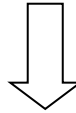


**Obstetric Anal Sphincter Injury –  
 Maternity and Gynaecology Full Clinical Guideline**

Reference No.: UHDB/IP/04:24/L4

Patient with obstetric anal sphincter injury at childbirth- grade and manage according to protocol and initiate use of the perineal trauma booklet



<p>RDH- review at joint perineal trauma clinic by urogynaecology consultant and urogynaecology specialist nurse</p>	<p>QHB- review at urogynaecology/gynaecology clinic by urogynaecology consultant and urogynaecology specialist nurse</p>
<p>A] Comprehensive clinical examination</p> <p>B] Recourse to endo anal ultrasound scan [for patients with symptoms of bowel incontinence and urgency, with deficient perineum on clinical exam and all patients with grade 3C and 4<sup>th</sup> degree tears]</p> <p>C] Referral to continence team for supervised pelvic floor physiotherapy if required</p> <p>D] Urinary incontinence is managed according to UI pathway/protocol</p> <p>E] Referral, discussion and input if necessary from Colorectal surgeons</p> <p>F] Plan made on mode of next child birth</p> <p>G] Discharge from clinic</p>	<p>A] Comprehensive clinical examination</p> <p>B] Recourse to endo anal ultrasound scan [for patients with symptoms of bowel incontinence and urgency, with deficient perineum on clinical exam and all patients with grade 3C and 4<sup>th</sup> degree tears]</p> <p>C] Urinary incontinence is managed according to UI pathway/ protocol</p> <p>D] Referral, discussion and input if necessary from Colorectal surgeons</p> <p>E] Plan made on mode of next child birth</p> <p>F] Discharge from clinic</p>



**At the time of the subsequent pregnancy:**

Book into antenatal clinic run by Obstetrician with special interest in Urogynaecology and Pelvic Floor Dysfunction.

At this booking visit a comprehensive history is taken on residual symptoms of urinary and bowel incontinence, review of prior endoanal ultrasound scan, if performed, and a review of sphincter defect on scan is made and a subsequent management plan is made at the booking visit

Birth plan confirmed at 34-35 weeks gestation visit with consultant team

Affix ID Label or

NAME:  
ADDRESS:  
DATE OF BIRTH:  
HOSPITAL NO:  
NHS Number


## Perineal Trauma Pathway (Third/Fourth Degree Perineal Tear) Management

NAME (Printed)	DESIGNATION	SIGNATURE

Date: ..... Time: .....

Age: ..... Previous parity: .....

TO BE RETAINED IN PATIENTS NOTES  
TOP COPY OF PAGE 2 TO BE GIVEN TO PATIENT

Derby campus WPH1947   
November 2019 / V4

### CONSENT FORM

Patient identifier/label

**Name of proposed procedure or course of treatment**

*Repair of third- or fourth-degree perineal tears following childbirth*

**Statement of health professional** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient, in particular, I have explained:

**The intended benefits:**

*To repair damage that has already occurred, to attempt to restore normal anatomy, help wound healing and reduce the risk of long-term bowel problems. The risks quoted below might be linked to sphincter (anal muscle) damage rather than the repair and these are likely to be significantly higher if the trauma is not repaired.*

**Serious risks:**

- *inability to control bowels and/or flatus (passing wind; common)*
- *possibility of recommending delivery by caesarean section in future pregnancies if symptoms persist or investigations suggest abnormal anal function. (uncommon)*
- *haematoma (collection of blood; rare)*
- *consequences of failure of repair requiring the need for further interventions and treatments (rare)*
- *developing a fistula (hole) between your back passage and vagina after the tear has healed. This will need to be repaired by further surgery (very rare)*

**Frequent risks:**

- *difficulty in passing stools initially (common)*
- *suture material causing discomfort and requiring removal (common)*
- *healing with excessive immature tissue formation (common)*
- *urinary infection (common)*
- *wound Infection (common)*
- *a feeling that you need to rush to the toilet to open your bowels urgently (very common)*
- *pain or soreness in the perineum and pain during intercourse (common)*

Any extra procedures which may become necessary during the procedure

- Blood transfusion
- Other procedure (please specify)

Rarely a large vaginal dressing or tampon is required to be placed for a few hours to stop bleeding

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following leaflet/tape has been provided: *RCOG Patient Information 'A Third or Fourth degree Tear During Childbirth'*

This procedure will involve:

- general and/or regional anaesthesia
- local anaesthesia
- sedation
- anaesthetic written information given
- 'about your consent' form information given

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT) \_\_\_\_\_ Job title \_\_\_\_\_

Contact details (if patient wishes to discuss options later): .....

**Statement of interpreter** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe she can understand.

Signed \_\_\_\_\_ Date \_\_\_\_\_

TOP COPY TO PATIENT

Name (PRINT).....

**STATEMENT OF PATIENT**

Please read this form carefully. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

- I agree to the procedure or course of treatment described on this form.
- I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- I understand that I will have the opportunity to discuss the details of the anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).
- I understand that any procedure in addition of those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- I have been told about additional procedures which may become necessary during my treatment. I have listed below. I have listed below any procedures which I do not wish to be carried out without further discussion.

Patient's Signature ..... Date .....

Name (PRINT) .....

A witness should sign below if the patient is unable to sign but has indicated her consent.

Signed ..... Date .....

Name (PRINT) .....

Important notes: (tick if applicable)

- See also advance directive/living will (e.g. Jehovah's Witness form)
- Patient has withdrawn consent (ask patient to sign/date here)

Signed ..... Date .....



**Surgical Notes**

Surgeon (with designation): .....

Anaesthesia:      **GA**                      **Spinal / Epidural**                      **Local**

Time procedure started: ..... Time procedure completed: .....

Examination under anaesthesia findings:

DIAGRAM OF FINDINGS	FINDINGS
	<p>Cervix:</p> <p>Vagina:</p> <p>Perineal tear: 3° - A &lt;50% of external sphincter damage <input type="checkbox"/></p> <p style="padding-left: 40px;">- B &gt; 50% of external sphincter damage <input type="checkbox"/></p> <p style="padding-left: 40px;">- C Internal sphincter damage <input type="checkbox"/></p> <p style="padding-left: 40px;">4° Rectal mucosal damage <input type="checkbox"/></p> <p>P/R: .....</p>

PROCEDURE			
	Suture Material	Method	
<b>Repair:</b>			
Ext. AS *	2.0 / 3.0 PDS Vicryl	<b>Overlap</b>	<b>End to end</b>
Int. AS *	2.0 / 3.0 Vicryl PDS	<b>End to end</b>	
Anal mucosa.	3.0 Vicryl	<b>- continuous sub mucosal</b> <b>- Interrupted with knots in the rectal lumen</b>	

	Yes	No		Yes	No
Catheter in situ	<input type="checkbox"/>	<input type="checkbox"/>	Swabs/tampon count correct	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal pack in situ	<input type="checkbox"/>	<input type="checkbox"/>	Needle count correct	<input type="checkbox"/>	<input type="checkbox"/>
Drain in situ	<input type="checkbox"/>	<input type="checkbox"/>	Post op P/R	<input type="checkbox"/>	<input type="checkbox"/>

Estimated blood loss during the procedure: .....

Revised estimated blood loss (including delivery + post delivery): .....

Intra-op antibiotics: .....

Name and signature of the **person undertaking final count** with operator:

Name: ..... Signature: .....

**Operators Signature:** ..... **Date:** .....

**Name (PRINT)** ..... **Job title:** .....

**Post op advice check**

	<b>Yes</b>	<b>No</b>
Antibiotics: oral 5 days as per ABX in maternity guideline	<input type="checkbox"/>	<input type="checkbox"/>
Laxatives: Lactulose 10ml bd	<input type="checkbox"/>	<input type="checkbox"/>
Analgesics:	<input type="checkbox"/>	<input type="checkbox"/>
Instructions for catheter removal if applicable:	<input type="checkbox"/>	<input type="checkbox"/>
Information leaflet given:	<input type="checkbox"/>	<input type="checkbox"/>

**Advice at Discharge**

- Personal hygiene, pelvic floor exercises, perineal care over next few weeks
- Advice to see midwife or GP for routine postnatal check up at 6 weeks or of any concern
- Follow up perineal trauma clinic at 4-5 months

**Signature:** ..... **Date:** .....

**Name (PRINT)** ..... **Job title:** .....

## Perineal Trauma Clinic

Date: .....

### Current Symptoms

#### 1. Pain

	None	Mild	Moderate	Severe
Vaginal				
Perineal				
Anal				

#### 2. Bowel

Normal:		<b>Yes</b>	<b>No</b>
Constipation:	1) Decreased frequency (< 1 every 3 days)	<b>Yes</b>	<b>No</b>
	2) Outlet obstruction symptoms	<b>Yes</b>	<b>No</b>
Diarrhoea:	1) Increased frequency (> 3 per day)	<b>Yes</b>	<b>No</b>
	2) Loose Stool	<b>Yes</b>	<b>No</b>

#### Questions:

A)

	Never	Rarely	Sometimes	Weekly	Daily
Do you feel urgency to defecate which you can't control?					
Are you incontinent of solid stool?					
Are you incontinent of liquid stool?					
Are you incontinent of gas?					
Pain on defecation					
Bleeding on defecation					

[Key: **Never** = not in past 4 weeks, **Rarely** = once in past 4 weeks, **Sometimes** = > once per month, **Weekly** = once per week, **Daily** = > once per day]

B)

- Do you wear a pad on account of your bowels? **Yes No**
- Are you taking any bowel medicines? **Yes No**

C) Defer period of defecation: **< 5min 5-15min > 15min**

**3. Urinary symptoms:** Woman has any concerns: **Yes No**

Questions:	Now		Pre pregnancy	
	Yes	No	Yes	No
Leakage of urine on coughing, laughing, sneezing or straining?				
Urgent need to void?				
Leakage of urine associated with strong urge before reaching the toilet?				
Passing urine more frequent than usual?				
Unaware of full bladder, leakage of urine without warning?				
Bladder feels full after voiding?				
Difficulty; straining to pass urine?				
Frequent urinary infections?				
Leakage immediately after voiding?				
Frequent need to void at night?				
Wetting bed at night?				
Leakage of urine during intercourse?				
Blood in urine?				
Pain/burning associated with passing urine?				



**Leakage of urine:**

- Few drops
- Wets underwear
- Wets outer clothes
- Flooding

**4. Sexual intercourse**

- Sexually active?
- Any concern?
- Pain during intercourse?
- Bleeding during intercourse?

**5. Other symptoms: concerning patient**

Empty text box for other symptoms.

**6. Summary of main symptoms**

Empty text box for summary of main symptoms.

**Discussion regarding:**

- Delivery events including perineal tear:
  - General wellbeing of mother and baby:
  - Feeding  Breast      Artificial      Both
  - Periods started  Yes      No
  - Any other postnatal problems  Yes      No
- 
- Discussion re future delivery  Yes      No
  - Planning future pregnancy:  Yes      No
  - Contraception:

**Examination**

Perineum: .....

Length of Perineal Body: .....cm      Genital Hiatus: ..... cm

Vulva: .....

Vagina: .....

Voluntary contraction of pelvic floor muscle:	<b>Absent</b>	<b>Weak</b>	<b>Normal/strong</b>
Voluntary relaxation of pelvic floor muscle:	<b>Absent</b>	<b>Partial</b>	<b>Complete</b>
Involuntary contraction of pelvic floor muscle:	<b>Absent</b>	<b>Present</b>	
Involuntary relaxation of pelvic floor muscle:	<b>Absent</b>	<b>Present</b>	
P/R	<b>Bulk</b>	<b>Tone</b>	<b>Squeeze</b>

**Others:**

Endoanal Ultrasound:      **Yes**      **No**

Result: .....  
.....  
.....

- Follow Up:**
- None
  - Physiotherapy – refer to continence advisor
  - Refer to Urogynaecology team
  - Refer to colorectal team

**Sign:** ..... **Date:** .....

**Name (PRINT)** ..... **Job title:** .....

## Documentation Control

<b>Reference Number:</b> UHDB/IP/04:24/L4	<b>Version:</b> UHDB 2	<b>Status: FINAL</b>		
<b>Version / Amendment</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	1	June 2021	Mr Jaydip Dasgupta - Consultant Urogynaecologist Miss Natali Chikhes - Consultant Obstetrician and Urogynaecologist Mrs Kara Dent - Consultant Obstetrician Mr Bivas Biswas - Consultant Obstetrician and Urogynaecologist	New
	2	Nov 2023	Mr Jaydip Dasgupta - Consultant Urogynaecologist	Review
<b>Training and Dissemination:</b> Cascaded through lead midwives/doctors / Published on Intranet NHS mail circulation / Article in BU newsletter				
<b>To be read in conjunction with the following guidelines:</b> Labour Care and Risk Assessment (L2)				
Consultation with:	Obstetricians, Gynaecologists, Maternity Staff			
Business Unit sign off:	09/04/2024: Maternity Guidelines Group: Miss A Joshi – Chair 11/04/2024: Maternity Governance Group (CD) - Mr R Deveraj			
Notification Overview sent to TIER 3 Divisional Quality Governance Operations & Performance: 16/04/2024				
Implementation date:	18/04/2024			
Review Date:	April 2027			
Key Contact:	Joanna Harrison-Engwell			