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PREDICTIVE FACTORS FOR ANAL INCONTINENCE IN WOMEN WHO EXPERIENCE OBSTETRIC ANAL SPHINCTER INJURY

Hypothesis / aims of study

10% of women with obstetric anal sphincter injury (OASIS) experience faecal urgency or incontinence symptoms. These women often have caesarean sections with subsequent pregnancies. We aimed to determine predictive factors for bothersome anal symptoms in women with OASIS to look at preventive measures.

Study design, materials and methods

A proforma was developed to be completed by the accoucheur at the time that an OASIS was detected. The data collected described events leading up to the OASIS and grading of the tear. Data including length of pushing (compared to length of second stage), and position of head at birth, were included. All women with OASIS were seen in a dedicated perineal clinic by eight weeks post partum and underwent anorectal physiology (ARP) testing at six months postpartum. Symptoms of faecal incontinence at the first visit (6-8 weeks post partum) defined as any score above zero using a Wexner Score. Furthermore women were asked if they experienced any faecal urgency. Only primiparous women were included in the analysis.

Results

198 primiparous presented with OASIS. At 6-8 weeks post partum 26.3% were symptomatic. Univariate analysis suggested women who pushed for more than 60 minutes were more likely to have symptoms ($P=0.003$), as were women with higher grade tears (grade 3b,c,4) ($P=.047$). Instrumental delivery was associated with higher grade tears ($P=.011$), but using multivariate analysis, larger tears were more likely when pushing for more than 60 minutes was combined with instrumental delivery ($P=.008$). 52% of women analysed were of Asian in origin compared to 21% being Asian in the demographic of pregnant women at the hospital. Episiotomy was not associated with symptoms.

Interpretation of results

Women with symptoms after OASIS are more likely to have pushed for greater than 60minutes. This differs to second stage length. Instrumental delivery in women with prolonged pushing, results in a higher incidence of grade 3b,c and 4 tears.

Concluding message

We theorise that a long second stage and instrumental delivery are surrogates for a tight pelvic fit leading to greater perineal injury to achieve a vaginal birth. We require more research to predict a tight fit prior to women presenting in this predicament during labour.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	This is an audit based on data collected on hospital forms and at a clinic.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No