

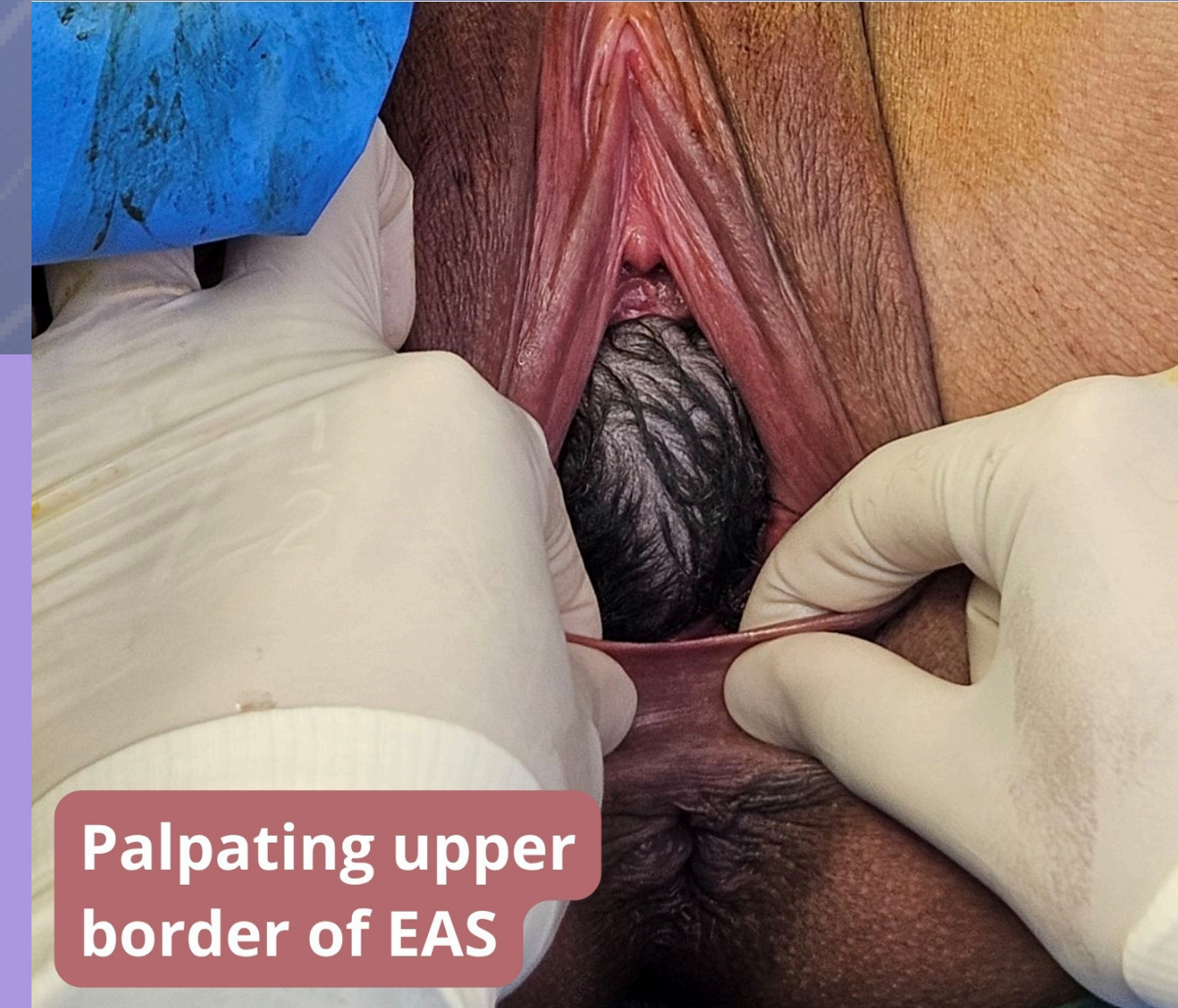


Sphincter-Sparing Episiotomy: A New Technique to Reduce Obstetric Anal Sphincter Injuries (OASI)

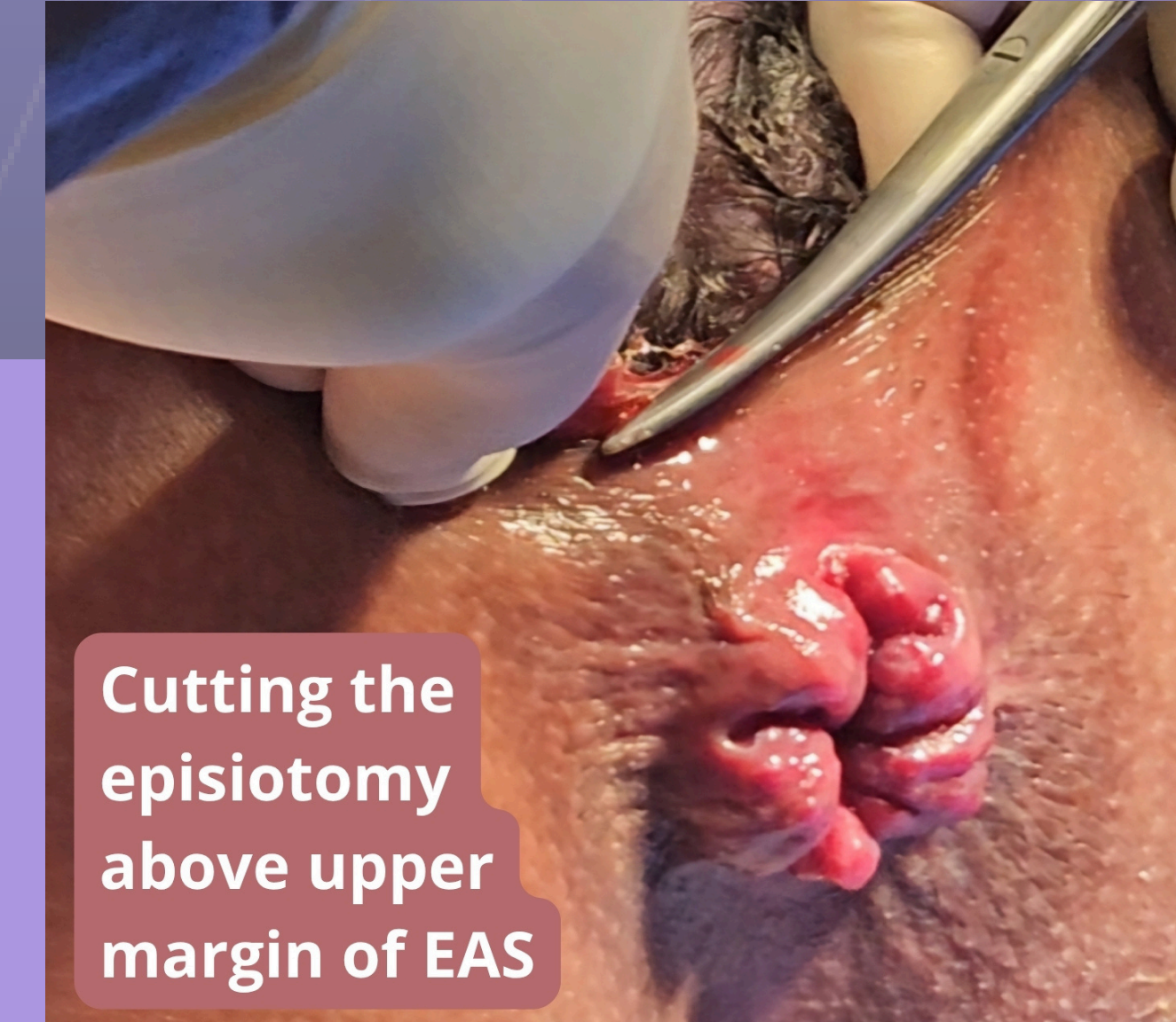
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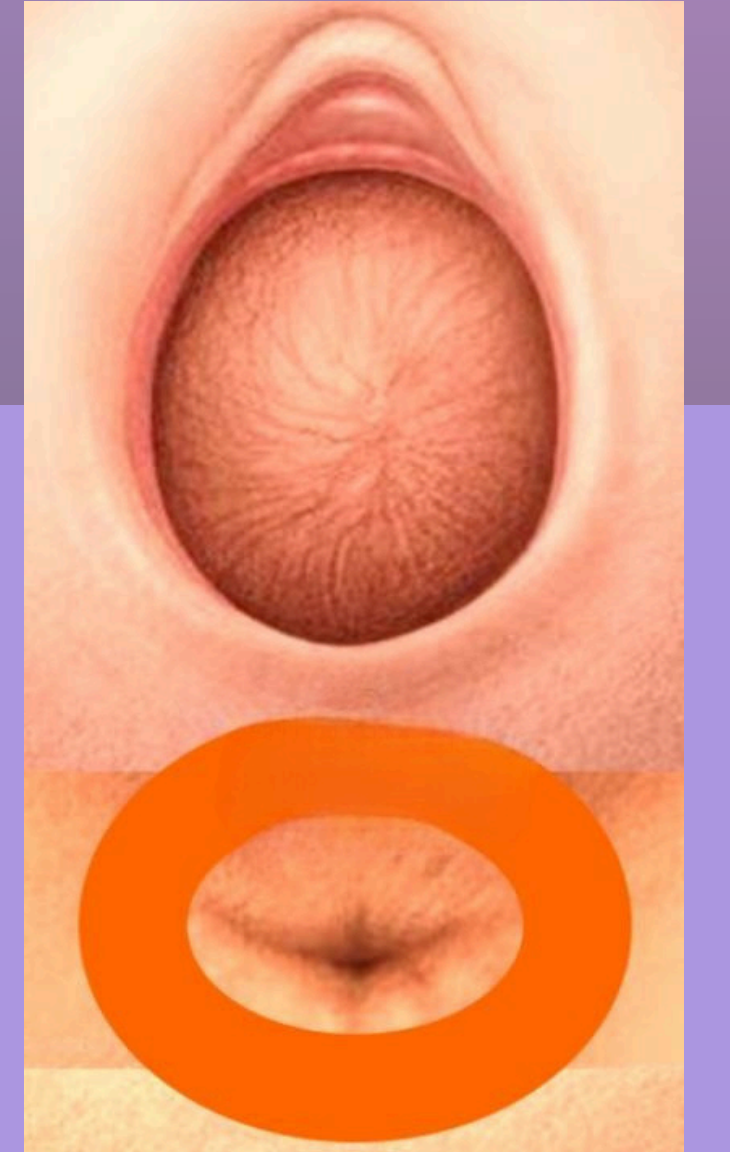
Palpating upper
border of EAS



Cutting the
episiotomy
above upper
margin of EAS



Intact EAS



Objective:

A novel approach to episiotomy—sphincter-sparing mediolateral episiotomy—to minimize the risk of OASI. Obstetric anal sphincter injuries (OASI) pose a significant concern during childbirth, often resulting in long-term complications such as fecal incontinence and pelvic floor dysfunction. Standard episiotomy practices can sometimes exacerbate these injuries.

Discussion:

The sphincter-sparing episiotomy technique demonstrated significant promise in minimizing OASI during childbirth. By identifying the anal sphincter and employing a careful surgical technique, we observed a remarkable reduction in the incidence of sphincter injuries. Notably, the low rate of complications, including minimal bleeding and manageable pain levels, suggests that this method could serve as a viable alternative to traditional episiotomy techniques. The findings align with the growing body of evidence advocating for refined surgical practices that prioritize maternal safety and recovery.

Method:

We conducted a case series involving 12 pregnant women who underwent sphincter-sparing episiotomy. This innovative procedure involved:

- Meticulous identification of the upper margin of the external anal sphincter during fetal head crowning.
- A mediolateral episiotomy was performed through the skin and superficial perineal muscles, just above and parallel to the upper margin of the external anal sphincter.
- To facilitate delivery while preserving anal sphincter integrity, a small 1 cm snip was made at the upper angle of the episiotomy.
- Post-delivery assessments included evaluating the integrity of the anal sphincter complex, the amount of bleeding, and pain perception.

Conclusion:

This case series highlights the potential of sphincter-sparing episiotomy as an effective strategy for reducing OASI during childbirth. The promising outcomes warrant further investigation through larger, randomized controlled trials to confirm these findings and establish a standardized protocol. Future research should explore the long-term effects of this technique on pelvic floor health and maternal quality of life. In clinical practice, the adoption of this method could lead to improved patient outcomes and a shift in obstetric policy towards more nuanced approaches to episiotomy. Ultimately, integrating this innovative technique into routine obstetric care could revolutionize how we address the challenges associated with OASI, ensuring safer childbirth experiences for mothers.