

"Releve Device as Pelvic Therapy for Obstipation and Incomplete Evacuation in a 68-Year-Old Female Patient with Rectocele Grade 2: A Case Report"

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Abstract:

Obstipation and incomplete evacuation are common symptoms in patients with pelvic floor disorders. The Releve device is a non-surgical, non-pharmacologic, pelvic therapy device that has been shown to improve pelvic floor function and relieve symptoms of obstructed defecation. We report the case of a 68-year-old female patient with a history of obstipation, incomplete evacuation, and rectocele grade 2, who was successfully treated with the Releve device. The patient had a history of laxative abuse, urinary incontinence controlled by a transobturator tape (TOT) mesh. After using the Releve device, the patient experienced a complete evacuation feeling and relief of symptoms. This case demonstrates the potential effectiveness of the Releve device as a pelvic therapy for patients with similar symptoms.

Keywords:

Releve device, pelvic floor therapy, obstipation, incomplete evacuation, rectocele, urinary incontinence, pelvic floor disorders

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Patient Information:

A 68-year-old female patient presented with symptoms of obstipation, incomplete evacuation, and the need for self-vaginal digitation and squatty potty. She reported a history of laxative abuse and an average of three (3) stools per week. The patient did not report fecal leakage but did have urinary incontinence, which was controlled by a TOT mesh. Her past medical history included cholecystectomy, gastroesophageal reflux disease (GERD) controlled by proton pump inhibitors (PPIs), and hypertension controlled by angiotensin-converting enzyme (ACE) inhibitors. NHFP was identified during colonoscopy. A rectocele grade 2 was also identified, but no radiology studies were available.

Clinical Presentation:

The patient experienced symptoms of incomplete defecation and constipation. She resorted to self-vaginal digitation and squatty potty to complete bowel movements. The patient reported using laxatives to induce bowel movements, which led to an average of three (3) stools per week. The patient did not report fecal leakage but had urinary incontinence controlled by a TOT mesh. A rectocele grade 2 was identified, but no radiology studies were available.

Intervention and Outcome:

The patient was recommended to use the Releve device as pelvic therapy when incomplete defecation was manifested. After using the device, the patient experienced a complete evacuation feeling and relief of symptoms. The patient reported complete relief of symptoms after using the Releve device.

Conclusion:

The use of the Releve device as a pelvic therapy was effective in relieving symptoms of obstipation, incomplete evacuation, and the need for self-vaginal digitation and squatty potty in a 68-year-old female patient with a history of laxative abuse, urinary incontinence, and grade 2 rectocele. The Releve device can be a potential option for patients with similar symptoms.