

## SEXUAL FUNCTION AT 3 MONTHS FOLLOWING OBSTETRIC ANAL SPHINCTER INJURY (OASIS)

### Hypothesis / aims of study

OASIS has been suggested as a reason to delay intercourse and is associated with dyspareunia<sup>1</sup>. Most studies indicate that 90% of women have resumed intercourse by 3-4 months postnatally.

Obstetric anal sphincter injury (OASIS) affects about 2.9% of primiparous women who deliver vaginally.

This study aims to identify factors that may affect resumption of intercourse and dyspareunia in women with OASIS at 3 months postpartum. This study also aims to compare if there is a difference in resumption of intercourse and dyspareunia in women with or without anal endosonography (AES) confirmed sphincter injury.

### Study design, materials and methods

Between June 2008 and January 2010 all women with a clinical diagnosis of OASIS were followed up at a dedicated clinic three months postpartum for assessment as per hospital policy. Details of their bowel, bladder and sexual function were documented and a three-dimensional anal endosonography (AES) was performed.

Women were asked if they had resumed sexual intercourse by twelve weeks. Women that reported sexual activity were asked if they suffer with dyspareunia.

We hypothesized that women with OASIS confirmed on AES would be less likely to report sexual activity and if sexually active, would report dyspareunia.

### Results

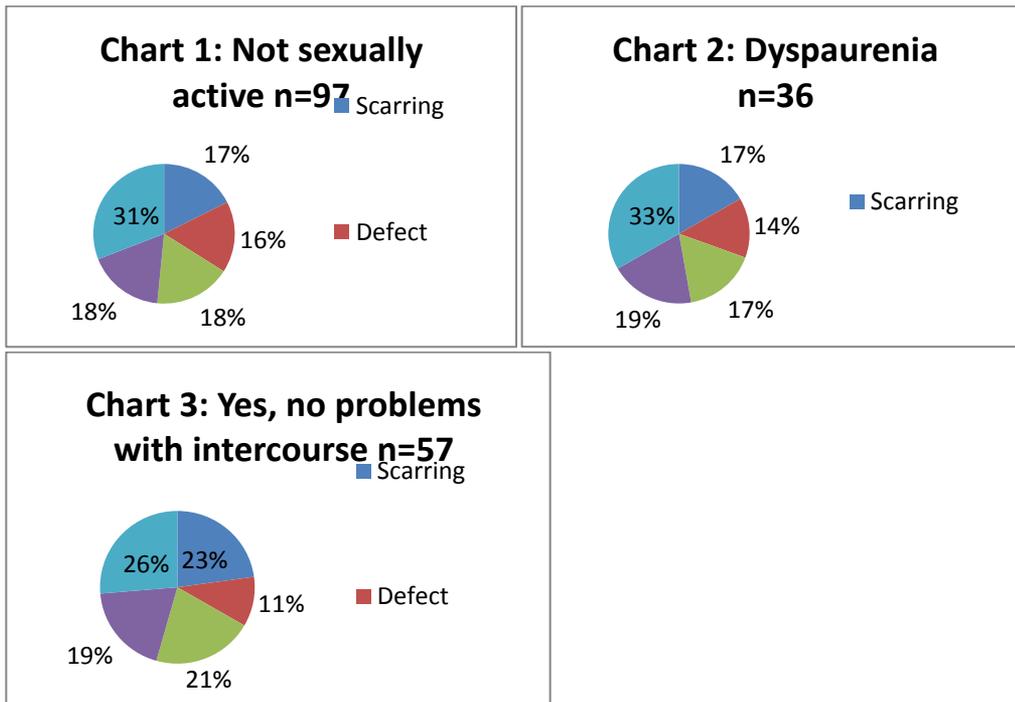
203 women were referred to the dedicated OASIS clinic. Information about sexual function was available for 190 and 152 (74.8%) were primiparous.

Of the 190 women, 97 (51%) were not sexually active, 36 (19%) reported dyspareunia and 57 (30%) reported no problems.

AES results were available for all patients (n=203). 67 (33%) had no injury to the anal sphincter complex and is in keeping with previous published data<sup>2</sup>.

Of the 190 where sexual function data was available, 133 (70%) had a confirmed anal sphincter injury on AES and 57 (30%) had no injury. There was no statistical significant difference in the percentages of women resuming intercourse in patients with or without AES confirmed sphincter injury.

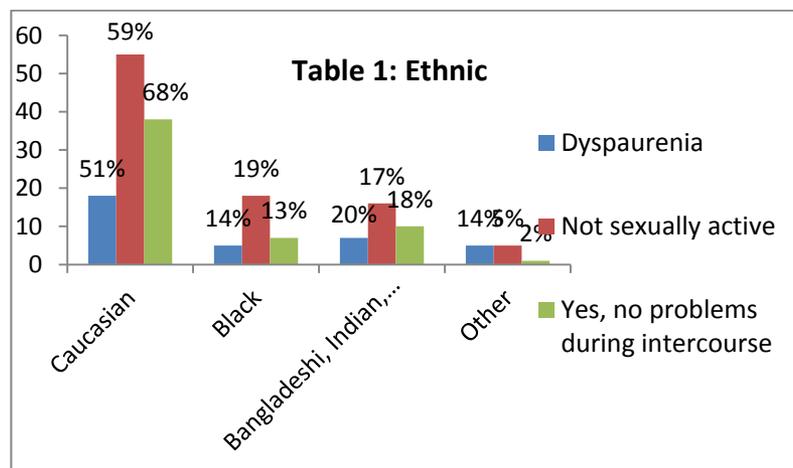
The following charts show the incidence of scarring, defect, evidence of overlap and end-to-end repair among and external anal sphincter injury (EAS) and internal sphincter injury (IAS), and no sphincter injury in the three different groups.



42 (43%) women of the not sexually active group had a mediolateral episiotomy, 61 (62.8%) delivered in a lithotomy position and 44 (45.3%) had an instrumental delivery.

Out of the 36 that reported pain during intercourse, 12 (33.3%) had a mediolateral episiotomy, 23 (63.8%) delivered in a lithotomy position and 13 (36.1%) had an instrumental delivery.

From the group of women that reported no pain during intercourse, 24 (42.1%) had a mediolateral episiotomy, 38 (66.6%) delivered in a lithotomy position and 28 (49.1%) had an instrumental delivery. Table 1 shows the ethnicity of the women in this study.



#### Interpretation of results

In this study, dyspareunia and resumption of intercourse following OASIS were not significantly associated with episiotomy, instrumental delivery, degree of perineal tear, type of repair, maternal's position during second stage and ethnicity and is in line with previous published research<sup>3</sup>. There was also no difference between women with a confirmed anal sphincter injury on AES and those with intact anal sphincters.

Dyspareunia and lack of sexual activity at three months following obstetric perineal injury may be related to the experience of vaginal birth and trauma to the perineum and other factors such as transition to parenthood, breastfeeding and the existence of pre-pregnancy sexual dysfunction.

#### Concluding message

At three months postpartum, 49% of women with endosonographic evidence of OASIS have not resumed intercourse, 17.6% experienced dyspareunia and 30% reported no problems.

The extent of obstetric injury does not correlate with patients resuming sexual intercourse or patients experiencing dyspareunia in this study.

The information from this study will be able to reassure women that OASIS does not interfere with resumption of intercourse at 3 months postnatally. Further work is required to compare this group of women with those that did not sustain perineal injury.

#### References

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<b>Is this a clinical trial?</b>	<b>No</b>
<b>What were the subjects in the study?</b>	<b>HUMAN</b>
<b>Was this study approved by an ethics committee?</b>	<b>No</b>
<b>This study did not require ethics committee approval because</b>	<b>This is an audit of clinical practice in the investigation and treatment of patients with obstetric anal sphincter injury in our hospital.</b>
<b>Was the Declaration of Helsinki followed?</b>	<b>Yes</b>
<b>Was informed consent obtained from the patients?</b>	<b>No</b>