

Rehabilitation of Postpartum Associated Pubic Symphysis Diastasis: A Case of Pelvic Pain

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Introduction

- Pubic symphysis diastasis (PSD) after childbirth is rare.
- Complete separation of the pubic symphysis is reported to be within 1:300 to 1: 30,000.
- We present the case of a 40-year-old G3P1011 female at 39 weeks gestation who presented for scheduled labor induction for advanced maternal age.
- Once her 4040 gram baby was delivered, she began experiencing worsening pelvic, tailbone, and lower back spasmodic pain with heaviness in her bilateral legs and urinary retention without numbness or saddle anesthesia.

Objective

Early diagnosis and treatment including rehabilitation exercises of the lumbo-pelvic musculature are essential.

Materials and Methods

- Physical exam revealed brisk but symmetric lower extremity reflexes.
- Hips able to flex 70 degrees. Passive movements of the lower extremities triggered pain.
- Pelvic x-ray showed severe widening of the pubic symphysis.
- Pelvic binder initially placed before an open reduction internal fixation of the pubic symphysis and screw fixation of bilateral sacroiliac joints were done.
- She was touch-down weight bearing to left leg and weight bearing as tolerated to right leg.



Figure 1: Pelvic CT showed diastases of the symphysis pubis measuring 4.3 cm.



Figure 2: Pelvic x-ray showed severe widening of the pubic symphysis measuring up to 5 cm.

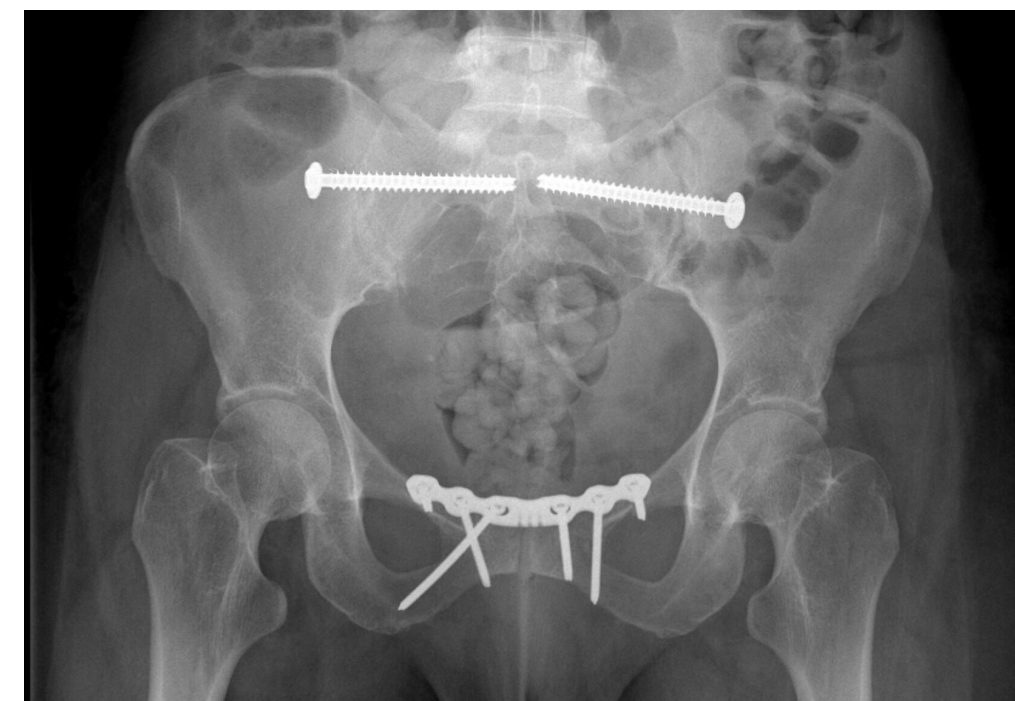


Figure 3: Pelvic x-ray showed internal fixation of the bilateral sacroiliac joints and pubic symphysis.

Results

- Patient improved after a 14-day rehabilitation course complicated by constipation, urinary tract infection and yeast infection.
- Therapeutic exercises centered around pelvic tilt, quads, ankle pumps, core setting, partial squats and neuromuscular re-education.
- Initially, pain managed with anti-inflammatory medications, baclofen, gabapentin and oxycodone acetaminophen.
- Day 3 hydromorphone and morphine replaced oxycodone acetaminophen due to multiple breakthrough pain episodes.
- Day 5 hydromorphone was discontinued.
- Day 13 the patient demonstrated improvement in her functional status with minimal pain.
- All analgesics discontinued except anti-inflammatory medications. By discharge, the patient regained the ability to ambulate 100 feet with the assistance of a rolling walker and axillary crutch.

Conclusion

Acute rehabilitation of postpartum PSD requires a multi-disciplinary approach of Physiatry, Pain Management, Obstetrics, and Orthopedics for optimal recovery.

Reference

Howell ER. Pregnancy-related symphysis pubis dysfunction management and postpartum rehabilitation: two case reports. J Can Chiropr Assoc. 2012 Jun;56(2):102-11. PMID: 22675223; PMCID: PMC3364059.