

# The Iskandar Complex Hernia Center

## Hernia Center Educates Community On Diastatis Recti

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The Iskandar Complex Hernia Center, in Dallas-Fort Worth, recently published an article that aims to shed light on the condition known as diastasis recti. Led by Dr. Mazen Iskandar, MD, FACS, the center focuses on repairing recurring or complex hernias, and their insight on the subject can be invaluable due to their extensive experience.

Also known as diastasis rectus abdominis, this term describes a separation between the right and left rectus abdominis muscles. According to Dr. Iskandar, this condition typically presents in pregnant and postpartum women as the abdominal muscles (rectus abdominis) stretch during pregnancy (often in the second or third trimester). However, it can also occur to men and even newborns in certain situations, caused by wear and tear, obesity, and genetic factors.

The article explains, "Along the front of your stomach, the rectus abdominis runs vertically. It is separated into left and right sides by a longitudinal band of connective tissue called the linea alba. The abdominal wall is stretched when the uterus swells and pushes on internal organs during pregnancy, and the linea alba thins and pulls apart. As this band of connective tissue is pushed outward, it becomes wider." A pregnant patient's linea alba may retract into place following delivery, but this tissue sometimes gets less flexible due to the stretching, preventing it from retracting completely into place. This results in a stomach that may

protrude below or above the belly button, and is known as diastasis recti.

About two-thirds of pregnant women have diastasis recti, which may lead to them appearing pregnant well after delivery. Furthermore, having multiple children increases the likelihood of it occurring, and Dr. Iskandar notes this likelihood increases if successive pregnancies occur close together.

The vertical bulge, which may appear above the belly button when the patient rises from laying or sitting down, is the main symptom, but there are other signs as well. This may include constipation, lower back pain, urinary or fecal incontinence, difficulty breathing, discomfort in body movements and a generally weakened core. In addition to affecting the patient's emotional and mental health as a result of a negative body image, it can also affect their quality of life.

Since this article was published by The Iskandar Complex Hernia Center, Dr. Iskandar acknowledges that many might assume diastasis recti is a type of hernia, especially since it is true that a hernia is defined by a gap in the muscular wall that allows the abdomen's contents to protrude. However, the difference here is that diastasis recti is not caused by a tear or defect. The muscles are still intact, they are simply not in the proper position. However, it is true that a coexisting hernia can also be present, and this is precisely the type of complex clinical issue that Dr. Iskandar is trained to address. Most patients who have diastasis recti, notably, do not experience pain and are treated with core strengthening exercises alone.

Patients will typically be given a thorough physical exam by an experienced surgeon in order to diagnose diastasis recti. During the exam, the surgeon will also look for signs of associated hernias, following which they may perform a CT scan to confirm and grade the rectus muscle separation. Ultrasounds have also been shown to be effective in this regard.

Some patients with diastasis recti can rectify the condition with core strengthening exercises. Surgery is typically warranted for patients who also have an associated hernia or more severe separation. Notably, it may also be performed on patients who desire the procedure for cosmetic reasons or have significant weakness in the function of the abdominal wall.

"The success rate for laparoscopic surgery is high," the article states, "as most studies report a 0% recurrence rate 6 months after laparoscopic surgery. A laparoscopic technique is commonly used when diastasis and ventral hernia coexists but the method can also be used when only treating abdominal rectus diastasis." It is worth noting that patients may report greater improvements following surgery than with physiotherapy.

The article provides a great deal more insight on diastasis recti and its treatments. Patients are welcome to read the article in full on The Iskandar Complex Hernia Center's website. Alternatively, they may contact Dr. Mazen Iskandar's team to inquire further or schedule a consultation.

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## **The Iskandar Complex Hernia Center**

*The Iskandar Complex Hernia Center offers complex hernia surgery and advanced abdominal procedures with renowned expertise and unparalleled compassion so that you can enjoy a dramatically improved quality of life.*

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