The Perineal Clinic:  
- the management of women following OASI

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Overview

Overview of OASI
- Definitions
- Risk factors
- Incidence

Management of women following OASI
- Symptoms
- Investigation and management
- Mode of delivery in future pregnancy
Definition of Obstetric Anal Sphincter Injury (OASI)

Third degree
injury to perineum involving anal sphincter”
  – 3A  less than 50% EAS torn
  – 3B  more than 50% EAS torn
  – 3C  IAS torn

Fourth degree
• “injury to perineum involving the anal sphincter complex (EAS and IAS) and rectal mucosa

RCOG Green top guidelines www.rcog.org.uk
How common is OASI?

- Reported rates vary between units (1-5%)
  - Rate tripled in the UK between 2010 and 2014 from 1.8-5.9%
  - Reason unclear
    - Increased recognition
- RCOG perineal care bundle pilot study

Edozien et al, BJOG 2014
Risk factors for OASI

- Nulliparity
- Forceps
- Induction of labour
- Birth weight of 4kg
- Persistent OP position
- Epidural

Risk factor analysis and prediction models don’t work

Cannot predict 3rd and 4th degree tears
Why does OASI matter?
Consequences of OASI: Anal incontinence

“involuntary loss of flatus or faeces which becomes a social or hygiene problem” ICS definition

- Taboo subject

AI symptoms 6 months post OASI (RCT data):

- 70% asymptomatic
- Faecal urgency in <40%
- Faecal incontinence <5%
Consequences of OASI

Perineal Pain

• associated with significant morbidity
• Pain scores higher with OASI cf other tears

Sexual dysfunction

• Dyspareunia <50% at 6-8 wks
• Delay in starting intercourse
• Reduced sexual activity at 12 months
• Coital anal incontinence 13-17%
Consequences of OASI

Wound problems:

- Infection
- Breakdown/dehiscence
- Fistula

Women reporting passing flatus or faeces through the vagina should be examined by an experienced clinician to exclude a rectovaginal fistula
Set up in 1999

Personnel

- Consultant Urogynaecologist
- Urogynaecology Link Midwife
- Urogynaecology specialist nurses
- Assess to physiotherapy, colorectal surgeons and psychosexual counsellor

Timing of appointments:

- 6 weeks
- 6 months
Follow up after repair: RCOG guidance 2003

6-12 weeks by a gynaecologist with an interest in anorectal dysfunction or a colorectal surgeon.

Symptomatic women should be offered endoanal ultrasonography and anorectal manometry.

Discuss management of future delivery
LWH Perineal Clinic: 6 week appointment

- Review by urogynae link midwife
  - Delivery details
  - Assess symptoms
  - Perineal healing
  - Teach pelvic floor exercises
  - Need for obstetric debrief
  - Need for health visitor input
  - Explain about OASI and plan for follow up

Fowler et al, TOG 2008
LWH Perineal Clinic:
6 month appointment

Anorectal tests

- Endoanal ultrasound scan
- Anal manometry

Fowler et al, TOG 2008
Endoanal ultrasound

• Gold standard for assessment of sphincter injury
The anal sphincters
Liverpool Ultrasound Pictorial Chart (LUPIC)
High level

- Puborectalis / External sphincter
- Longitudinal Muscle
- Internal Sphincter
- Subepithelium
- Water inside hard cone
- Walls of hard cone
- Puborectalis / External sphincter
- Longitudinal Muscle
Mid level

Mid

- Water inside hard cone
- Walls of hard cone
- Subepithelium
- Internal Sphincter
- Longitudinal Muscle
- External Sphincter
Low level

- Water inside hard cone
- Walls of hard cone
- External sphincter
Liverpool Pictorial Chart of Occult Anal Sphincter Damage

High

- Water inside hard core
- Walls of hard core
- Subepithelium
- Internal Sphincter
- Longitudinal Muscle
- External sphincter
- Pubococcygeus

Mid

- Water inside hard core
- Walls of hard core
- Subepithelium
- Internal Sphincter
- Longitudinal Muscle
- External sphincter

Low

- Water inside hard core
- Walls of hard core
- External sphincter

Designed by Dr. Gillian E. Fowler
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Liverpool Ultrasound Pictorial Chart (LUPIC)
Endoanal ultrasound

• Gold standard for assessment of sphincter injury

• Residual sphincter defects
  – reflection of poor repair technique
  – associated with faecal incontinence symptoms in longer term.
Anal manometry

• Squeeze
  – External anal sphincter

• Resting pressure
  – Internal anal sphincter 70%
  – External anal sphincter 30%

• Pressure measured along anal canal
• Maximal at 1 to 2cm from anal verge
LWH Perineal Clinic: 6 month appointment

Anorectal tests

- Endoanal ultrasound scan
- Anal manometry

Review by urogynaecology consultant

- Review and manage symptoms
- Explain results
- Discuss mode of future delivery

Fowler et al, TOG 2008
Future pregnancy: mode of delivery

- No RCT`s
- 5-7 times increased risk of repeat OASI
- 17-24% worsening faecal incontinence symptoms
- Importance of transient incontinence following index delivery
- Women’s experience of childbirth
Future pregnancy: mode of delivery

Counselling based on:

- Symptoms assessed by EPAQ
- Transient symptoms
- Endoanal ultrasound findings
- Anal manometry
Mode of delivery: asymptomatic women

- Normal EAUS and manometry
  - Avoid “traumatic delivery”

- Abnormal EAUS and manometry
  - Consider elective caesarian section
Mode of delivery: symptomatic women

- Normal EAUS and manometry
  - Consider Elective LUCS

- Abnormal EAUS and manometry
  - ? consider Elective LUCS depending on colorectal treatment plans
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Thank you and any questions