

POST-OBSTETRIC SEVERE PERINEAL INJURIES (GRADE III AND IV). WHAT LONG TERM IMPACT ON WOMEN'S QUALITY OF LIFE? A PROSPECTIVE UNICENTRIC COMPARATIVE STUDY.

Hypothesis / aims of study

Despite the big evolution of obstetric practices, the incidence of severe post-obstetrical perineal tears varies from 0.6 to 20% [1] with a rate of anal incontinence in the medium term neighboring 11.5% [1,2]. Even though the risk factors of these injuries are well known, symptoms and impact on quality of life for women at long term have been poorly studied [3]. The aim of the study is to evaluate the pelvic floor disorders and their long-term consequences on the quality of life of women exposed to complex post-obstetrical perineal injuries.

Study design, materials and methods

Interventional, prospective, single center study, of «exposed / unexposed," type, comparing two groups of 204 primiparas who delivered vaginally between January 1st 2005 and December 31st 2010. After identification of group I (exposed: perineal tears grade III or IV with anal sphincter injury), the selection of group II (unexposed: perineal lacerations grade I or II or intact perineum) was performed by coupling, according to the following criteria: date of delivery \pm 15D, maternal age \pm 5 years, term \pm 15 days, mode of delivery, episiotomy, analgesia, neonatal weight \pm 500 g. Validated questionnaires of quality of life (QOL) and symptoms (urinary incontinence (UI) and anal incontinence (AI)), pain, sexuality) were sent to women: Jorge Score(JM)and Wexner (SD), ICIQ-SF, PISQ-12, EQ 5D and a specific pain / dyspareunia questionnaire. A favourable opinion from CEROG (ethical committee) has been obtained. Statistical analysis was performed using the R software.

Results

The overall response rate was 47.4% (92/194) of which 45.7% (42/92) in group I (exposed) 54.3% (50/92) in group II (non-exposed). The mean follow up was 39.6 months in group I and 38.3 in group II. Population characteristics in both groups were comparable. 55.6% (24/42) of women in group I reported an AI against 50% (25/50) in group II ($p = 0.76$). Only the rate of AI to liquid stool was significantly higher in group I ($p = 0.05$). No woman was incontinent to solid stool in the two groups. The rate of gas incontinence, however, was high in both groups (55% in group I and 46% in group II). 36.4% of women had a UI (47.4% in group I and 28% in group II, NS). The ICI-Q score of UI was comparable in the two groups ($p = 0.44$). 14.3% of women described pelvic or perineal pain in group I (mean VAS 32.5 / 100) against 30% in group II (mean VAS 46/100). In group I, 43% of women had dyspareunia (VAS 15/100), against 44% in group II (EVA 10/100). Score sexuality PISQ-12 was equivalent in both groups. With regard to the overall QOL assessed by EQ-5D; scores were comparable in both groups with a satisfactory QOL (EVA 85/100 in group I and 80/100 in group II, $p = 0, 44$).

Interpretation of results

Perineal post obstetrical consequences (AI, UI, pain, sexuality) were found in both groups. Only AI for liquid stool was significantly higher after grade III and IV perineal tears. However, overall QOL was satisfactory in both groups (EQ-5D). Scores of pain, dyspareunia and UI were also statistically equivalent. Our study Strengths are: method, long-term results, validated questionnaires. Weakness of our study: small number.

Concluding message

The diagnosis and repair of severe perineal lacerations (secondary prevention), allow to limit the long-term consequences of these obstetric complications on QOL of women.

References

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Disclosures

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