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. Recent studies showed that up to one third of OASIS are not recognised at delivery 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 muscles 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.

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.

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. 37 (42%) overclassified the injury of EAS and internal anal sphincter (IAS) with intact rectal mucosa to complete third degree tear. 51 (58%) prefer the Sultan’s descriptive classification of perineal tears but only 12 (14%) of the respondents are currently using it.

In case of third degree tear, 24 of the respondents (27%) classify the injury as incomplete or complete but do not fulfill any protocol describing its extent and the used technique of repair. 35 (40%) do not perform anal examination to diagnose the extent of the perineal injuries. 26 (30%) would call a surgeon to repair a complete third degree tear. 71 (81%) agreed that training in management and diagnosis of OASIS is inadequate.

The currently used classification in CZ is confusing. Up to 42% of gynaecologists misclassified an OASIS. Most Czech gynaecologists 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**

**DISCLOSURES**

**Funding:** none  
**Clinical Trial:** No  
**Subjects:** NONE