



Isle of Man
Government

Reiltys Ellan Vannin

Retrospective Review of Third and Fourth Degree Tears, 2011-2021 (11 year re-audit)

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Objectives

All units should have an audit on the incidence and management of Obstetric anal sphincteric injuries (OASIS) - third and fourth degree tears including details of its management and follow-up. Review of our practise was done by a re-audit in comparison with national standard.

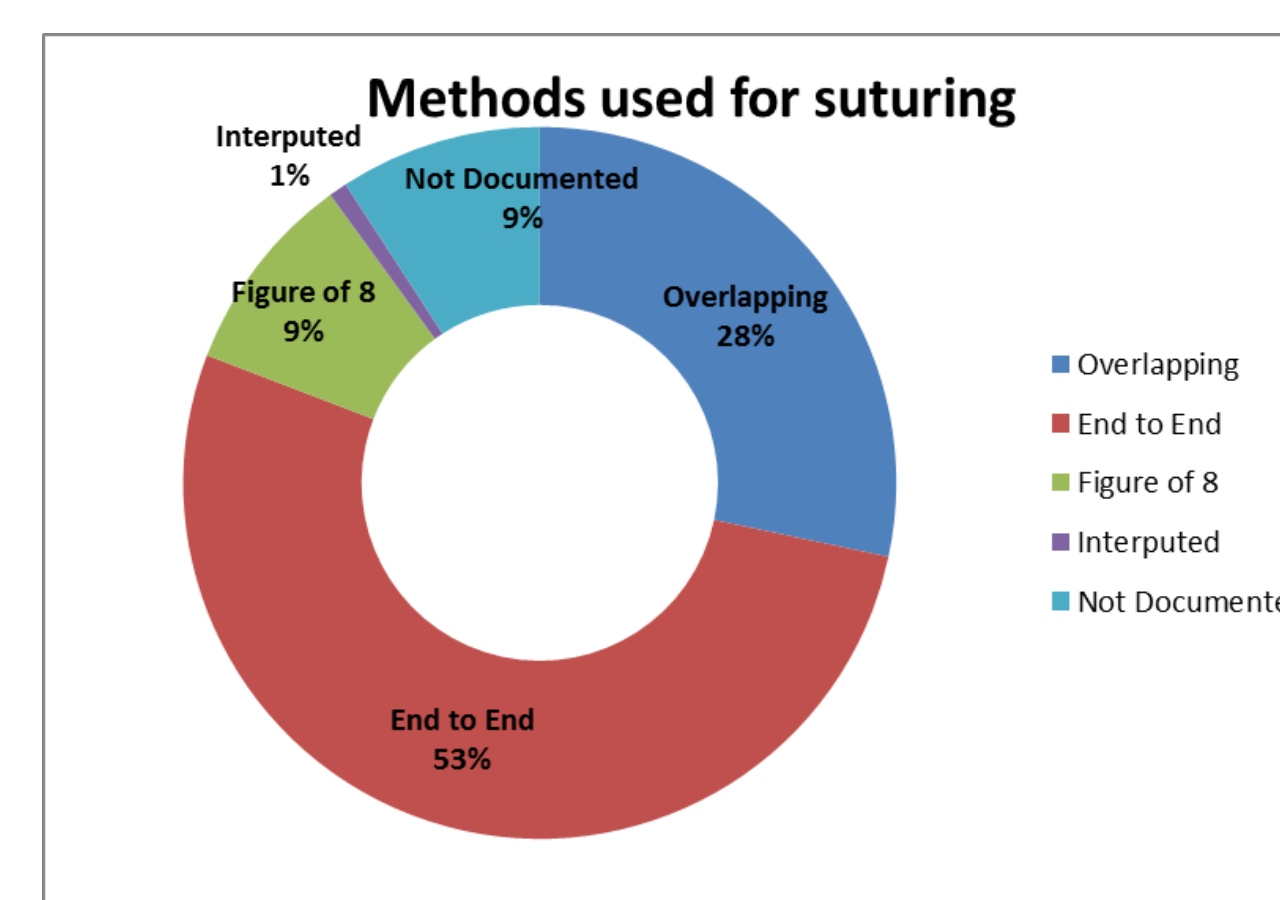
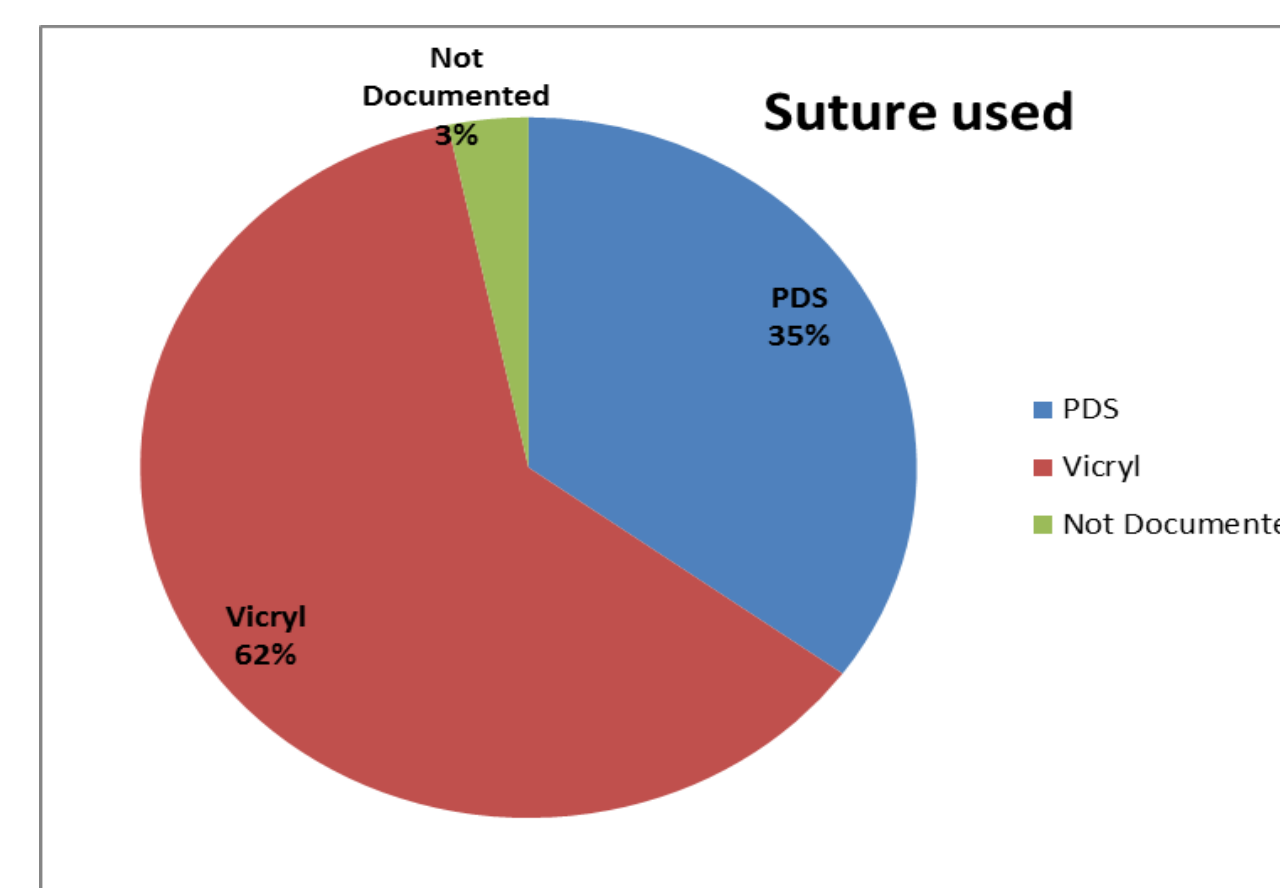
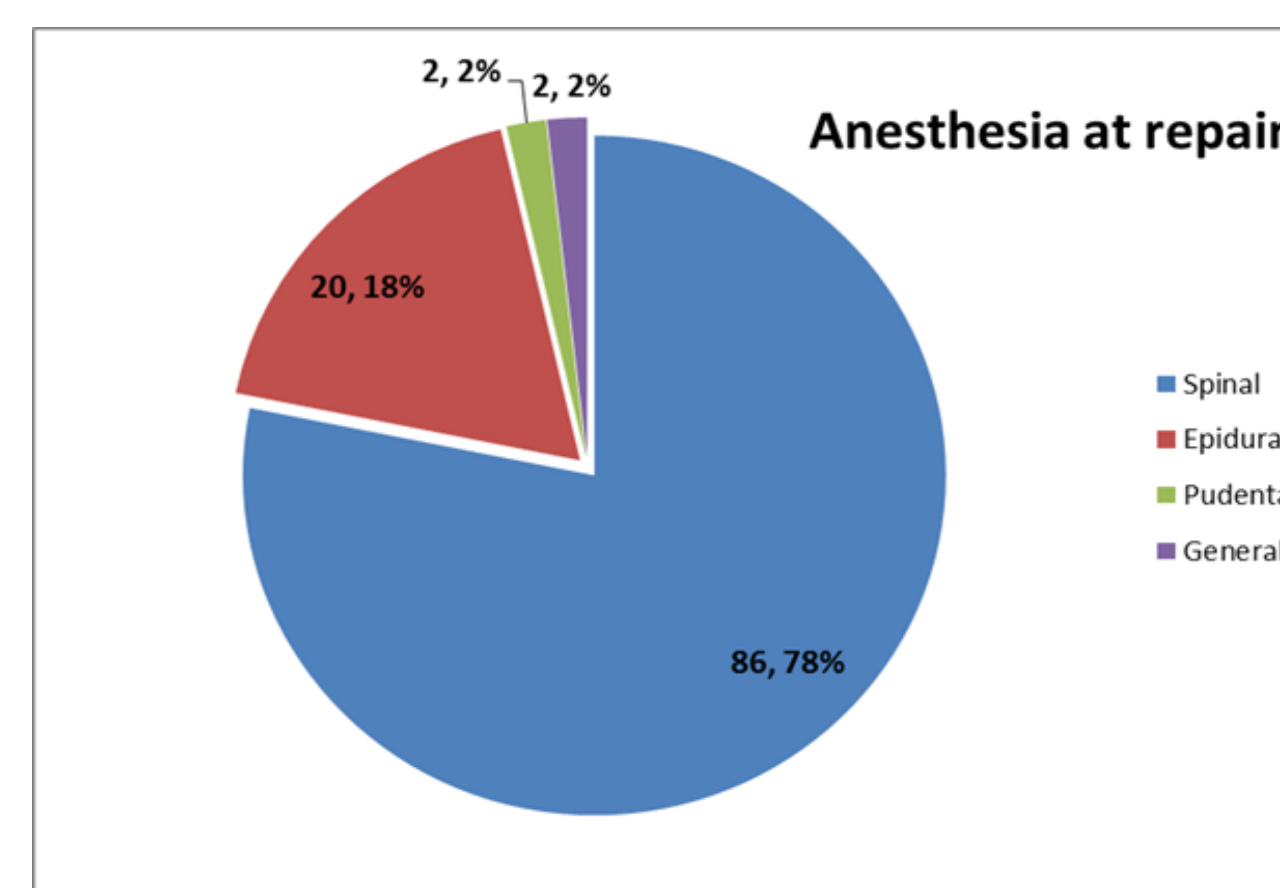
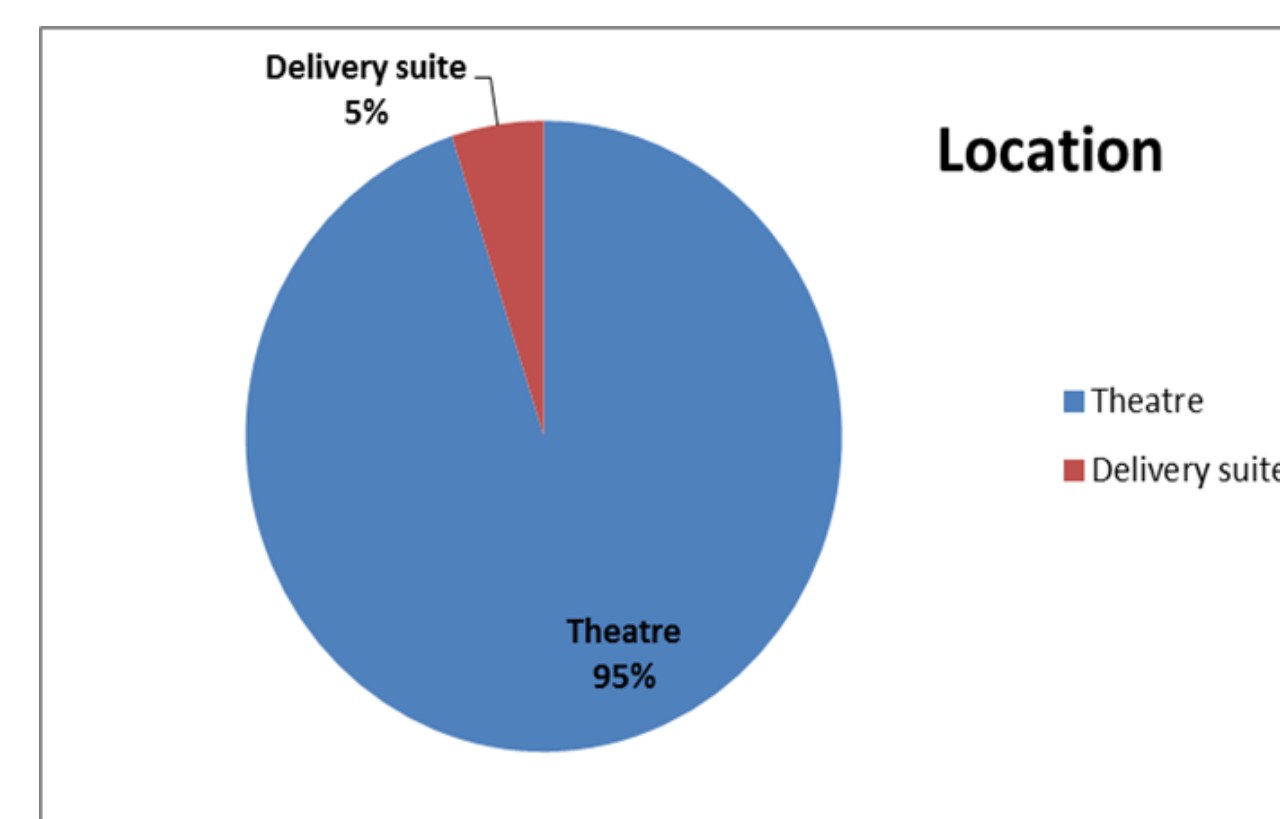
Design

A retrospective audit were performed and analysed to find out the local incidence of OASIS with more information regarding where the repair was performed (theatre), anaesthesia used, material and technique used, Grade of the surgeon, appropriate use of prophylactic antibiotics and laxatives, physiotherapy referral, follow up arrangement, documentation in comparison to local audit from 2006-2010 and national standards:RCOG Green-top Guideline No. 29, The Management of Third- and Fourth-Degree Perineal Tears (Updated June 2015)

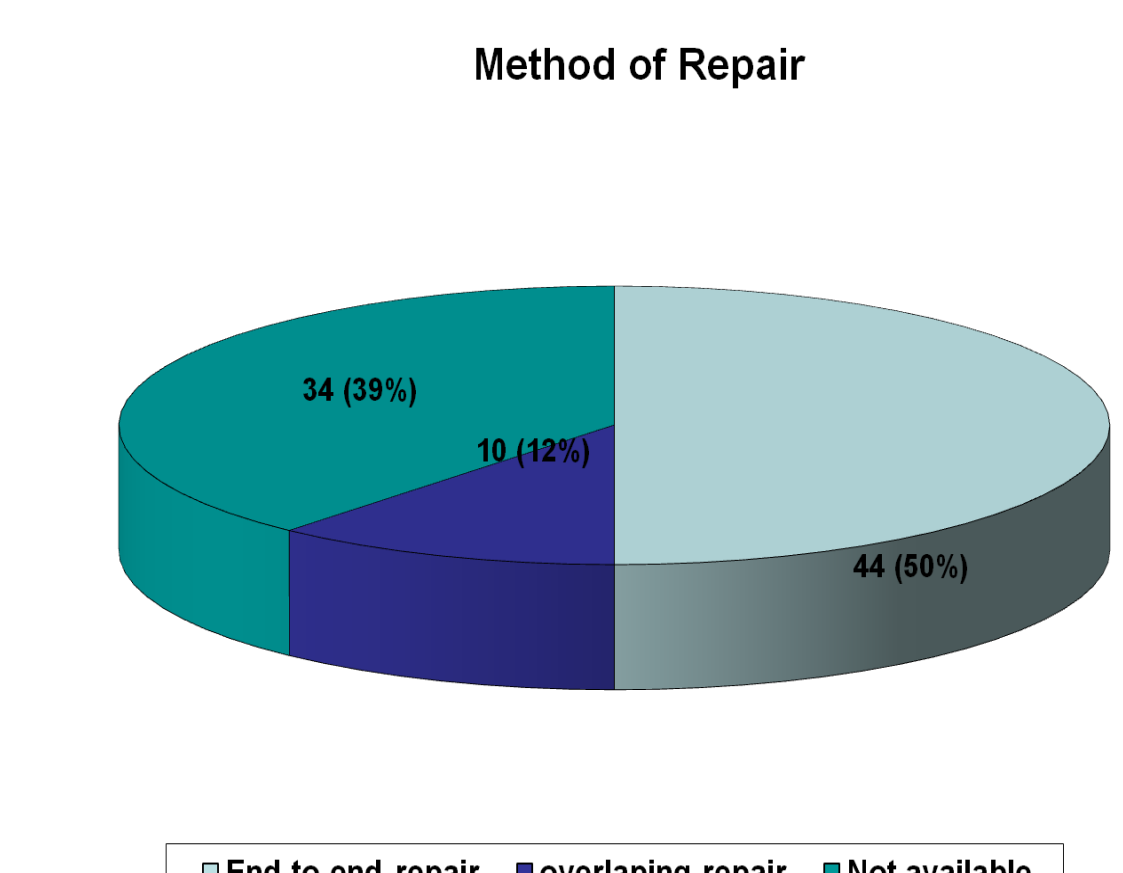
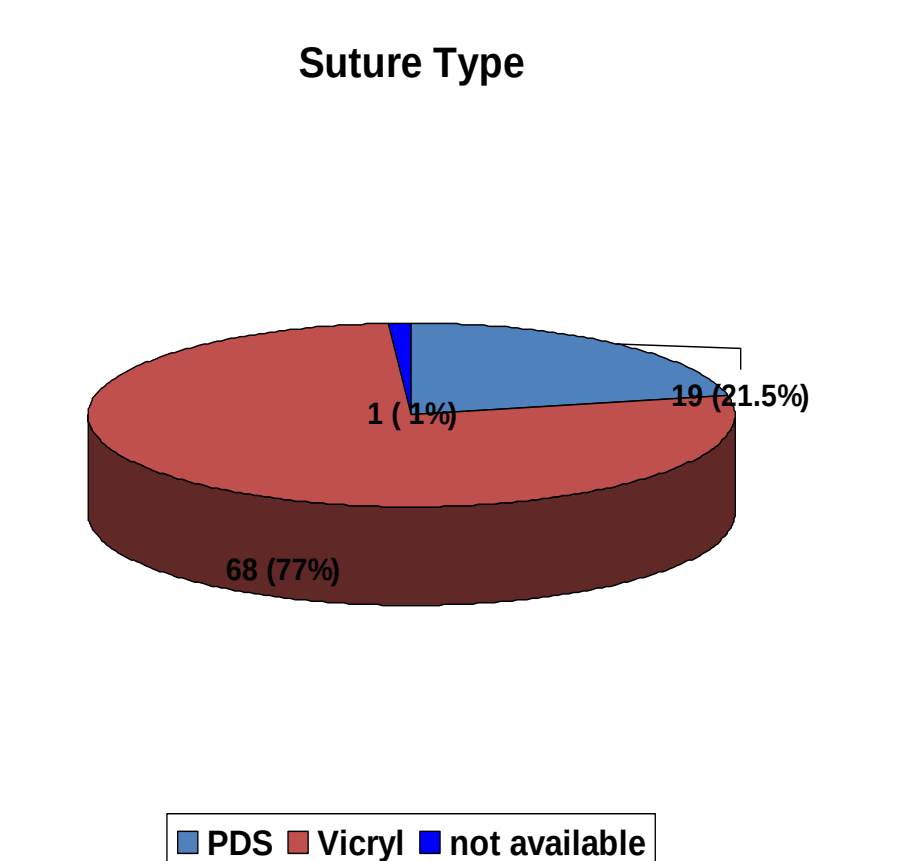
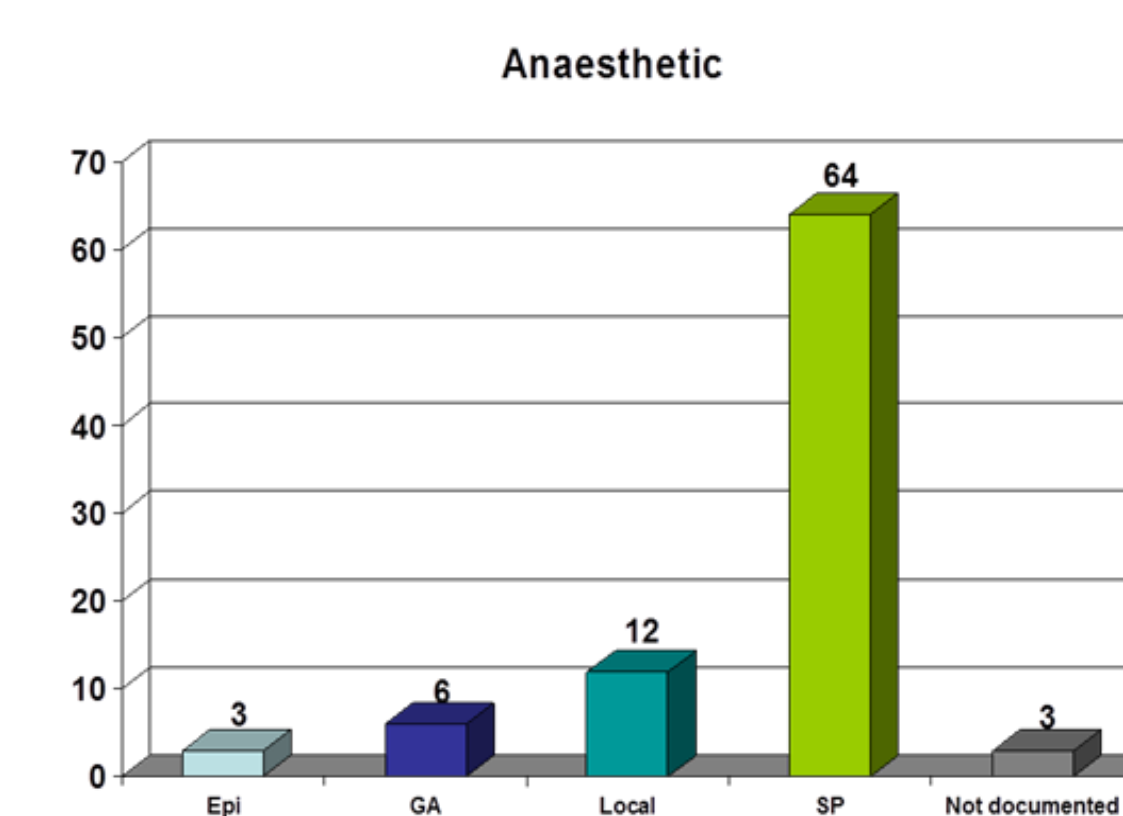
Method

A retrospective review was conducted from 120 patients (notes) in whom OASIS was identified between 2011 and 2021 and results were analysed in comparison with the previous local audit.

2011-2021



2006-2010



Results

Local incidence of OASIS was 1.46% (range 0.91-2.37%,11 years) (1.8%,2006-2010)

There was 100% evidence of adequate documentation of systematic examination of the vagina, perineum and rectum prior to suturing of OASIS.

Majority of repairs occurred in theatre (95%).
98% of women had appropriate anaesthesia (73%,2006-2010)

The documented evidence of the OASIS repair with specific information were
Type of analgesia used – 100% (97%, 2006-2010),
appropriate suture material used – 97% (99% , 2006-2010),
method of repair -- 91%(61%, 2006-2010),
grade of operator –100% (98.9%,2006-2010).

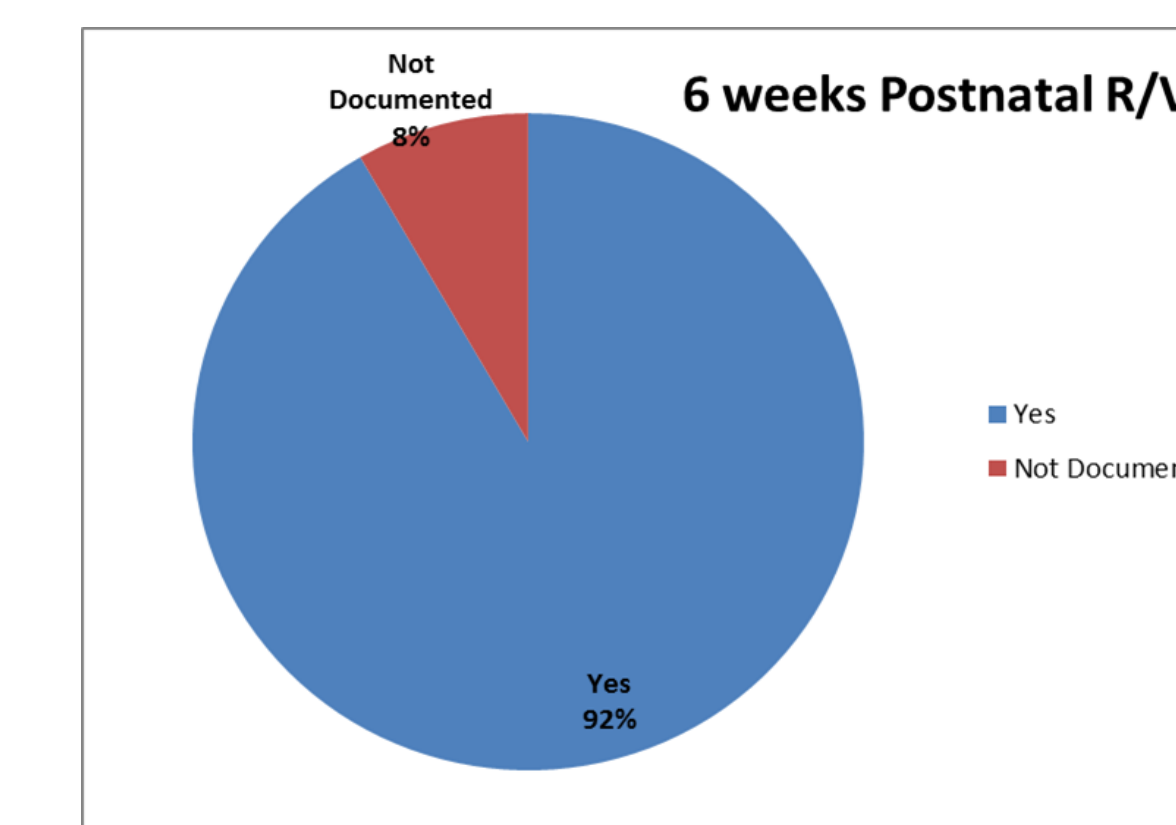
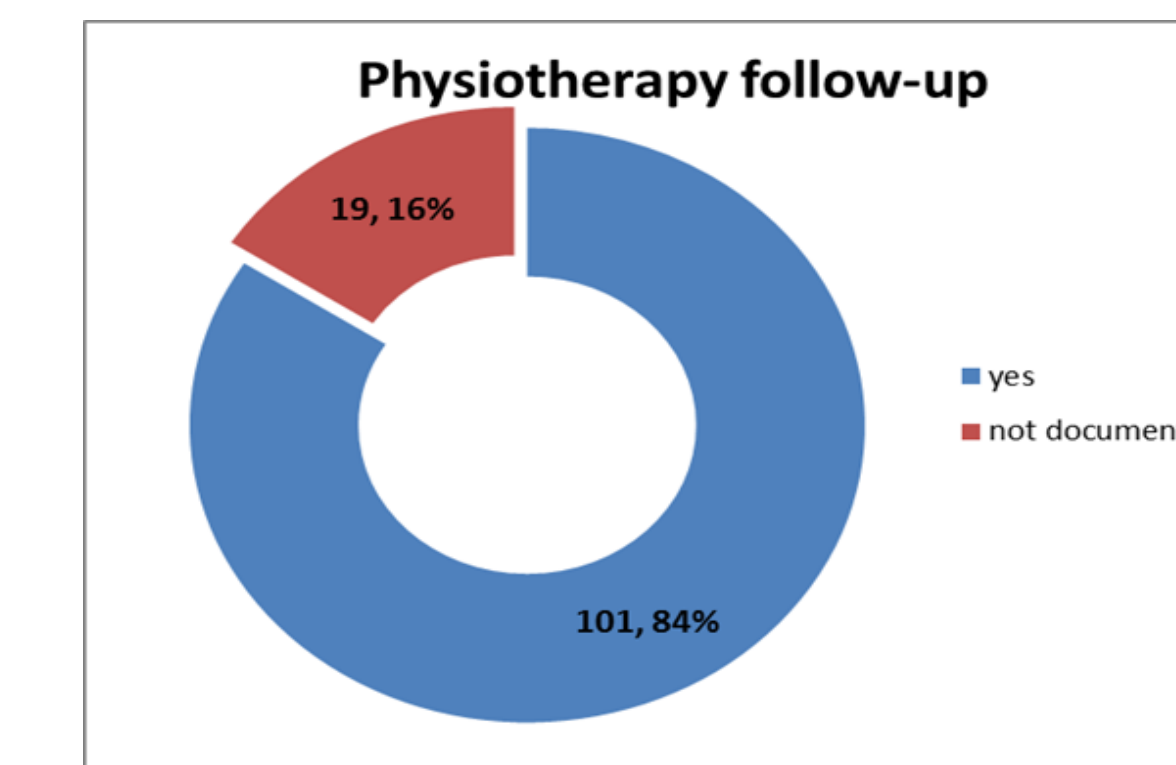
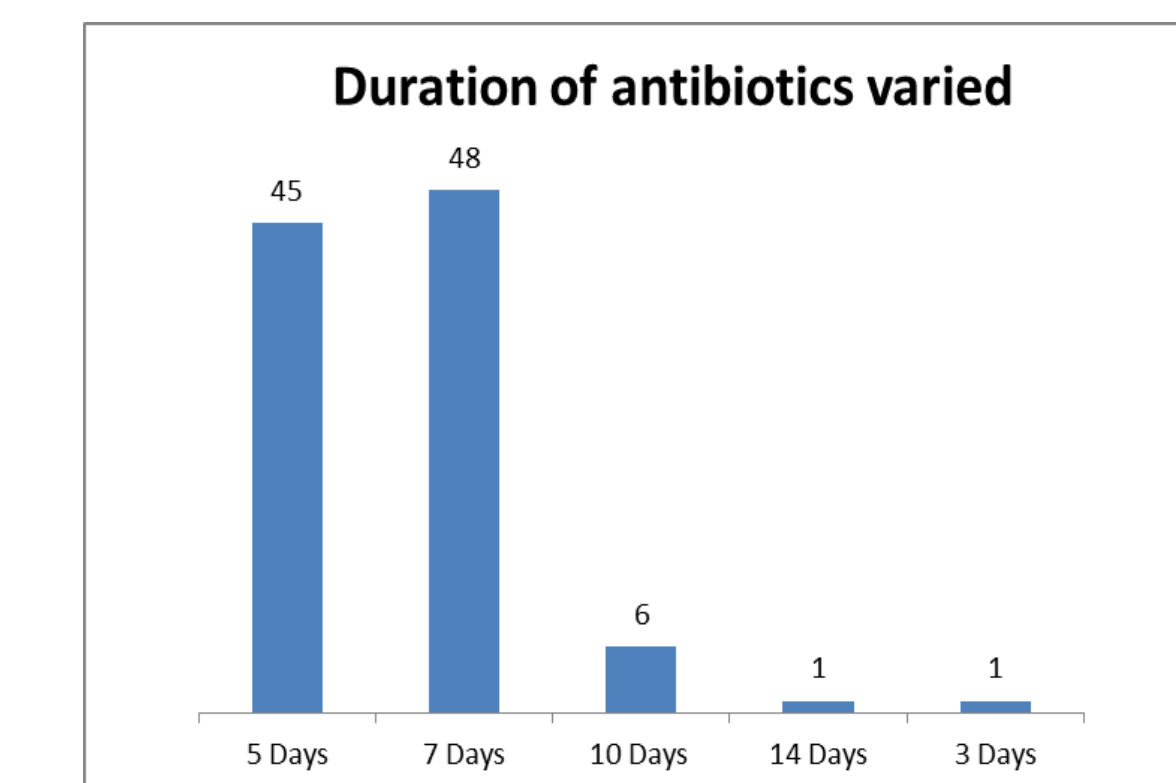
Analysis showed total who had received
post-procedure antibiotics was 100% (97.7%,2006-2011),
post-procedure laxatives was 100% (98%, 2006-2011),
physiotherapy follow-up referral was 84% (37%, 2006-2011),
postnatal follow-up appointment was 92% (25%,2006-2011).

100% of doctors undertaking repair of OASIS had attended recognized training courses.

Conclusions and Recommendations

- The local incidence of OASIS were less compared with reported UK incidence of less than 3%.The place of repair and anaesthesia used had improved but did not meet the national standard.
- The documentation of repair technique has improved considerably since previous audit but documentation on technique or suture material used has not met the national standard.
- All OASIS repair patients received post-procedure antibiotics and laxatives which was an improvement since the previous audit, but there were no uniformity in the type and duration used.
- There was considerable improvement in women receiving physiotherapy referral and postnatal follow-up appointment but still was not 100
- Implementation of a specific operative proforma on documentation of OASIS repair with a checklist may allow a standardised approach to improve compliance with the guidelines and achieve the national target

2011-2021



2006-2010

