

POST-OBSTETRIC SEVERE PERINEAL TEARS (GRADE III AND IV). WHAT LONG TERM CONSEQUENCES ON WOMEN'S QUALITY OF LIFE ? A PROSPECTIVE SINGLE-CENTER COMPARATIVE STUDY.

Hypothesis / aims of study

Despite the big evolution of obstetric practices, the incidence of severe post-obstetric perineal tears varies from 0.6 to 20% with a rate of anal incontinence (AI) in the medium term neighboring 11.5% [1,2].

If risk factors are well known, symptoms and impact on quality of life in the long term have been poorly studied [3]. Currently, deliberate cesarean section is the only primary prevention measure against these severe post-obstetric complications

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 severe post-obstetric perineal injuries (grade III & IV).

Study design, materials and methods

Prospective, single-center observational study, comparing two groups of 204 primiparous women who delivered vaginally between 2005 and 2011 (68 in Group T, 136 in Group C) in PSG University Hospital.

Control Group (C) was obtained after matching according to the following criteria: date of delivery ± 15 D, maternal age ± 5 Y, term ± 15 D, mode of delivery, episiotomy, mode of anaesthesia, birth weight ± 500 g.

Validated questionnaires of QoL and symptoms (UI, AI, Pain, Sexuality) were used: Jorge and Wexner Score, ICIQ-SF, PISQ-12, EQ-5D and a specific Pain / Dyspareunia questionnaire.

Agreement from an ethical committee (CEROG) has been obtained

Results

The global answer rate was 45.1% (92/194) with 42 (62%) in the "Tears" group and 50 (37%) in the "Control" group. Both groups were comparable for population characteristics and obstetric and neonatal parameters: BMI, smoking, prenatal anal and urinary incontinence, birth weight, mode of delivery.

Mean follow-up was 48.8 months: 49.3 M in the T group and 48.3 M in the C group ($p < 0.05$).

Anal incontinence rate was similar in both groups (55.6% in group T and 50% in group C, $p = 0.76$).

However, anal incontinence of liquid stool was significantly higher in the "Tears" group (33.3% vs 8.3%, $p = 0.05$). The impact on quality of life (EQ-5D) was also significantly higher in the "Tears" group.

Pain (VAS), sexual disorders (PISQ 12), dyspareunia and SUI (ICIQ) were similar in both groups.

Interpretation of results

In our study, the anal incontinence rate after a perineal tear is higher than the rate reported in the literature.

Only faecal incontinence for Liquid Stool was significantly higher after grade III and IV perineal tears (Group T). Despite higher EQ-5D score in the T group, overall QoL was satisfactory in both groups.

We found more sexual disorders in the Group T ($p > 0.05$)

Scores of pain, dyspareunia and UI were also statistically equivalent.

Concluding message

Disorders of anorectal function are common and probably underestimated after perineal tears. The primary prevention measures are insufficient and must be strengthened. The diagnosis and repair of severe perineal tears allows limiting the long-term consequences of these obstetric complications on QoL of women. Further prospective studies including more women are needed.

References

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Disclosures

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