IS THERE ANY FACTOR FOR SYMPTOMS PERSISTENCE AT 6 MONTHS OF DELIVERY IN PATIENTS WITH OBSTETRIC ANAL SPHINCTER INJURIES (OASIS)?

Hypothesis / aims of study
OASIS occurs in about 1-3% of women after their first vaginal birth. The consequences include anal incontinence in 5% of women with extensive tears.

The objective of this study is to determine the existence of risk factors for persisting symptoms of anal incontinence, urinary incontinence and dyspareunia at 6 months after delivery in patients with OASIS.

Study design, materials and methods
This is a multicentric, prospective study that includes 10 university hospitals in the province of Barcelona. We include all patients with OASIS diagnosed, treated intrapartum and followed-up during the study period. Recruitment took place between January and June 2012 and monitoring finished in December 2012, to assess a 6 month follow-up in all patients. All OASIS were diagnosed and repaired following the ICS Intra and Postpartum Working Group recommendations.

We collected sociodemographic information, obstetric factors, delivery characteristics and OASIS data. During follow-up patients were asked for details of their bowel and bladder function completing ICIQ-SF and Wexner Faecal Continence Grading Scale questionnaires and a direct question about de novo dyspareunia, in the postpartum visit (average of 6 weeks) and at 6 months from delivery. We also carried out a physical examination.

Results:

<table>
<thead>
<tr>
<th>Incidence</th>
<th>118/7726 (1.52%)</th>
<th>Vaginal delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIIA</td>
<td>48/116 (41.38%)</td>
<td></td>
</tr>
<tr>
<td>IIIB IIIC</td>
<td>57/116 (49.13%)</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>7/116 (6%)</td>
<td></td>
</tr>
<tr>
<td>IIIC</td>
<td>3/116 (2.58%)</td>
<td></td>
</tr>
</tbody>
</table>

Age | 30.86 (17-42)
Previous births at term | 0.4 (0-2)
Previous Urinary Incontinence | 3/103 (2.91%)
Previous anal Incontinence | 2/101 (2%)
BMI | 25.6 (17.36-52.35)
Ultrasound Percentile in 3rd trimester | 60.98 (8-100)

Position of fetal head
Direct Occiput Anterior (OA) | 71/117 (60.68%)
Left Occiput Anterior (LOA) | 12/117 (10.25%)
Right Occiput Anterior (ROA) | 12/117 (10.25%)
Left Occiput Transverse (LOT) | 8/117 (6.83%)
Right Occiput Transverse (ROT) | 6/117 (5.13%)

De novo Urinary Incontinence (UI) | 21/118 (17.8%)
De novo Anal Incontinence (AI) | 19/118 (16.1%)
De novo dyspareunia | 19/118 (16.1%)
Interpretation of results

The incidence of OASIS for vaginal delivery is 1.52%, increasing to 4.3% in instrumental births, and the most usual type of tear is IIIA and IIIB (90.51%). In these patients, the incidence of UI and AI is similar (17.8%-16.1%). That could possibly be justified by prenatal factors or the fact of a traumatic delivery added to the OASIS.

De novo UI at 6 months follow-up is not significantly associated with maternal age, BMI or percentile in 3rd trimester ultrasound. It is neither associated with degree of perineal tear, type of birth, foetal head position or the cause of instrumental usage. The presence of UI is significantly more prevalent in women with larger foetuses. In patients with flatus incontinence we do not find a statistically significant correlation.
any statistically significant difference in any of the studied items except in maternal age. Symptoms are more persistent in older women. In patients with *De novo* dyspareunia we cannot find statistically differences in any of the studied factors.

**Concluding message**

There are not concluding factors to predict or prevent persistence of symptoms at 6 months after OASIS except from maternal age for flatus incontinence and newborn weight for urinary incontinence. This could be explained by the low number of OASIS in this study. More extensive series would probably allow statistically significant differences to be found.

**Disclosures**

**Funding:** No funding or grant  
**Clinical Trial:** No  
**Subjects:** HUMAN  
**Ethics not Req'd:** Because this study is a description of our clinical practise  
**Helsinki:** Yes  
**Informed Consent:** No