



# How to bridge the gap: understanding and optimising management of rectus diastasis

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Published online: 7 August 2021  
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The abdominal wall is a fascinating and logical anatomical composite. From an historical and anatomical perspective, its primary role was to protect and retain abdominal viscera, but as the human form developed it gained other essential functions. As man adopted his bipedal posture, the abdominal wall evolved to support the upper torso in a vertical position, thus stabilising the thorax and upper limbs. The paired rectus abdominis muscles balanced and supported the vertebral column, allowing development of strength and flexion of the upper half of the human structure.

In time, the function of the abdominal wall was recognised for its other attributes, namely form and beauty. Since antiquity, the integrity and shape of the abdomen has conveyed multiple messages that include fecundity in the female as well as strength and athleticism in the male. This reflection of health and wellbeing has persisted to the present, and maintaining a robust and aesthetic abdominal wall is now acknowledged as an essential aspect of optimum function and appearance in all genders.

Accordingly, any disruption of this construct can have a significant impact upon the functional and aesthetic status of the abdomen, altering appearance, core strength and impacting upon the individuals physical and mental well-being.

Separation of the rectus muscles, or diastasis recti, represents the most common deformity of the abdominal wall, affecting many women in the early post-partum period. Over time, further separation of the paired rectus abdominis muscles can result in disabling functional limitations as well as changes to the appearance of the patient that may be a source of significant concern and dissatisfaction. Diastasis recti is often accompanied by small additional hernias of the umbilicus and supra umbilical midline. As a consequence, patients increasingly present to both Hernia and

Plastic surgeons to seek repair and restitution of form and function. Each of these disciplines has developed strategies and procedures to address aspects of these deformities, and to some extent, alternative philosophies in the management of these changes.

The pathophysiology of diastasis recti varies between men and women but the outward appearance is similar and characterized by a midline bulge without an appreciable fascial defect. In men, this is correctly managed as a true hernia, with less attention to the aesthetic impact upon the patient, though this is still of importance. In women, this is often managed with plication techniques with or without the use of a mesh.

The papers within this special edition of the *Hernia Journal* have been assembled to illuminate the current state of knowledge on diastasis recti, and how it can be optimally managed. The aim has been to invite recognised experts within this field to share their experience and knowledge. However, the primary objective has been to facilitate a confluence of these different disciplines to optimise patient care and ensure that the impact of this deformity, and its associated sequelae, are both appreciated and addressed using the most effective and safe methods. Accordingly, having contemplated the aetiology and impact of diastasis within the abdominal wall as a whole, the reader is invited to consider the role of both novel technologies and mesh-assisted repairs.

These approaches can often seem quite different, and as such the collection of these appears is both timely and, we hope, informative.

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**Conflict of interest** The authors declare that they have no conflict of interest.

**Ethical approval** For this type of study ethical approval is not required.

**Human and animal rights** This article does not contain any studies with human participants or animals performed by any of the authors.

**Informed consent** For this type of study formal consent is not required.

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