

OBSTETRICAL ANAL SPHINCTER INJURIES: A SURVEY OF CLINICAL PRACTICE AMONG CANADIAN OBSTETRICIANS

Hypothesis / aims of study

Obstetrical anal sphincter injury (OASIS) sustained at vaginal delivery is the leading cause of fecal incontinence among women of reproductive age. Missed diagnoses, lack of expertise, poor technique and inadequate training have all been suggested as reasons for the high rate of persistent symptoms after primary repair(1).

The aim of this study was 1) to describe the current practice, experience and confidence among Canadian Obstetricians in the repair of OASIS, 2) to determine if current local protocols on the repair of OASIS are being implemented in Canada, and 3) to explore whether Canadian Obstetricians would benefit from national clinical practice guidelines on OASIS repair. Our hypothesis was that the current practice, experience and confidence in OASIS repair varies widely within Canada, and that local protocols are not being used.

Study design, materials and methods

A cross-sectional survey of 25 questions was distributed electronically among 665 Obstetricians and Gynecologists across Canada between December 2010 and January 2011. The survey was developed by the authors using a secure internet-based survey tool, with the question content based upon the guidelines on the repair of third and fourth degree perineal tears by the Royal College of Obstetricians and Gynaecologists(2). The survey was tested for reproducibility among 40 Canadian Obstetricians and Gynecologists on two occasions, 3 months apart. The results were shown to be reproducible, and the survey was approved for national distribution by the Society of Obstetricians and Gynecologists of Canada (SOGC). Electronic survey responses were accepted until March 30, 2011.

Results

There were 197 respondents to the survey for a total response rate of 29.6%. Forty nine respondents (25%) indicated that they do not currently practice Obstetrics, leaving 148 (75%) Obstetricians to complete the remainder of the survey. The sample of respondents was geographically representative of the Obstetricians across Canada, with the number of responses collected from each province proportional to the distribution of the population. When asked to estimate the number of repairs performed in the last year, 62% indicated that they performed less than 10 repairs of third degree lacerations, and 77% repaired fewer than 5 fourth degree lacerations. Confidence levels in the identification of OASIS were reported to be high with 78% indicating that they are "very confident" and 22% responding as "confident". However, rates of confidence in repairing sphincter lacerations were slightly lower, with 95% indicating they are either "very confident" or "confident" and 5% choosing either "not very confident" or "not at all confident". 12% felt that their residency training did not adequately prepare them to perform OASIS repairs. When an apparent second degree laceration has occurred, 52% of respondents do not perform a rectal examination. The majority of OASIS repairs are performed in the delivery room (90%) as opposed to the operating room, under local (60%) rather than regional or general anaesthetic. 70% of respondents perform an end-to-end repair of the external anal sphincter rather than an overlapping repair, and 36% will repair the internal anal sphincter separately, if lacerated. 93% of Obstetricians responded "No" when asked if their local hospital currently has a protocol guiding OASIS repair, and 96% felt that Canadian national guidelines on OASIS repair would be helpful in their practice.

Interpretation of results

Numerous aspects of OASIS repair recommended in previously published guidelines are currently not being followed by the Obstetricians across Canada.

Concluding message

The current practice and experience among Canadian Obstetricians in the repair of OASIS varies. The need for an increase in awareness, national practice guidelines and standardization of care has been suggested.

References

1. Fernando RJ, Sultan AH, Radley S, Jones PW, Johanson RB. Management of obstetric anal sphincter injury: a systematic review & national practice survey. BMC Health Services Research 2002; 2(9).
2. Fernando RJ, Williams AA, Adams EJ. The management of third and fourth degree perineal tears. Green Top Guideline No. 29. Royal College of Obstetricians and Gynaecologists, March 2007.

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| Was this study approved by an ethics committee? | Yes |
| Specify Name of Ethics Committee | Mount Sinai Hospital Research Ethics Board |
| Was the Declaration of Helsinki followed? | Yes |
| Was informed consent obtained from the patients? | Yes |