelsson P, Olsson A, Petersson U, Pålstedt J, Sandblom G, Sjö Dahl R, Stark B, Strigård K, Tall J, Theodorsson E. Management of Diastasis of the Rectus Abdominis Muscles: Recommendations for Swedish National Guidelines. *Scand J Surg*. 2020 Sep 28:1457496920961000. doi: 10.1177/1457496920961000
2. Hickey F, Finch JG, Khanna A. A systematic review on the outcomes of correction of diastasis of the recti. *Hernia*. 2011 Dec; 15(6):607-14
3. Mommers EHH, Ponten JEH, Al Omar AK, de Vries Reilingh TS, Bouvy ND, Nienhuijs SW. The general surgeon's perspective of rectus diastasis. A systematic review of treatment options. *Surg Endosc*. 2017 Dec; 31(12):4934-4949
4. Swedenhammar E, Strigård K, Emanuelsson P, Gunnarsson U, Stark B. Long-term follow-up after surgical repair of abdominal rectus diastasis: a prospective randomized study. *Scand J Surg*. 2020 Apr 17:1457496920913677. doi: 10.1177/1457496920913677
5. Benjamin DR, Frawley HC, Shields N, van de Water ATM, Taylor NF. Relationship between diastasis of the rectus abdominis muscle (DRAM) and musculoskeletal dysfunctions, pain, and quality of life: a systematic review. *Physiotherapy*. 2019 Mar;105(1):24-34



6. Fuentes Aparicio L, Rejano-Campo M, Donnelly GM, Vicente-Campos V. Selfreported symptoms in women with diastasis rectus abdominis: A systematic review. J Gynecol Obstet Hum Reprod. 2020 Nov 20;50(7):101995. doi: 10.1016/j.jogoh.2020.101995
7. Van Kerckhoven L, Nevens T, Van De Winkel N, Miserez M, Vranckx JJ, Segers K. Treatment of rectus diastasis: should the midline always be reinforced with mesh? A systematic review. J Plast Reconstr Aesthet Surg. 2021 Jan 31:S1748- 6815(21)00047-4. doi: 10.1016/j.bjps.2021.01.004
8. NHS Bedfordshire, Luton and Milton Keynes CCG. Divarication of the recti (abdominal muscles): surgical correction policy. 2020 Available at: <https://www.blmkccg.nhs.uk/documents/divarication-of-the-rectiabdominal-muscles-surgical-correction/>
9. **NHS East and North Hertfordshire CCG**. Divarication of Recti policy. 2019 Available at: https://www.enhertscg.nhs.uk/sites/default/files/pathways/Divarication%20of%20Recti_0.pdf
10. NHS Bristol, North Somerset and South Gloucestershire CCG Divarication of Recti Policy Available at: <https://bnssgccg.nhs.uk/library/divarication-of-recti-policy/>

Change History:

Version	Date	Reviewer(s)	Revision Description
1.1	01.02.2024	M Skerry	Changed title from References to Information Sources

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