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

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Introduction

A tear involving the anal sphincter during delivery has a considerable influence on a woman’s future continence, with 20-50% suffering from anal incontinence following rupture during delivery. A high standard of perineal tear repair and its management are crucial in the reduction of future complications.

Materials and methods

Retrospective case note review (Jan – Sept 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. 98 casenotes (97%) were reviewed to obtain remaining data. Proforma was designed according to RCOG green top guideline and local protocol.

Results

Incidence of OASIS almost doubled from 2006 and tripled from 2004 (Figure 1). This is mostly due to an increase in OASIS rate during spontaneous vaginal deliveries (Figure 2). Majority of repairs are done by trainees (86%) and there has been good compliance on OASIS repair in theatre, the anaesthesia used and post operative management.

However, 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 was no standard or guideline regarding maximum tear-repair time in our unit. Approximately 1 in 5 women waiting for over 3 hours for repair.

Aims

To review the incidence of OASIS in our unit and our compliance of their management against RCOG and local guidelines, forming a spiral audit comparing previous audits (2004, 2006). Perineal tear-repair time was also looked at in this audit.

Conclusions

• Incidence of OASIS has risen dramatically, mainly due to a rise in spontaneous vaginal delivery rates. This may be a true rise in incidence or simply better recognition of OASIS by midwives.

• Documentation is poorer, despite the introduction of a standardized delivery booklet.

• A guideline for maximum delay in repair time has been set (3 hours).

• A lead midwife in OASIS has been appointed to co-ordinate patient care, protocol compliance, audits and delivering training to midwives.

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