

A Survey Of The Management Of Postpartum Perineal Wound Dehiscence

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Background

- Perineal wound dehiscence refers to disruption of a sutured perineal tear or episiotomy.
- The incidence of perineal wound dehiscence is between 0.1% and 24.6%.
- It usually occurs in the first 14 days after birth and infection is a common association.
- It is associated with significant physical, psychological and psychosexual morbidity.
- To date, there is lack of clinical guidelines on the management of perineal wound dehiscence.

Objectives

- To assess the current practice patterns for the management of perineal wound dehiscence among members of the British Society of Urogynaecology (BSUG).

Methods

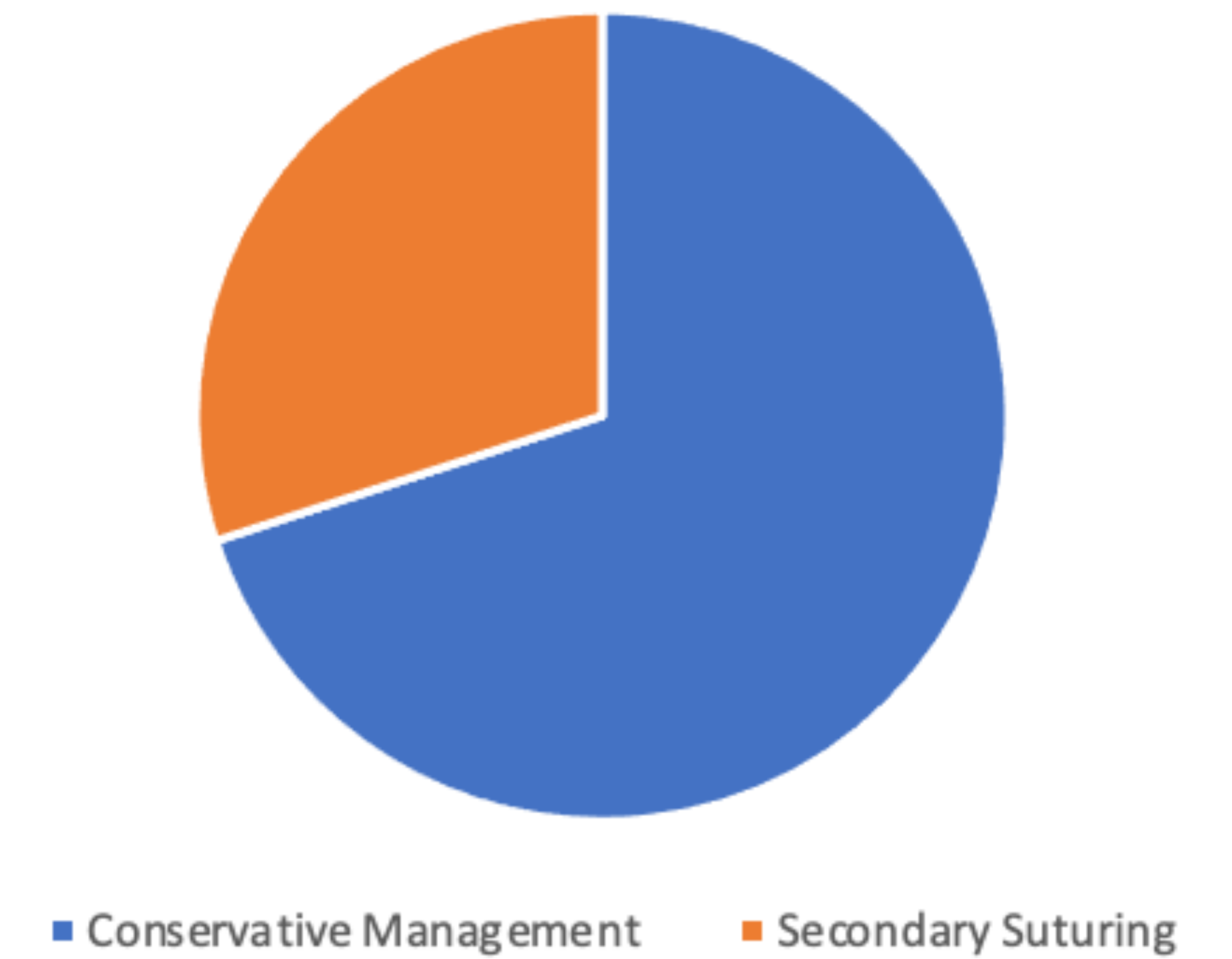
- An online cross-sectional self-administered questionnaire.

- It consisted of 31 questions on the management of perineal wound dehiscence.
- Participants are Members of the BSUG in the UK

Results

- 66 Members of the BSUG completed the questionnaire. 84% of whom were Consultants in the NHS.
- 67% of the participants have a perineal clinic.
- 16% have a local guideline on the management of perineal wound complications.
- 70% recommend conservative management over secondary suturing.
- Of those who recommend surgical management, 93% perform repair in theatres, 47% under regional anaesthesia, 33% under G.A, 20% under L.A. 87% sharply debride the wound and 67% close the wound with polyglactin™ interrupted sutures.
- Following secondary suturing, all participants prescribe oral antibiotics and arrange follow up appointment to ensure wound healing.

Management of Perineal Wound Dehiscence



Conclusion

- Despite the low response rate, the majority of the participants recommended conservative management over secondary suturing of perineal wound dehiscence.
- Recent evidence suggests better wound healing and greater patient satisfaction following secondary suturing.
- A guideline for managing perineal wound problems should be in place in all units, to aid consistency of care and provide best evidence-based practice.

References

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