

## OBSTETRIC ANAL SPHINCTER TEARS - AN APPRAISAL

### Hypothesis / aims of study

This study was aimed to determine the trend in the incidence of anal sphincter tears over 3 years (2004-2006), its incidence in different types of delivery, to find out if there is any difference in its incidence in the midwife led units with low risk patients as compared to the consultant led units with high risk patients and to audit local practice against the green top guidelines for management of sphincter tears.

### Study design, materials and methods

The data for this retrospective study was collected and analysed from the obstetric database and risk management forms. Incidence of third degree tears in 2004, 2005 and 2006 was looked at. In addition the profile of patients with sphincter tears and their intra-operative and post-operative management were also studied in 2006.

### Results

The incidence of sphincter tears was 0.9% in 2004, 2.4% in 2005 and 3.5% in 2006. In the consultant led unit, the total number of births was 2006 in 2006. The prevalence of the different types of delivery in the midwife led unit and consultant led unit is illustrated in figure 1. The percentage of third degree tears associated with each specific type of delivery is depicted in figure 2. 42 of the 98 anal sphincter tears were in the mid-wife led unit and the remaining was in the consultant led unit. There was 100% compliance in the intra-operative management of anal sphincter tears with the green top guideline.

### Interpretation of results

As documented in literature, Fifty percent of women with anal sphincter tears suffer from anal incontinence. This has a potential implication on the quality of life of young women. There has been a rising trend in third and fourth degree perineal tears from 2004 to 2006. This has largely been attributed to better identification and recognition by medical and mid-wifery staff. Amongst the spontaneous vaginal delivery group in 2006, it was noted that the incidences were almost identical in the consultant led unit (3.1%) and mid-wife led unit (2.8%). This was in spite of the fact that the consultant led unit had high risk patients with epidural anaesthesia, postdatism, increased BMI, large babies and prolonged labour needing augmentation. Whether this is a reflection of different postures adopted at delivery by the patients in the midwife led unit is unclear (1). The incidence was highest with Keillands rotational forceps deliveries (19%) and lowest with Ventouse (0%) (2). All patients with recognised anal sphincter tears were reviewed and sutured by medical staff. Repair was conducted in the operating theatre using the recommended suture material and technique. Patients were prescribed post-operative antibiotics and laxatives. They were given a follow-up appointment in 6 weeks (3).

### Concluding message

It is of concern to see an increasing trend in the incidence of anal sphincter tears especially with rotational forceps although it is reassuring to note good compliance with local guidelines. The current list of risk factors for third degree tears may not be complete and naturalisation of labour does not necessarily eliminate the risk factors in labouring women.

### References

1. BJOG (2007 Oct) 114(10):1266-72
2. Am J Obstet Gynecol (2006 Sep) 195(3):749-54
3. <http://www.rcog.org.uk> (greentop guideline 29)

Figure 1:

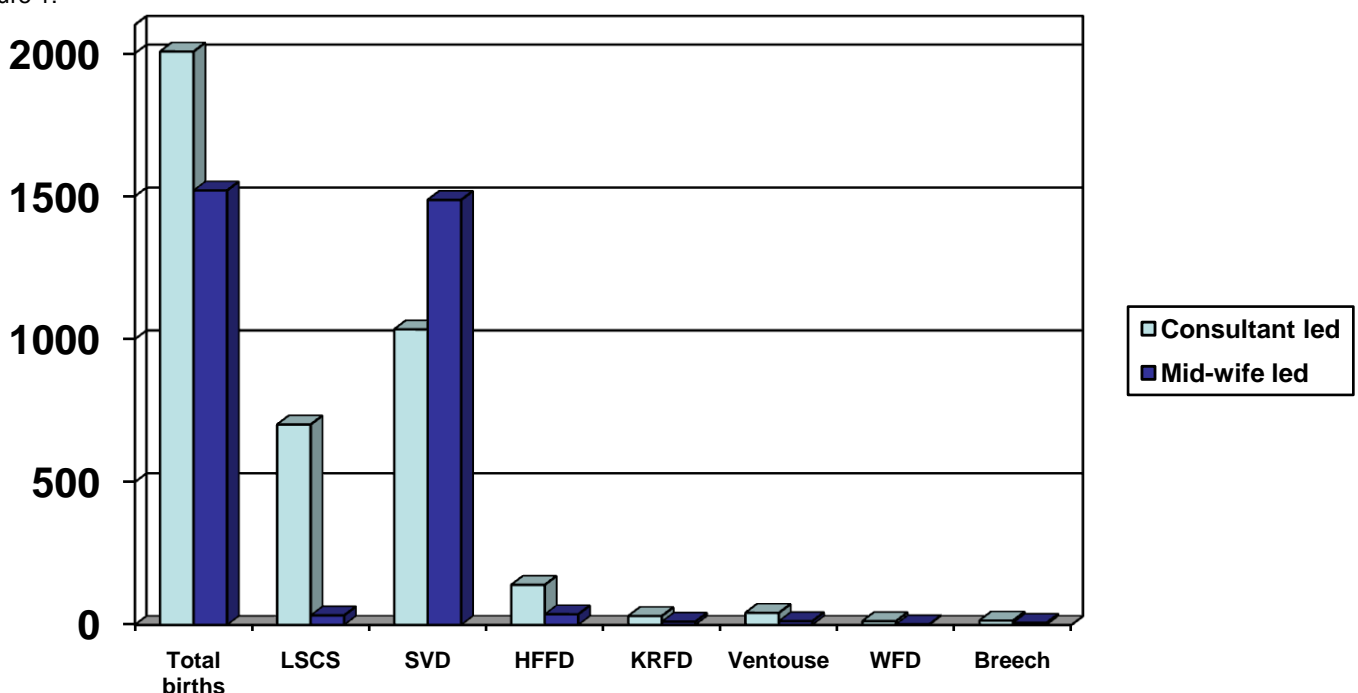
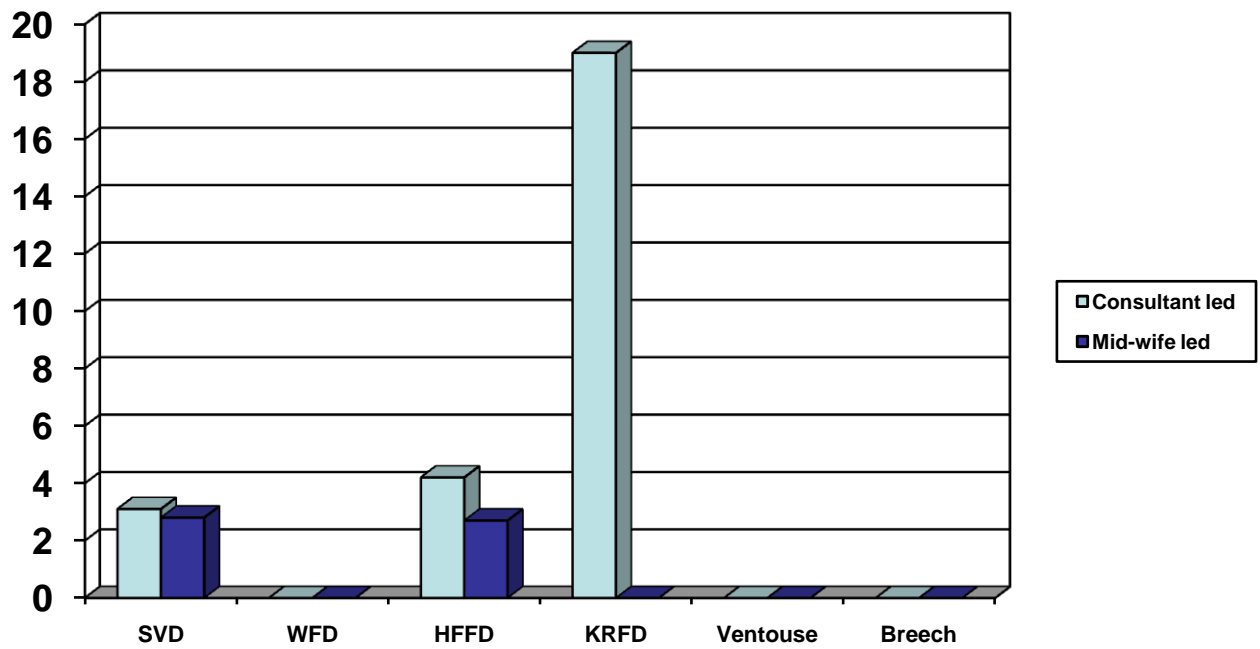


Figure 2:



<i>Specify source of funding or grant</i>	None
<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 eithics committee approval because</i>	No ethical approval was needed as this is a part of the local 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 was not required.
<i>Was informed consent obtained from the patients?</i>	No