

Information about

Obstetric Anal Sphincter Injuries (OASIS)

Hospital: _____

Telephone No: _____

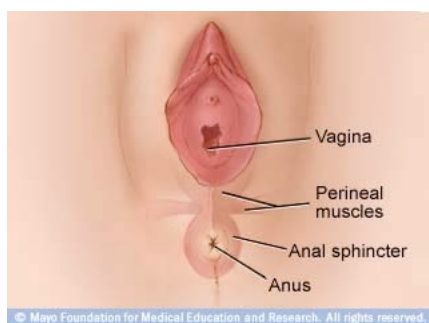


During the birth of your baby, you had an Obstetric Anal Sphincter Injury (OASIS). This leaflet will give you information about OASIS and answer some of your questions.

This leaflet is to supplement the advice and support from your doctors, midwives and physiotherapists.

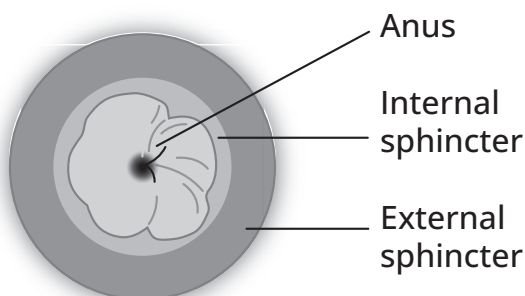
What are Obstetric Anal Sphincter Injuries (OASIS)

Most women who tear during childbirth tear in the area between the vagina and anal canal (back passage). This area is called the Perineum. An OASIS is a tear that involves the vagina, perineum and the muscles that surround the anus. These muscles are known as the anal sphincter.



There are two rings of muscle surrounding the anal canal – the inner ring, known as the internal anal sphincter (IAS) and the outer ring, known as the external anal sphincter (EAS)

Both these muscles control your stools and wind from your back passage.



There are different types of OASIS, depending on what area is affected:

3rd Degree Tears:

There are different types of 3rd degree tears:

- 3a - There is a slight tear in the external sphincter muscle (50% or less). The internal sphincter is not torn.
- 3b - There is a larger tear of the external sphincter (more than 50%). The internal sphincter is not torn.
- 3c - This means both the external and internal sphincter is torn

4th Degree Tear:

This is a tear that involves all of the anal sphincter and the skin (mucosa) lining the anal canal and into the lower bowel (rectum).

How common are 3rd or 4th degree tears?

Evidence suggests that up to 3 -4 out of 100 women (3-4%) will have a tear during birth.

Why did I tear?

For most women there is no clear reason why. There are certain things that increase the risk of these tears occurring

These include:

- If this is your first vaginal birth
- You have a big baby (more than 4kg approximately 8½lbs)
- If the baby's shoulders gets stuck behind your pubic bone – this is known as shoulder dystocia

- Being Overweight
- Forceps delivery
- The direction the baby is facing as it is being born (e.g. face-to-pubes)

Could it have been prevented?

No, in most situations we cannot predict or prevent tears. Research shows that although an episiotomy, a cut through the perineum at time of delivery, makes more space for the baby to be born, it does not prevent a 3rd or 4th degree tear.

What will happen if I have a tear?

A doctor will repair the tear in an operating theatre. We will give you a regional (epidural or spinal) anaesthetic which numbs you from the waist down. If you cannot have a regional anaesthetic we may give you a general anaesthetic which means you will be asleep.

We will give you fluids and antibiotics (to decrease the risk of infection) through a drip.

After the repair

Catheter - We will leave a catheter (tube) in your bladder after the repair. You may not feel the need to pass urine until your epidural or spinal wears off and it is important your bladder does not overfill. Your midwife will remove the catheter depending on your doctors instructions (usually later on that day or the following morning). It is important you then pass urine within six hours of your catheter being removed – your midwife will measure how much urine you pass.

Pain – we will give you medication to relieve any pain or discomfort.

Laxatives – we may give you stool softeners to help keep your bowel movement soft and regular and aid healing. It is important that you avoid becoming constipated. Therefore drink plenty of fluids as painkillers can make you constipated.

Antibiotics – we will give you antibiotics to prevent infections. We may give you antibiotics to take home with you.

Please note: None of these medications will interfere with breastfeeding.

Stitches – All your stitches will dissolve which means they do not need removed. However, they can take up to 3 months to dissolve.

Taking care of your perineum

Wash the perineal area 3-4 times a day. Always pat dry from front to back after washing to avoid introducing bacteria from the rectum to the vaginal area. It is also very important to wash the perineum after a bowel movement.

Change your sanitary pads at least every four hours to keep the wound as clean as possible.

Keep comfortable: Lie down to rest between 20-40 minutes every few hours for the first 2-4 days as this will help with healing. You may find placing a pillow between your knees is comfortable.

When feeding your baby shift your sitting position and lie down occasionally to reduce the pain.

Fluids: Drink at least 1.5 to 2 litres of fluid a day.

Bowel Movement: Keep stools soft. Try not to strain when opening your bowels and follow the advice below.

What is the best way to open my bowels?

Your physiotherapist will tell you about this.

Position:

- Sit and lean forward
- Back straight
- Legs apart
- Forearms resting on knees
- Feet up on a stool if necessary



Action:

- Relax – Your jaw (lips open, teeth apart)
- Bulge – Push your lower tummy forward
- Hold - Maintain this 'pear shape' (bulge) for 5-10 seconds whilst breathing gently

Supporting the stitches with a clean sanitary towel when opening your bowels may help. You should feel your sphincter open. When you have finished, pull up your pelvic floor muscles.

Pelvic Floor Muscle Exercises:

Because you have had an extensive tear you are at risk of discomfort as well as bowel and bladder incontinence problems now and in the future. Pelvic floor muscle exercises will help to prevent this problem and aid the healing process. A Physiotherapist will see you while you are in hospital. They will tell you about pelvic floor muscle exercises and give you a leaflet on how to do them.

What should I do about sexual intercourse?

We would advise you to wait until the bleeding stops and the tissues have healed before having sexual intercourse. You can then have sexual intercourse if you feel ready. Make sure you arrange contraception.

When resuming intercourse you may need extra lubrication as the sensitive tissues may be tender; this will lessen over time. Different positions may make it more comfortable.

What are the long term effects of an OASIS?

Most women (8 out of 10 women about 80%) will make a full recovery and have no symptoms after one year. Temporary symptoms, especially in the first few months, are common

These can include:

- pain and discomfort around the sutures and perineum
- a feeling of needing to rush to the toilet to open your bowels urgently.

For some women these symptoms persist and they need further treatment, such as specialised physiotherapy.

Will I have any follow up?

We will offer you a clinic appointment around 3-6 months. We will examine you to check the healing process and ask if you are having any symptoms. The doctor will also discuss your options for delivery during your next pregnancy.

Can I try for a natural birth again next time?

This depends on a number of factors. You will need to discuss this with your Obstetrician in your next pregnancy.

If you have no symptoms and everything has healed up well, then vaginal delivery is still an option for you. Otherwise your doctors may discuss a caesarean section with you. (If you are overweight this may affect your delivery options) It will also depend on how your next pregnancy goes.

Data Collection

To make sure we are maintaining the best possible care for our patients we are continuously auditing and reviewing our results. Some of your data may be collected for this purpose but it is anonymous, i.e. we remove your personal identifying information such as your name and date of birth. We may present the results of our audits and reviews to our colleagues at educational meetings or in scientific journals.

Where can I get further information?

The following websites provide useful information

- National Childbirth Trust  www.nct.org.uk
- Royal College of Obstetricians and Gynaecologists
 www.rcog.org.uk
- National Institute of Clinical Excellence for Health
 www.nice.org.uk

If you have any questions or concerns, please speak to your Midwife, Health Visitor or GP.

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline 'The Management of Third and Fourth Degree Tears'.