

#565 Obstetrical Anal Sphincter Injuries & the Need for Adequate Care



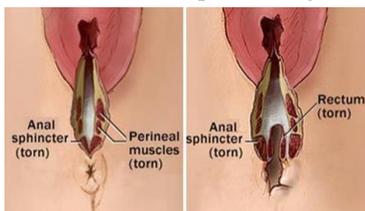
Victoria Elliot, MSPH (1); Maryna Yaskina, PhD (2); Jane Schulz, MD (3)

1. Obstetrics & Gynecology, Faculty of Medicine & Dentistry, University of Alberta; 2. Women's & Children's Health Research Institute, University of Alberta; 3. Obstetrics & Gynecology, Royal Alexandra Hospital, Lois Hole Hospital for Women, University of Alberta

Background

- Estimated 4.0-6.6% of women delivering vaginally suffer obstetrical anal sphincter injuries (OASI)
- OASI = the tearing of anal sphincter muscles, and in some cases, the anal mucosa
- Despite high prevalence of OASI and associated negative outcomes, such as fecal incontinence, women are not receiving sufficient postpartum care
- Recognizing this gap and the fact that, from 2000-2005, 5.5% of vaginal deliveries at the Royal Alexandra Hospital (RAH) resulted in OASI, a team of physicians, physiotherapists, and nurse practitioners established a specialized perineal clinic for women with OASI in 2011

Obstetrical Anal Sphincter Injuries



http://gynaonline.com/perineal_tear.htm

Purpose

1. To investigate the number and structure of specialized perineal clinics for women with OASI globally
2. To describe the structure and uptake of the RAH's perineal clinic
3. To assess the prevalence of OASI at the RAH in 2016
4. To assess risk factors for severity of OASI

Methods

- Searched peer reviewed literature on Medline
- Conducted interviews with staff and healthcare professionals at, and observed daily running of, the RAH perineal clinic
- Conducted medical chart review to assess the prevalence of OASI at the RAH in 2016
- Completed statistical analysis to examine potential risk factors for severity of OASI

Characteristics of Perineal Clinics Globally

Location	#	Staff		
UK	8	Gynecologists	Midwives	Physiotherapists
Ireland	1	Obstetricians	Nurse practitioners	
USA	1	Colorectal surgeons	Registered nurses	
Hours of Operation		Population Served		
Monthly to Weekly		Postpartum women with OASI Antenatal women with OASI Any woman with perineal injury		
Services Provided				
<ul style="list-style-type: none"> ➢ Vary with staff and resources ➢ Include history taking, pelvic exam, endoanal ultrasound, neurophysiological assessments, and manometry 				

Common Themes

- Impact of OASI on women's short and long term physical and emotional health
- Need for more information and care to be provided to women with OASI (women often do not know exact nature of their OASI or its consequences)
- Need for education and training of healthcare providers on risk factors for, and diagnosis and treatment of, OASI
- Need for multidisciplinary specialist perineal clinics
- Need to gain awareness of and support for such clinics among obstetricians and labour/delivery nurses

Royal Alexandra Hospital

Location	Staff	
Edmonton, Alberta, Canada	Physiotherapists Nurse practitioners	Urogynecologists Dietician
Hours of Operation	Population Served	
Daily	Postpartum women with OASI	
Services Provided		
<ul style="list-style-type: none"> ➢ Physio-led education class on pelvic health ➢ Physio-led pelvic floor Pilates classes ➢ One-on-one physiotherapy appointment ➢ Appointments with other staff as needed 		

Prevalence of OASI in 2016



Proportion of OASI Cases Referred to Clinic



*Prevalence of OASI increased from 2000-2005, when 5.5% of vaginal deliveries at the RAH sustained OASI

Challenges

- Lack of awareness of OASI among women
- Lack of education about OASI given to women immediately postpartum
- Embarrassment surrounding symptoms
- Failure to refer women with OASI to clinic

Variables Assessed as Potential Risk Factors for 3rd vs 4th Degree OASI

Of the women with OASI, 307 had 3rd degree and 18 had 4th degree (data missing on 1)

Not Statistically Significant			Not Significant	
	3 rd deg	4 th deg		
Duration of labour (min)	677.7	636.0	Prior OASI	Parity
Pushing time (min)	83.3	95.7	Operative vaginal delivery	VBAC
			Chorioamnionitis	Birthweight
			Gestational Diabetes	Ethnicity

Next Steps

- Encourage the creation of, and reporting on, perineal clinics globally
- Increase awareness of the perineal clinic among obstetricians and nurses at the RAH to increase rates of referral
- Increase access to information about OASI and the clinic among women who have just experienced OASI

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