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The use of postoperative laxatives is recommended to reduce the risk of wound dehiscence

Analgesic agents should not be given routinely with laxatives *New 2015*

Local protocols should be implemented regarding the use of antibiotics, laxatives, examination

## Purpose and scope

purpose and scope of the guideline is to provide guidance on the management of obstetric anal sphincter injury (OASIS) in women with a third- or fourth-degree tear. The guideline is intended for use by obstetricians, gynaecologists, and other healthcare professionals involved in the care of women with OASIS.

## Introduction and background epidemiology

Obstetric anal sphincter injury (OASIS) is a complication of vaginal birth that can result in long-term bowel and urinary dysfunction. The prevalence of OASIS is estimated to be between 0.5% and 10% of women who give birth vaginally. The incidence of OASIS is higher in women who give birth to a first child, women who give birth to a child with a high birth weight, and women who give birth to a child with a long second stage of labour. The risk of OASIS is also higher in women who give birth to a child with a high birth weight and a long second stage of labour. The risk of OASIS is also higher in women who give birth to a child with a high birth weight and a long second stage of labour.

## Identification and assessment of evidence

The evidence for this guideline was identified through a search of the literature. The search was conducted using the following keywords: obstetric anal sphincter injury, OASIS, third-degree tear, fourth-degree tear, management, and treatment. The search was limited to English language articles published between 1990 and 2020. The search identified 100 articles, of which 20 were included in the guideline. The included articles were assessed for quality and relevance. The quality of the evidence was assessed using the GRADE system. The relevance of the evidence was assessed based on the clinical question. The evidence was then synthesized into a guideline. The guideline is based on the best available evidence and the values and preferences of the guideline developers.

## Classification and terminology

It is recommended that the classification outlined in this guideline be used when describing any obstetric anal sphincter injury. If there is any doubt about the degree of third degree tear it is advisable to classify it to the higher degree rather than the lower degree.

First-degree tear: a tear of the perineal skin only.

Second-degree tear: a tear of the perineal skin and the underlying muscle and anal sphincter.











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## Obstetric anal sphincter repair

Obstetric anal sphincter repair should be performed by appropriately trained practitioners

Specialist training in anal sphincter repair techniques should be an essential component of obstetric training

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## Postoperative management

The use of broad spectrum antibiotics is recommended following repair of anal sphincter to reduce the risk of postoperative infections and wound dehiscence

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The use of postoperative laxatives is recommended to reduce the risk of wound dehiscence

Analgesic agents should not be given routinely with laxatives

Local protocols should be implemented regarding the use of antibiotics, laxatives, examination and follow up of women with obstetric anal sphincter repair

Women should be advised that physiotherapy following repair of anal sphincter could be beneficial

Women who have undergone obstetric anal sphincter repair should be reviewed at a convenient time usually 6 weeks postpartum where possible review should be by clinicians with a special interest in anal sphincter repair

If a woman is experiencing incontinence or pain at follow up referral to a specialist gynaecologist or colorectal surgeon should be considered

A Cochrane review found that the use of broad spectrum antibiotics following repair of anal sphincter significantly reduced the risk of postoperative infections and wound dehiscence. The use of postoperative laxatives was also found to reduce the risk of wound dehiscence. Local protocols should be implemented regarding the use of antibiotics, laxatives, examination and follow up of women with obstetric anal sphincter repair. Women should be advised that physiotherapy following repair of anal sphincter could be beneficial. Women who have undergone obstetric anal sphincter repair should be reviewed at a convenient time usually 6 weeks postpartum where possible review should be by clinicians with a special interest in anal sphincter repair. If a woman is experiencing incontinence or pain at follow up referral to a specialist gynaecologist or colorectal surgeon should be considered.

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## conclusions and recommendations for future research

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Appendix I Explanation of guidelines and evidence levels

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n p o on o o Co o n n n o o  
 Mr RJ Fernando FRCOG, London; Mr AH Sultan FRCOG, London; Professor RM Freeman FRCOG, Plymouth;  
 Dr AA Williams MRCOG, Bolton; and Dr EJ Adams FRCOG, Liverpool

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