

Perineal Wound Dehiscence Audit

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Introduction

Perineal trauma is common affecting 85% of vaginal births. The exact incidence of wound dehiscence post-repair is difficult to pinpoint. A systematic review published in 2019 aimed to establish the rate, however due to heterogeneity amongst studies particularly regarding definitions, they reported a wide variation between 0.21% to 24.6%.

A perineal dehiscence has both short and long term distressing consequences to the woman including infection, sepsis, readmission, return to the operating theatre, separation from the infant, tocophobia, granulation tissue formation and disfigurement, pelvic floor dysfunction, dyspareunia and chronic pain. It is therefore a significant issue and prevention is of utmost importance.

Objectives

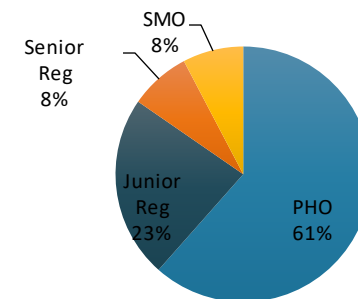
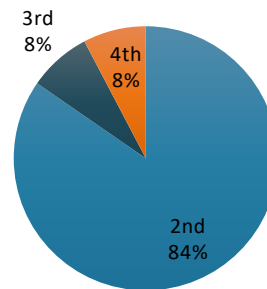
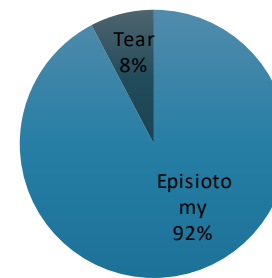
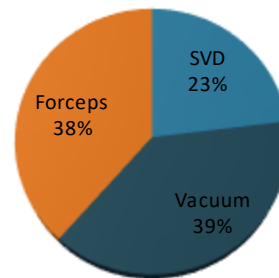
A subjective increase in perineal wound breakdowns was noted at our hospital. The aim of this audit was to evaluate the dehiscence rate at GCUH, compare to the acceptable standard, identify potential contributing factors and areas for improvement.

Methods

A 12-month period from 01/05/2019 until 01/05/2020 was reviewed. Data was collected using theatre records, clinical coding and via clinician reporting. Patient demographics were collected along with delivery and repair details.

Results

1776 women required any form of suturing. 13 cases met criteria for inclusion this audit. This results in a dehiscence rate of 0.007%. Patient demographics were not a contributing factor to wound breakdown: most patients were in the healthy BMI range, young, non-smoker, non-diabetics. Episiotomies were at are higher risk of dehiscence. Skill level seemed to be a contributing factor with an over-presentation of junior clinicians being involved in cases. 7 cases were managed with secondary repair in the operating theatre. 6 were managed conservatively



Conclusion

The rate of wound dehiscence was 0.007%. This did not exceed the rate in the literature of 0.21%, although it was difficult to find Australian data for comparison. Episiotomies are at greater risk of wound breakdown.

Recommendations

The recognition of junior practitioners being overrepresented led to a new accreditation process. All RMO/PHO's performing any suturing were required to be supervised for at least 3 repairs prior to being signed off to practice independently. All junior practitioners were required to complete an online perineal repair module. Vicryl was introduced to birth suite – previously only vicryl rapide available. The ANODE trial evidence was adopted in December 2019. Education and compliance to this recommendation was emphasized. We recommend repeating this audit 12 months from conclusion.

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