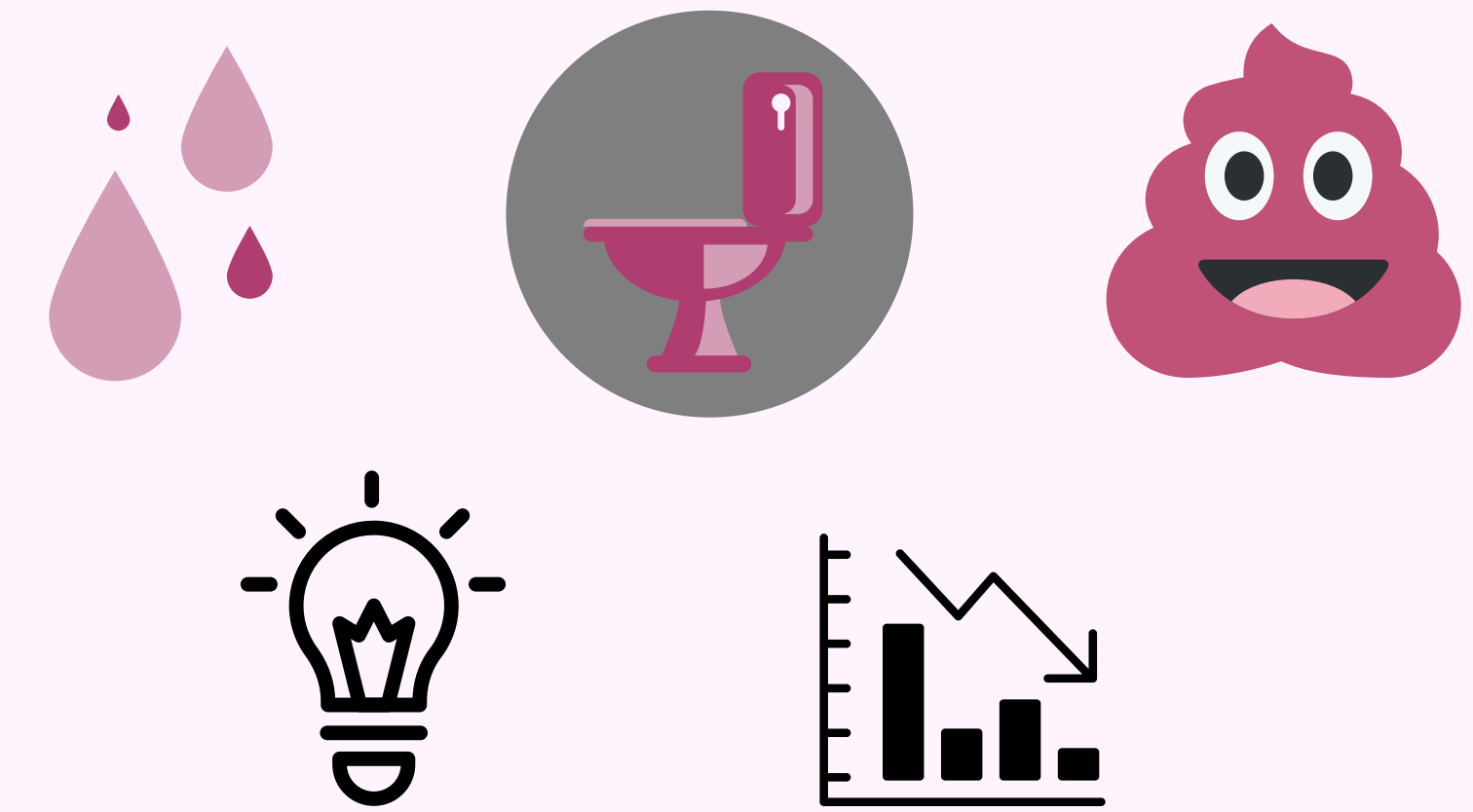


INTRODUCTION

Up to 85% of women experience perineal trauma during childbirth ¹.

Severe OASI can result in bowel symptoms.

This audit was required to evidence the demand for colorectal services for these patients.



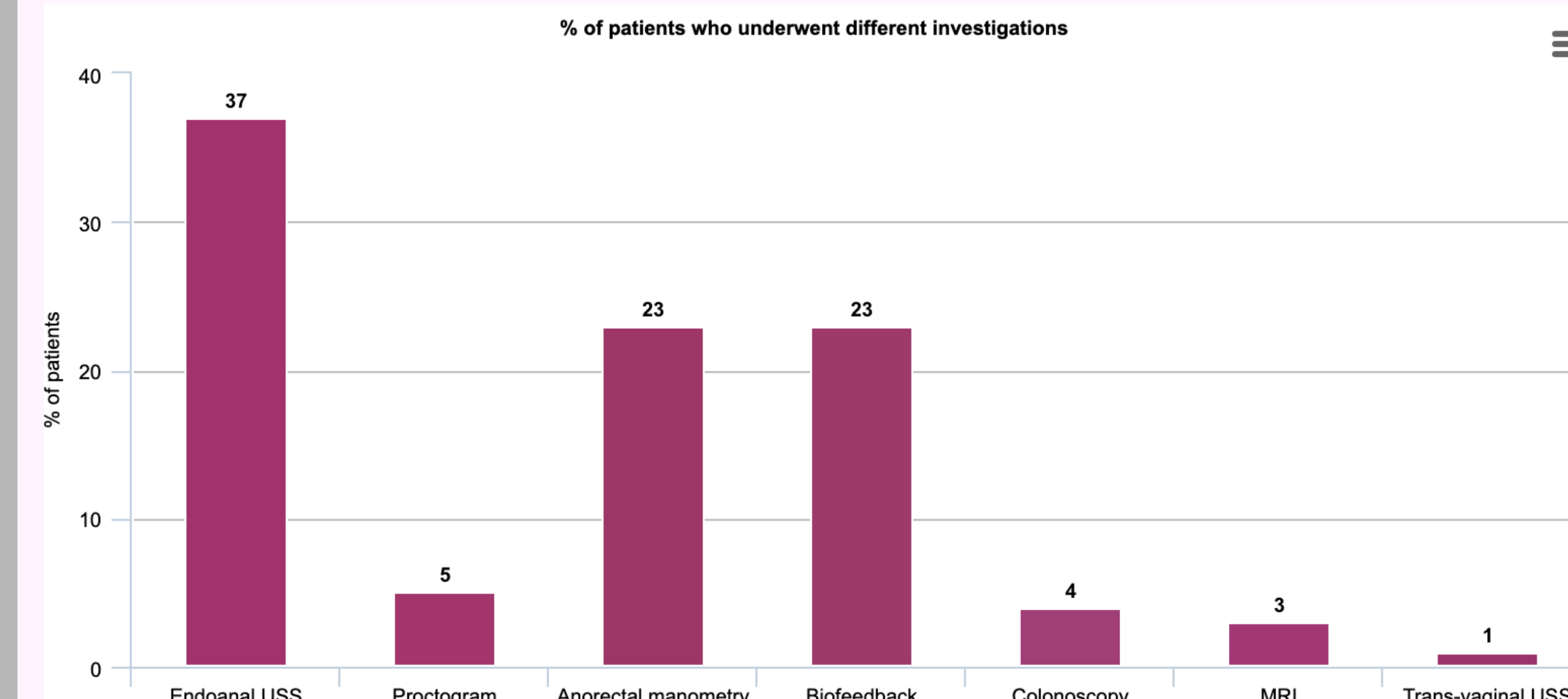
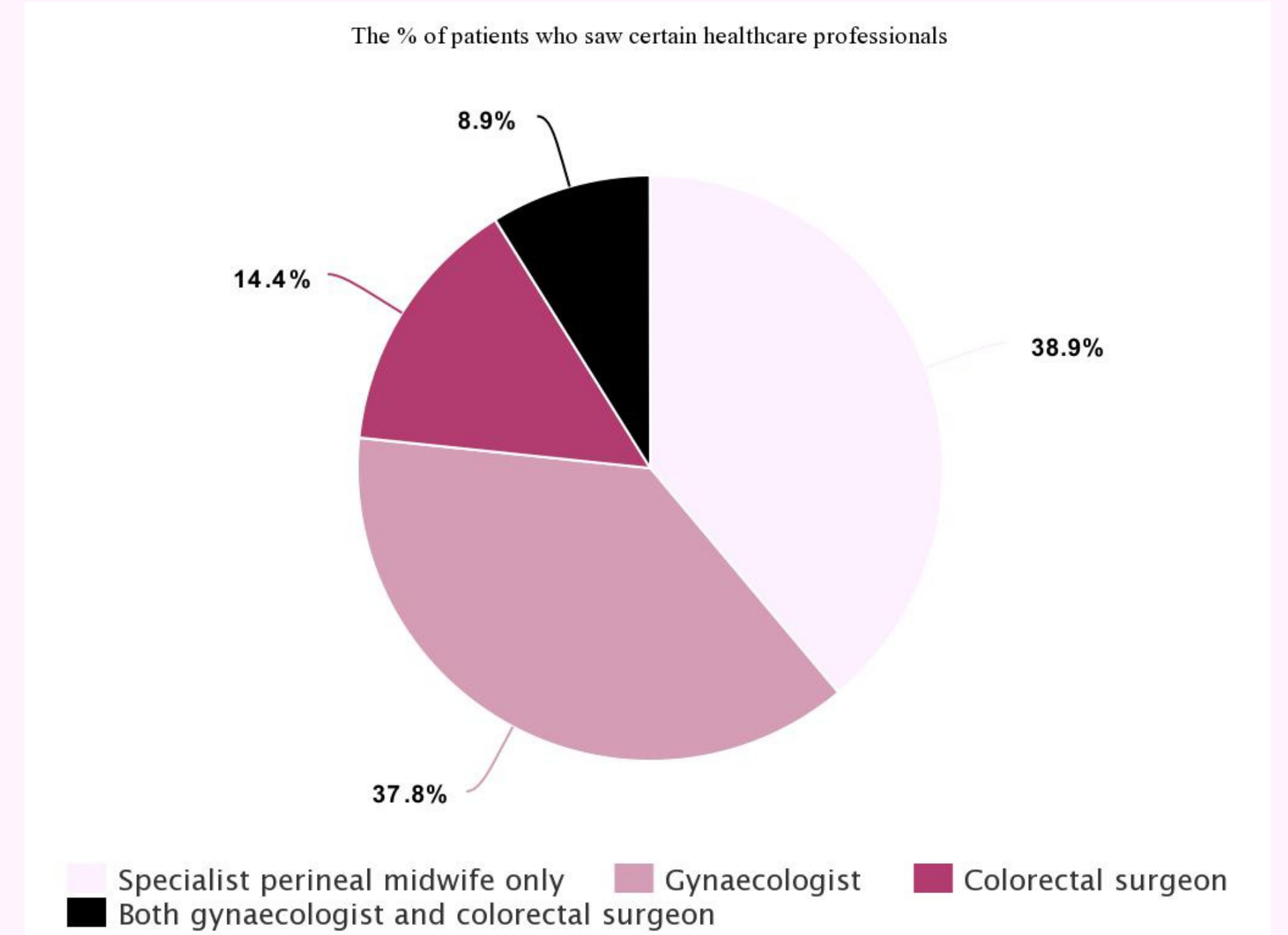
METHODOLOGY



RESULTS

Bowel symptoms reported:

- Flatus incontinence
- Faecal urgency
- Faecal incontinence
- Constipation
- Loose stool
- Mucous stool
- Obstructive defecation
- Incomplete evacuation
- Pain on defecation
- Rectal bleeding



Management	Number of patients	% of patients
Pelvic floor exercises	73	100
Physiotherapy	21	29
Offered caesarean section over vaginal delivery*	16	22
Diet and lifestyle advice	13	18
Rectogesic ointment	13	18
Stool softeners	10	14
Perineal massage advice	9	12
Defecation position advice	4	5
Botox	3	4

Management strategies utilised in this cohort. *Patients offered caesarean section over vaginal delivery in subsequent pregnancy.

OBJECTIVES

- ✓ How many patients with bowel symptoms following OASI presented to the perineal care clinic between 2017 and 2022?
- ✓ How many of these patients required further investigations, and what investigations were done?
- ✓ Was the patient seen by a gynaecologist, a colorectal surgeon, or both?
- ✓ What were the outcomes of these patients?

REFERENCES

1. Ugwu, E.O. et al., 2018. Effectiveness of antenatal perineal massage in reducing perineal trauma and post-partum morbidities: A randomized controlled trial. Journal of Obstetrics and Gynaecology Research, 44(7), pp.1252–1258.
2. National Institute for Health and Care Excellence (NICE) (2021) Pelvic floor dysfunction: prevention and non-surgical management. NG210. Available at: <https://www.nice.org.uk/guidance/ng210/chapter/Recommendations#during-and-after-pregnancy> (Accessed: 21.06.22).

ABBREVIATIONS

- OASI = obstetric anal sphincter injury
- PCC = perineal care clinic
- MDT = multidisciplinary team
- USS = ultrasound scan

CONCLUSIONS

- Many women suffer with bowel symptoms following OASI
- More colorectal support is required for this cohort of patients
- Specialist midwives follow Trust and NICE guidelines appropriately ².
- Anorectal manometry and biofeedback are effective conservative treatments

RECOMMENDATIONS

- Record MDT data in electronic location
- Discuss patients formally in MDT only
- Recruit colorectal surgeon to aid with management of these patient's symptoms
- Utilise anorectal manometry and biofeedback more
- Explore patient's mental health more thoroughly