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Bridging the gap after obstetric and anal sphincter injury after OASI

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Abstract

Objective: A retrospective audit of the diagnosis and management of obstetric anal sphincter injuries (OASI) over a period of 5 years' Service evaluation of incidence of OASI, post-partum care and follow up

Methods: The study population included 630 women who delivered in the time frame from July 2013 to March 2018 in the University Hospital of Wales. An electronic database was used to gather patient data, which was then analyzed using a programme called 'Stats Builder'. Data was collected on the following ante-partum and intra-partum risk factors:

Parity, Maternal age , Induction of Labour, Instrumental delivery, Episiotomy Data collected on the repair and grade of the operator. Using clinical portal, information gathered on post-partum physiotherapy and follow up in a consultant led perineal clinic.

Main Results: 630 women had OASI in our hospital in the above mentioned time-frame with overall incidence of 2.7%. It was noted that 44.6% and 44.9% women had 3a and 3b tears, respectively. Fewer women sustained 3c (5.8%) and 4th (4.2%) degree tears. 72% women were primiparous Of the 630 women who had an OASI, 628 women had diagnosis made at delivery. Two patients who were missed at delivery were picked up subsequently in gynaecology clinic. All repair procedures carried out in theatre, by appropriately trained staff. Majority (78%) of women with OASI had physiotherapy and perineal trauma clinic follow up.

Conclusion: The incidence of OASI in our hospital (2.7%) is comparable to the overall incidence in the UK (2.9%). Over 99% had diagnosis made at delivery and repair carried out as per RCOG guidance. Scope for improvement with postpartum physiotherapy and follow up





Reference:

The Management of Third-and Fourth-Degree Perineal Tears Green-top Guideline No. 29, June 2015

Biography:

Shachi Joshi, M.S. Obstetrics and Gynecology / MBBS, with more than 5 years' experience working in a large hospital setting. Certifications including MRCOG part 1 and 2, a valid GMC UK registration, and Dubai Health Authority certified

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