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## **AUDIT OF THE MANAGEMENT OF 3RD AND 4TH DEGREE PERINEAL TEARS IN A UK DISTRICT GENERAL HOSPITAL**

### Hypothesis / aims of study

To assess the incidence and management of 3<sup>rd</sup> and 4<sup>th</sup> degree perineal tears in a UK District General Hospital and compare with published RCOG Guidelines

### Study design, materials and methods

This was an audit of women delivering between 1.1.2003 and 31.12.2003 at a District General Hospital as identified on St Mary's Patient Information System. Case notes were reviewed and information collected on a specifically designed proforma. The following criteria were assessed: incidence of tears, use of recommended classification, place of repair and method of repair, grade of operator, post repair management, follow up and episodes of anal incontinence.

### Results

There were 2470 deliveries in the study period of whom 31 sustained a 3<sup>rd</sup> or 4<sup>th</sup> degree perineal tear (1.25%). The RCOG classification was only used in 22/31 cases although 30/31 women had their tear repaired in theatre using appropriate analgesia (spinal/epidural), with the tear repaired according to RCOG guidelines. The operator was a middle grade doctor (Registrar or equivalent) in all cases. 7/31 women received no post natal follow up. Of those women who were seen for follow up, 4/24 (16.7%) had had an episode of anal incontinence requiring referral for specialist opinion.

### Interpretation of results

In 2003 in this UK District General Hospital there was poor accordance with the accepted standard management of 3<sup>rd</sup> and 4<sup>th</sup> degree perineal tears.

### Concluding message

It is recognised that without appropriate training a large proportion of perineal tears may be missed and therefore not appropriately repaired, with significant long term sequelae for these women. At this time there appeared to be poor knowledge of an accepted classification of perineal trauma and poor long term follow up. Following this audit a programme of education and training was implemented. Re-audit will be performed in the near future to determine whether acute management of these women has improved.