

Compliance to local and international guidelines in the repair of obstetric anal sphincter injuries

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INTRODUCTION:

Obstetric anal sphincter injuries (OASIS) are a term used to describe a third-degree tear (involvement of the anal sphincter) or fourth-degree tear (involvement of the anal sphincter and anal mucosa) to the perineum after childbirth. In Australia, 3% of women who have given birth vaginally have had a third- or fourth-degree tear¹. Accurate detection and appropriate repair of OASIS is important to minimise the risk of infection, blood loss, pain and incontinence, as well as long-term complications.

METHOD:

This retrospective, observational study reviews all OASIS tears in Wollongong Hospital, New South Wales, Australia. Practice points regarding location of repair, use of laxatives, antibiotics, mode and suture material used, physiotherapy involvement and postoperative follow up were derived from local/national guidelines, as well as international guidelines from the American Congress of Obstetricians and Gynecologists² and Royal College of Obstetricians and Gynaecologists³. Clinical documentation, operation reports and medication lists were reviewed to check compliance to practice points regarding repair from each guideline.

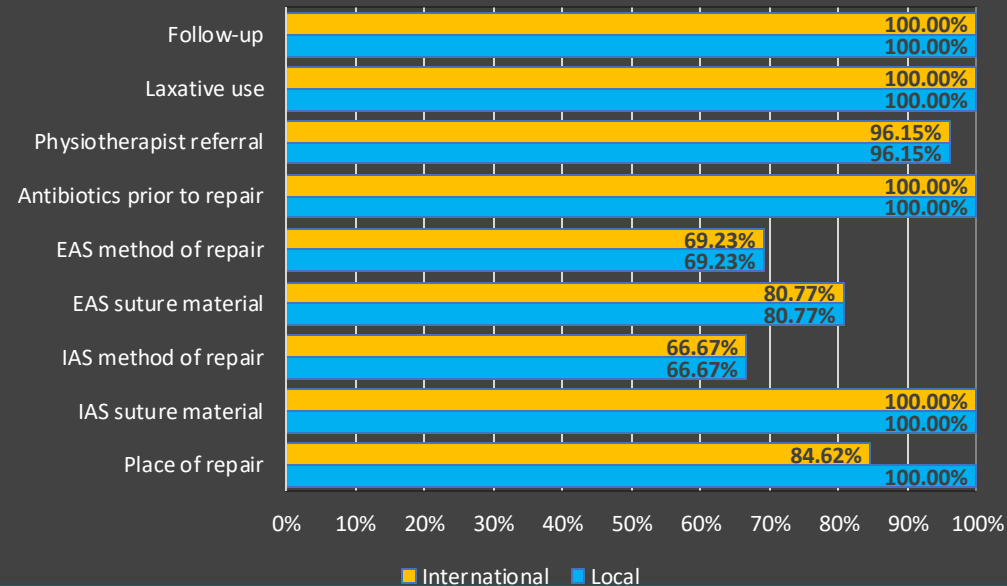
RESULTS:

Twenty six patients with OASIS were included from 1 January 2020 to 30 June 2020. Patient medical records were reviewed individually to ascertain if clinical management followed local and international guidelines. The audit found that there were some pitfalls in repair of OASIS in some domains of repair. 85% of OASIS repairs were carried out in the birthing suite. Intraoperatively, the rates of discordance with recommended technique and suture material were higher. All IAS tears were sutured with the recommended 3-0 PDS. However, the choice of EAS suture and method of repair had compliance rates of 80% and 69% respectively.

DISCUSSION:

It is important that guidelines are followed with OASIS repair. Complications following OASIS repair can have significant adverse outcomes on women. Our audit found that intraoperative compliance to guidelines were varied. Reassuringly, some post-operative measures followed guidelines with a 100% compliance rate in laxative use and gynaecology outpatient follow-up.

The strength of this study is that it highlights the importance of delivering consistent, evidence based care in practice. This study hopes to act as a foundation for future research in comparing the different approaches in repair of OASIS. The limitation of this study is that as a retrospective study, data obtained relies on the accuracy of information entered by health providers at the time of OASIS repair.



CONCLUSION:

Clinical guidelines can improve health outcomes and promote interventions of proven benefit. It is important to deliver consistent, evidence based care in clinical practice.

REFERENCES:

- 1) Australian Institute of Health and Welfare (2020). National Core Maternity Indicators: Third and fourth Degree Tears
- 2) American Congress Of Obstetricians and Gynecologists (2016). Practice Bulletin 165 - Prevention Of Obstetric Laceration At Vaginal Delivery
- 3) Royal College of Obstetricians and Gynaecologists (2015). Green Top Guideline No 29. Management of Third and Fourth Degree Perineal Tears

