

'WHAT DOES ASYMPTOMATIC POST OBSTETRIC ANAL SPHINCTER INJURIES REALLY MEAN'?

Hypothesis / aims of study

Obstetric Anal Sphincter Injuries (OASIS) are associated with significant morbidity including perineal pain, faecal incontinence and dyspareunia. The physical and psychological effects of these complications have a significant negative impact on the patient's quality of life

The main objectives of this study were two-fold:

1. to assess characteristics of women who sustain OASIS,
2. to determine the incidence and factors associated with the subsequent development of bowel, urinary and sexual symptoms.

Study design, materials and methods

Design: Prospective cohort study

Methodology:

Setting: a large tertiary referral obstetric unit. All women who sustain OASIS are reviewed in a multi-disciplinary Perineal Clinic at 3-months post-partum. Details of bowel, urinary and sexual function are documented using a structured questionnaire. Examination findings are recorded. Data was manually reviewed and recorded in an Access database.

This study includes 124 consecutive women who attended this clinic over a 2-year period (January 2009 -February 2011)

Results

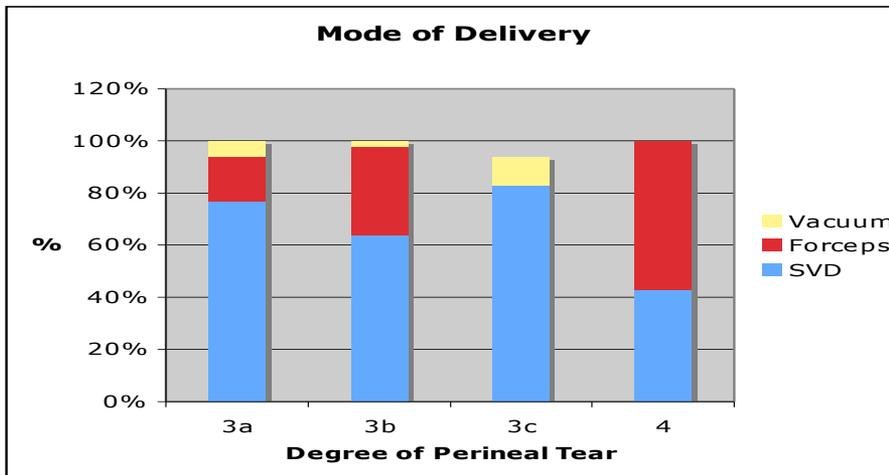
67% of our cohort sustained OASIS during their first vaginal birth, including 11 women who had previously delivered by Caesarean Section (9%). Forty women (32%) have previously given birth vaginally. One woman had previously had an OASIS, was asymptomatic following this, and had decided to deliver vaginally again.

87 (70%) women had spontaneous vaginal delivery (SVD), 24% required forceps delivery, and 5% vacuum delivery.

38% of the women had a grade 3a tear, 36% grade 3b, 15% grade 3c, and 6% had sustained a 4th degree perineal tear. 5% of women had not had the degree of perineal tear documented.

Graph 1 shows the distribution of mode of delivery for each grade of OASIS.

Graph 1.



The presence and severity of pain symptoms was correlated with the different degrees of perineal trauma at birth (Table1).). Forty-six (37%) of women described some degree of pain at review.

Table 1: Location of pain reported following OASIS at follow-up visit.

	3a	3b	3c	4
Perineal pain:	10/47	6/44	2/18	0
Mild	19%	11%	11%	0
Moderate	2%	2%	0	0
Severe	0	0	0	0
Dyspareunia	9%	16%	17%	0
Pain on defecation	26%	16%	6%	0

In our cohort women reported a variety of both bowel and urinary symptoms. Bowel symptoms included: altered bowel habit, faecal urgency and urge incontinence, passive incontinence to flatus and liquid stool. No women in our study had passive

incontinence of solid stool. Urinary symptoms identified were those of stress incontinence, increased frequency of micturition and symptoms of urgency (Table 2).

Table 2: Bowel and urinary symptoms following OASIS.

Perineal Tear	Altered bowel habit	Faecal Urgency	Faecal Urge Incontinence	Passive Anal Incontinence (flatus)	Passive Anal Incontinence (liquid stool)	Urinary symptoms
3a	4%	15%	2%	9%	0%	32%
3b	2%	11%	5%	7%	0%	23%
3c	17%	28%	0%	17%	6%	11%
4	0%	14%	0%	14%*	14%*	0%

* Passive anal incontinence of both flatus and liquid stool in the same patient.

56/124 (45%) of women described some bowel complaint and thirty women (24%) – some urinary symptom. Sexual complaints were present in 32/124 (26%) women in our study at the follow-up visit. Only 32/124 (26%) of women following OASIS had no symptoms of any kind at their follow-up visit.

All women attending Perineal Clinic had already been seen by a physiotherapist following delivery for initial assessment and management. Seventy one (57%) women had a further physiotherapy assessment at the Perineal clinic and had a further physiotherapy programme commenced.

Four women (3%) were subsequently seen in Urogynaecology clinic for treatment of persistent urinary symptoms. Seven women (6%) were followed-up in Combined Colorectal Clinic for further management of ongoing bowel symptoms.

Interpretation of results

Even though only 45% of women had ongoing bowel symptoms at follow-up 74% of women seen following OASIS did have some type of bothersome complaint.

Most however were successfully managed with time and targeted physiotherapy with only 6% actually needing further surgical assessment.

Concluding message

Obstetric anal sphincter injury is associated with significant morbidity, not just relating to bowel symptoms. Planned follow-up of all these women in multidisciplinary clinic setting allows for effective one-stop management of ongoing symptoms and complications. Adequate assessment of women that sustained OASIS at birth using a structured questionnaire helps to identify any ongoing issues the patient may have.

References

1. RCOG, Green Top Guideline No.29, 2007

Specify source of funding or grant	none
Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	the study was an assessment of standard current practice and therefore ethical approval not thought
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	No