Service evaluation of management of Obstetric Anal Sphincter Injuries

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Abstract

Objective:
Obstetric Anal Sphincter Injuries (OASI) complicates 1.7-18% of vaginal deliveries (VD) [1]. Most women (60–80%) become asymptomatic within a year [2] but run the risk of recurrence in future VDs besides long-term anal/fecal incontinence with severe tears [3].
The Royal College of Obstetricians and Gynaecologists (RCOG) introduced a care bundle, recommending better communication with women, revisiting the role of episiotomy, the importance of manual perineal protection (MMP) and the significance of post-partum rectal examination.
Consequently, a service-development project was conducted in our unit to assess our compliance to the national recommendations [2,4].

Method:
Retrospective audit, in a district hospital, examining OASI incidents over a six-month period (01/01/2020- 30/06/2020) and used the RCOG standards [2].

Results:
Among 516 VD, 29 (5.6%) sustained OASI (Table 1). Most women were primiparous (n=22; 75.9%) and spontaneous VD (SVD). 5 (17.9%) had an episiotomy and 6 (20.7%) received MMP.
All tears were diagnosed and repaired by the on-call registrars and all the surgical and post-operative plans have been identical in every case.
There was a positive correlation between the mode of delivery and the length of both labour stages, first (Spearman's; r=0.39, p= 0,04) and second (r=0.43, p= 0.02). Neither the maternal nor fetal weights influenced the delivery mode (Figure 1.)

Discussion:
The OASI incidence was higher than the national average (2.9%)[2]. Managements followed the guidelines, while improvement was required in the preventative strategies. Interestingly, most OASI were associated with primiparity and SVD, something already advocated in recent literature [5].
Understandably, the OASI bundle was put into practice and special training was offered to all clinical staff in order to familiarise themselves with its elements.

Conclusions:
OASI remains a common obstetric complication but evidence suggests that with proper preventative methods and thorough management the incidences can be reduced and the complications avoided.

Grade of tear	Frequency	%
3a	19	65.5
3b	7	24.2
3c	2	6.9
4	1	3.4

Table 1: Incidence of OASI.
As it is noted in the table, most injuries were 3a (65%) while severe OASI was quite rare, despite the number of cases.

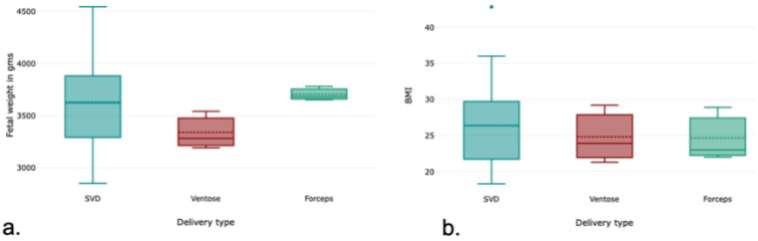


Figure 1: The effect of fetal and maternal weight on the mode of delivery.
Neither the fetal weight (a.) nor the maternal body mass index (BMI) (b.) showed any statistically significant effect on the mode of Delivery. The data is plotted in box and whiskers with minimum and maximum values, mean, median and third quantiles.

References

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Photograph



Biography

Dr Karyna Trull graduated from Manchester University in 2020. In 2018 she completed a Masters in Healthcare Ethics and Law. Currently she is working as a foundation doctor in Scunthorpe General Hospital. Obstetrics and Gynaecology was part of her training rotation.

Notes/Comments:
This abstract is being submitted for oral presentation only.