

AUDIT OF INCIDENCE AND MANAGEMENT OF OBSTETRIC ANAL SPHINCTER INJURIES (OASIS)

Hypothesis / aims of study

To review the incidence of Obstetric Anal Sphincter Injuries (OASIS) in our unit and our compliance of their management against RCOG and local guidelines. This forms a spiral audit comparing the results with previous audits (2004 & 2006). Perineal tear-repair time was also looked into in women who had OASIS during that period.

Study design, materials and methods

A retrospective study from January - September 2010. 2918 women delivered vaginally during these 9-months. 101 women (3.5%) were identified with OASIS from birth records and theatre logs. Incidence and mode of delivery were obtained from this. 98 casenotes (97%) were reviewed to obtain remaining data. The proforma was designed according to RCOG green top guideline and local protocol.

Results

The incidence of OASIS (Figure 1) has increased dramatically. This is mostly due to an increase in OASIS during Spontaneous Vaginal Deliveries (Figure 2).

There was evidence of consultant presence in 48%. This is less than previous audits. Where consultant was not present, 81% had no evidence of consultant informed. 71% of repairs were done by senior trainees, 15% by junior trainees (supervised by consultants) and 13% by consultants.

19% of women waited over 3 hours for repair. All cases were done under regional or general anaesthesia. 99% were done in theatre (95% in 2006 / 89% in 2004).

The degree of tear was not documented in 7%. Documentation of suture materials and repair methods was again poorer than in previous audits. This was in spite of a Pan-Regional booklet for obstetric documentation.

80% had intraoperative antibiotics (82% in 2006 / 79% in 2004). 96% had post operative antibiotics (100% in 2006 / 96% in 2004). 98% had urinary catheters post-op (80% in 2006 / 46% in 2004). 98% had laxatives prescribed (100% both 2006 & 2004).

Interpretation of results

Incidence of OASIS almost doubled from 2006 and tripled from 2004. 67% occurred in spontaneous vaginal deliveries, a marked rise from 43% in 2006 and 46% in 2004.

The majority of repairs are done by trainees (86%). There has been good compliance on OASIS repair in theatre, the anaesthesia used and post operative management.

Documentation has been poorer in terms of the degree of tear, method of repair and material used. Compliance on intra-operative antibiotics had also been poorer compared to previous audits.

There are no standard or guideline regarding maximum tear-repair time in our unit. With about one fifth of women with OASIS waiting for over 3 hours for repair, a standard needs to be set.

Concluding message

Incidence of OASIS has risen dramatically. This is mainly due to rates in SVD's. Whether this is a true rise in incidence or better recognition is uncertain. A lead midwife in OASIS has been appointed to co-ordinate patient care, protocol compliance, audits and delivering training to midwives.

Documentation is poorer, despite the introduction of a standardized delivery booklet. A guideline for maximum delay in repair time has been recommended (3hours).

Figure 1: Graph showing incidence of OASIS

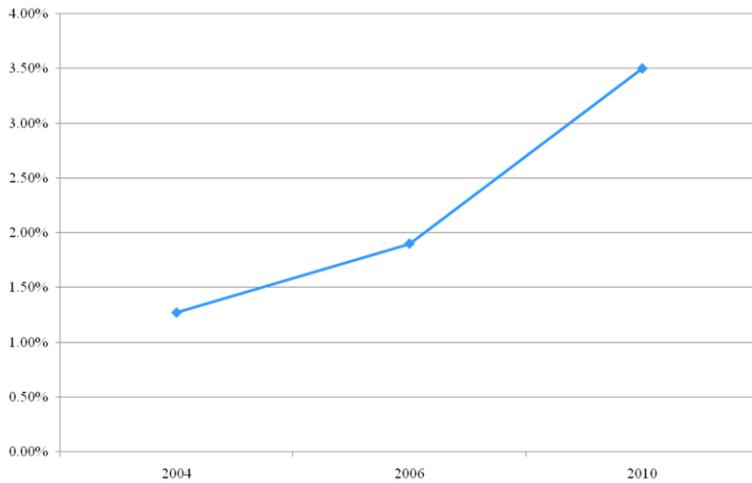
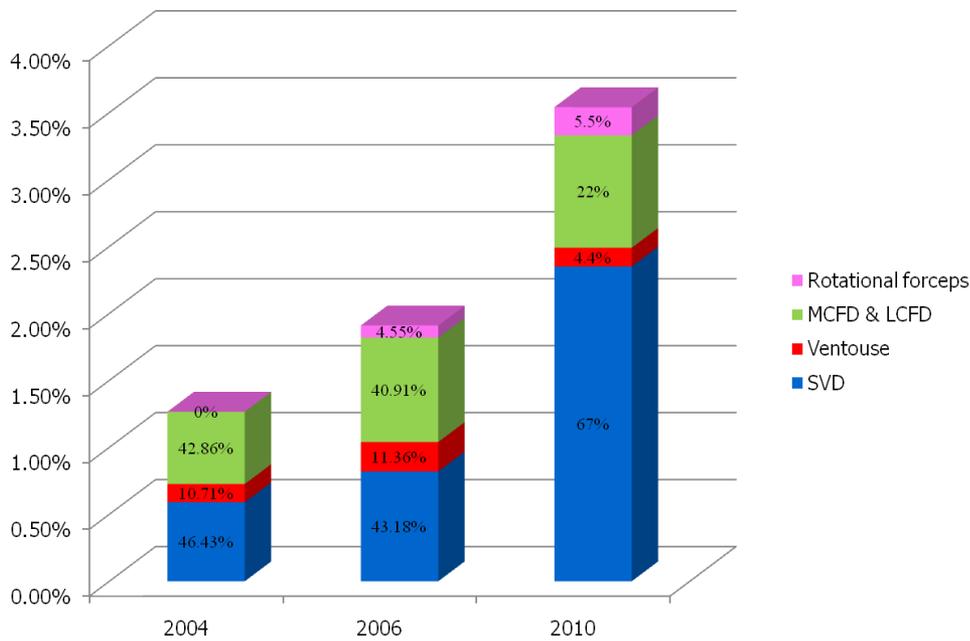


Figure 2: Graph showing mode of delivery of OASIS



References

1. RCOG green top guideline no.29 The management of third and fourth degree perineal tears.

<i>Specify source of funding or grant</i>	nil
<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>	It is a retrospective case study audit.
<i>Was the Declaration of Helsinki followed?</i>	No
<i>This study did not follow the Declaration of Helsinki in the sense that</i>	It is a retrospective case study audit.
<i>Was informed consent obtained from the patients?</i>	No