

CLASSIFICATION AND MANAGEMENT OF OBSTETRIC ANAL SPHINCTER INJURIES: CURRENT CLINICAL PRACTICE IN CZECH REPUBLIC

Hypothesis / aims of study

Obstetric anal sphincter injuries (OASIS) are the major risk factor for the development of faecal incontinence in women. The incidence of recognised OASIS is about 1% in Czech Republic (CZ) where traditionally perineal support during fetal head crowning is always practiced and mediolateral episiotomy is performed as compared to 11% in regions where midline episiotomy is favoured. However unfortunately up to one third of OASIS are not recognised at delivery. This might be due to inadequate training or misclassification.

The currently used classification of OASIS in CZ divides third degree tears to incomplete in case of any tear involving the anal sphincter muscle and complete in case of additional rectal mucosa tear.

The aim of this study was to evaluate the current practice in diagnosis, management, classification of OASIS in CZ.

Study design, materials and methods

A questionnaire was designed to assess theoretical and practical knowledge and currently used management, training and follow-up of OASIS. This was distributed to all participants of a national gynaecological conference. The questionnaires were filled in anonymous way and collected at the end of the conference.

Results

There were 88 respondents (consultants and trainees) representing different Czech hospitals for a total response rate of 73%. 18 respondents (20%) classified a partial injury of external anal sphincter (EAS) as a second degree tear and 37 (42%) overclassified the injury of EAS and internal anal sphincter (IAS) with intact rectal mucosa to complete third degree tear. 58% prefer the Sultan's descriptive classification of perineal tears but only 14% of the respondents are currently using it. 27% classify the injury but do not fill any protocol describing its extent and the used technique of repair. 40% do not perform anal examination to diagnose the extent of the perineal injuries. 30% would call a surgeon to repair a fourth degree tear. 81% agreed that training in management and diagnosis of OASIS is inadequate.

Interpretation of results

The currently used classification in CZ is confusing and up to 42% of gynaecologist misclassified an OASIS. 58% prefer the Sultan's classification and the majority agreed that training in management and diagnosis of OASIS is inadequate.

Concluding message

Most Czech gynaecologist agreed that training in diagnosis and management of OASIS is inadequate. The need to follow the Sultan's descriptive classification of perineal tears, propagation of training on animal models and hands-on courses in management of OASIS, standardisation of care and formation of perineal clinics have been suggested.

References

1. Andrews V, Thakar R, Sultan AH. Outcome of an obstetric anal sphincter injury can be optimised by structured training and using an evidence based protocol. *Int Urogynecol J* 2009; 20(2): 973-8

Disclosures

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