

A 10-YEAR ANALYSIS OF NON-SURGICAL INTERVENTIONS IN THE TREATMENT OF SYMPTOMATIC OBSTETRIC ANAL SPHINCTER INJURIES.Hypothesis / aims of study

Obstetric trauma is the major cause of anal incontinence in women and is believed to affect 40,000 mothers (5%) annually in the UK. Recognised obstetric anal sphincter injuries (OASIS) occur in 0.4–19% of vaginal deliveries in centres practising episiotomies. Continence specialist counselling, biofeedback and/or anal sphincter exercises/pelvic floor muscle training have been used with apparent success in the treatment of faecal incontinence. The aim of our 10-year interim analysis is to study this non-operative combination therapy for the treatment of symptomatic faecal incontinence following an obstetric injury.

Study design, materials and methods

Data from all women referred to the Continence service, diagnosed with symptomatic OASIS over 10-years (1998-2008) are included in this study. All patients had their symptoms assessed by the Continence Nurse Specialists. A standardised escalating treatment protocol was used for the management of incontinence symptoms beginning with pelvic floor exercises and adding external anal sphincter (EAS) electrostimulation and combined biofeedback where appropriate.

Results

206 Consecutive patients were identified; median number of deliveries 2 (range 1-9), age 57(IQR 34-61) (median (range)). All patients had pelvic floor exercises prescribed;

Outcomes of management

Treatment	Number of patients (%)
Pelvic floor exercises alone	189(92%)
Exercises + EAS Electrostimulation	159 (77%)
Exercises + combined biofeedback	16 (7.7%)

Compliance with the protocol

Outcome of symptoms	completed the protocol (%)	Not completed the protocol (%)
Improved significantly	64 (31 %)	126 (61.1 %)
No improvement	11 (5.3 %)	5 (2.6 %)

Concluding message

In our study, we found that upto 92% of the patients with obstetric external anal sphincter injury can be managed without any surgery with significant improvement of their symptoms often in a shorter time period than allowed by the existing protocol. A combination of counselling, pelvic floor exercises and electrostimulation minimises need for surgical intervention.

<i>Specify source of funding or grant</i>	Derby Hospitals NHS Foundation Trust
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	This study is an evaluation of our current practise offering unique insight into 10 years of our processes, hence classified as an audit
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	No