

Obstetric Anal Sphincter Injury (OASI) Information Leaflet

What is Obstetric Anal Sphincter Injury?

Obstetric Anal Sphincter Injury (OASI) can extend down from the vaginal wall and backwards through the perineum to the muscle that controls the back passage (anal sphincter).

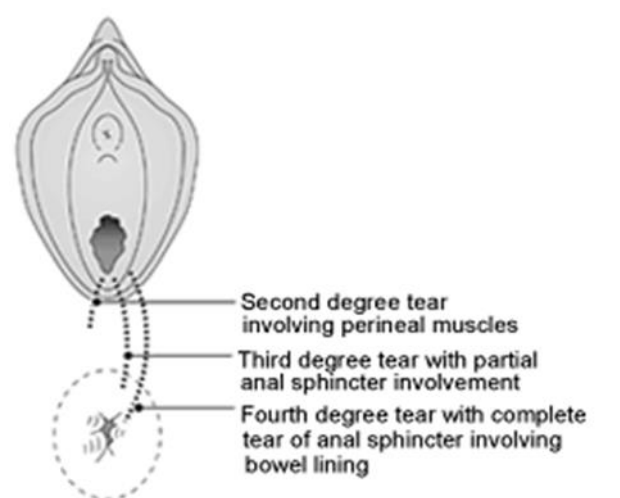


Image Source: The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Why does Obstetric Anal Sphincter Injury occur?

Obstetric Anal Sphincter Injury (OASI) occurs due to the tearing of the tissues during childbirth. It is impossible to predict who will have OASI. However, certain factors increase the chances of a perineal tear happening. These can include:

- First baby
- Ethnicity (Asian and Black)
- Shoulder Dystocia (when one of your baby's shoulders becomes stuck behind the pubic bone during delivery)
- Large baby
- The direction the baby is facing at birth
- Induction of Labour
- Epidural
- Pushing for a long time
- Assisted delivery

The reported rate of OASI has tripled from 1.8% to 5.9% from 2000 to 2012 in England. The overall incidence in the UK is 2.9%, with a rate of 6.1% in first time mothers compared with 1.7% in those who have had babies before.

How is Obstetric Anal Sphincter Injury repaired?

You will have been examined by a doctor to confirm the extent of your injury. The repair normally takes place in theatre with an anaesthetic. The muscles are stitched back together using dissolvable sutures (stitches).

Care after Obstetric Anal Sphincter Injury?

- To speed up healing and prevent infection keep the area clean.
- Have a tepid bath or shower at least once a day and pat the area dry to keep it free of moisture.
- Change your sanitary pad regularly washing your hands before and after you do so.
- Skin sensation is likely to be altered so do not have too hot a bath.
- Do not put additives such as bubble bath in the water as this may delay healing. You may have heard that salt added to bathwater can help, but salt can make the stitches break down too quickly.
- To avoid pressure on the wound in the first few days it is best to avoid sitting for long periods and to lie on your side. If you are breastfeeding your midwife will show you comfortable positions for you and your baby.
- Signs of infection are an increase in pain, or an offensive discharge. If you experience any of these problems please contact your midwife or GP.
- Constipation causes straining and pressure on the recovering tissues. To help prevent this, please eat plenty of foods containing fibre such as brown rice, cereals and fruit.
- Try to drink about two litres of water each day (if you are breastfeeding increase this to three litres). This helps stools to be softer and therefore easier to pass.

What happens after the repair?

You will be sore but the midwife will be able to give you pain relief, when required. You will be prescribed a set of medication which comprises of:

- A course of antibiotics to prevent infection in your stitches.
- Medicine to prevent constipation (Laxatives) so you are not straining when having your bowels opened.

It may be uncomfortable when you first open your bowels but it will get easier. Don't be frightened to push down gently so that you can open your bowels - **the stitches won't give way**.

Some women have noticed that they have difficulty controlling their bowels at first and some have even leaked, or had problems controlling wind (flatus). If this happens to you, don't be too worried. This should settle after 2 or 3 weeks when the swelling has gone and the muscles of the back passage start to function properly

Sit on the toilet in the correct position to make sure you empty your bowel properly.

Correct position for opening your bowels

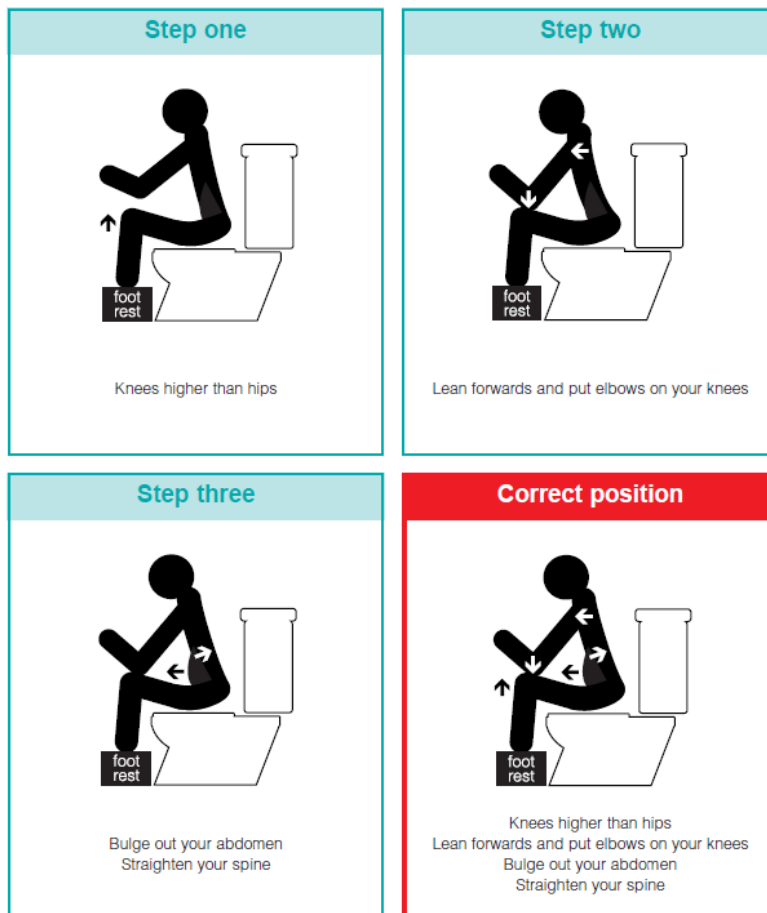


Image Source: Reproduced by the kind permission of Ray Addison, Nurse Consultant in Bladder and Bowel Dysfunction. Wendy Ness, Colorectal Nurse Specialist

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Is there anything I can do to strengthen the damaged muscles?

YES - Any woman who has had a baby should exercise the pelvic floor muscles. These strengthen the pelvic floor muscles, which have been affected by the tear.

The pelvic floor muscles are the firm supportive muscles that stretch from your pubic bone at the front of your pelvis to the base of your spine at the back. They help to hold your bladder, womb and bowel in place, and to close your bladder outlet and back passage.

When your pelvic floor muscles are well toned they stop leakage of urine from your bladder and wind or stools from the bowel. When you pass urine or stools the pelvic floor muscles relax and afterwards they tighten to restore control. They actively squeeze when you laugh or cough to avoid leaking.

During the first five days the area will feel numb and sore and it will be difficult to exercise during this period, but keep practicing.

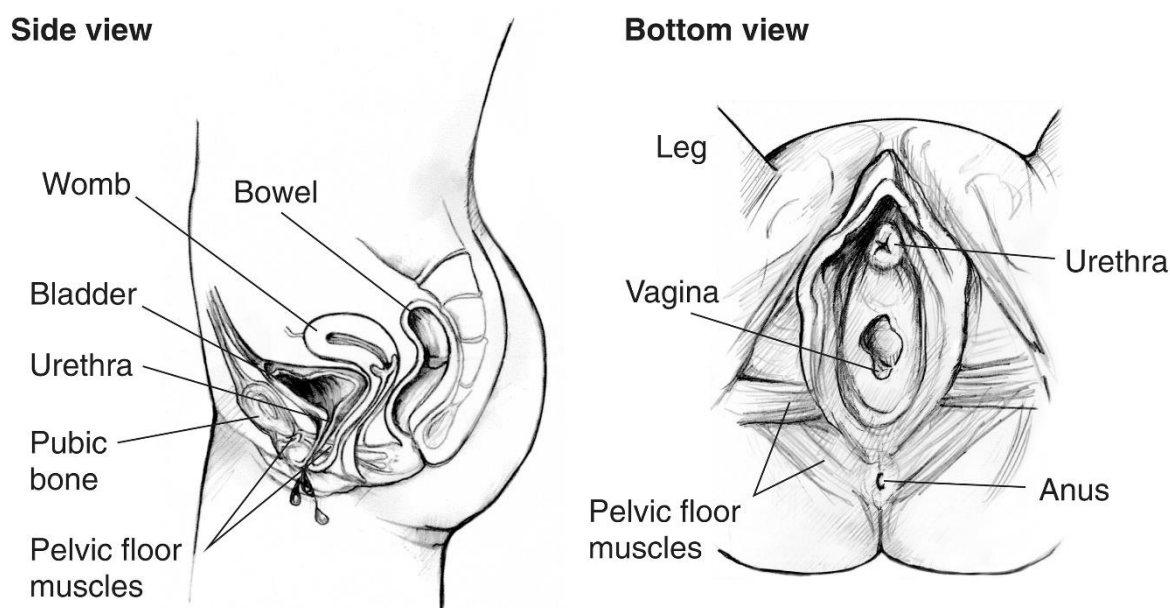


Image Source: National Institute of Diabetes and Digestive and Kidney Diseases

How do I do pelvic floor exercises?

It is not always easy to find your pelvic floor muscles. However, it is important to focus on the right group of muscles when exercising your pelvic floor. You shouldn't be working the muscles in your legs, buttocks or above your tummy button and you mustn't hold your breath. Exercising them should not show at all 'on the outside'. However, feeling some slight tension in your lower abdominal muscles is normal.

To start exercising lie down with your knees bent and feet on the bed. As you improve you can sit comfortably upright with your feet touching the floor.

Slowly tighten and pull up the muscle around your anus and vagina. This squeezes the muscle upwards and inwards. Imagine that you are trying to stop yourself from passing wind, and at the same time stopping your flow of urine mid-stream. Once you've identified the right muscles, try and see what they can do. See how long you can squeeze the muscles for? How many times can you repeat this? Then try and work towards the following routine:

- **Squeeze and lift** your pelvic floor muscles as hard as you can. Hold for a count of 10 seconds. If your muscles feel too weak to hold for 10 seconds. Aim to build up the time slowly. Repeat this exercise up to 10 times.
- **Tighten and lift** your pelvic floor muscles as quickly and as strongly as you can, then relax. Do this up to 10 times
- **Aim to do the exercises three times a day, every day.**
- Squeeze and lift your pelvic floor **every time you pick up anything heavy** e.g. baby/ car seat, before coughing/sneezing. This helps your pelvic floor muscles to support the increasing downward pressure on your body.
- Remember to make time for your exercise. Find a time that works for you e.g. when feeding your baby / cuddling baby, resting in bed.
- Persevere with it. Don't expect it to work instantly. It takes weeks of regular exercise to improve pelvic floor muscles and several months to regain its strength. However, if you stick to the program you should notice a difference after 6 weeks.

If you find the exercises described difficult or not working after six week please speak to your midwife or GP so that they can refer you to a women's health physiotherapist for further help.

When can I have sex?

When you feel ready and comfortable enough, however, we advise you not to have sex until approximately six weeks, once the vagina has healed and the area feels comfortable. Sexual intercourse may be a little uncomfortable at first, therefore we would advise you to use lubricants which you can buy from most pharmacies. This discomfort should improve with time. If you feel apprehensive about sex or experience pain it is important to speak to the urogynaecology link midwife when you attend the hospital.

DO remember to use effective contraception - as it is possible to conceive a few weeks after your baby is born - See your GP or Family Planning Clinic for contraceptive advice.

What are the long term effects of OASI?

- You may find that you need to rush urgently to the toilet. Some women will experience symptoms such as leakage of urine from the bladder or wind or stools from the back passage. This is often temporary and can improve over time with doing regular pelvic floor muscle exercises. For some women symptoms may appear several months after the repair, in this case seek advice from your urogynaecology link midwife.
- Stitches have usually dissolved by ten days after the birth of your baby. Sometimes a knot of stitch material can persist and cause discomfort. All stitch material used in the repair should eventually dissolve. Often the stitches around the back passage remain in place for up to twelve weeks and can make passing bowel motions uncomfortable. Ensure you do not become constipated and if the pain is intense or you lose blood with the stool seek advice from your doctor.
- Very rarely a connection can form between the vagina and the rectum (rectovaginal fistula). It is important to report any unexpected leakage of faecal material from the vagina to your GP or urogynaecology link midwife. This is not common and can usually be repaired if it does not heal by itself.

Follow up and the Perineal Clinic

An appointment will be sent to you to attend the Perineal Clinic for approximately 6-8 weeks after your delivery. This clinic is held in the Urogynaecology Department, which is located on the ground floor of the hospital.

The Perineal clinic is a specialist clinic for women who have had OASI or who have developed chronic perineal problems post-delivery.

The first appointment will be with the Urogynaecology Link Midwife. The midwife will ask you some questions regarding any bladder or bowel symptoms you may have experienced and examine the perineum and pelvic floor muscles. This is to assess that your bowels, bladder and pelvic floor muscles are functioning normally and that your perineum has healed. You can decline this examination if you wish.

Prior to the appointment you will be sent a special on-line questionnaire (ePAQ) to complete as part of your medical care. This is confidential. Please try and complete it before attending for the appointment.

As part of your follow-up we will arrange for you to re-attend the clinic at approximately 6-9 months after your delivery for some Anorectal studies. These are useful to check how well the muscle in the back passage has healed and how well it is working. You will be asked to complete another ePAQ prior to this appointment. You will be seen by one of the Consultants following the tests to discuss the results.

It is very important that you attend for both these appointments.

What if I do not want to have the tests?

The tests do give us useful information about how well you have recovered from the tear and can help us in providing you with a clearer picture of the future with regards to your continence. They are also very useful, as the consultant can help advise you on how she would recommend you deliver any future pregnancies based on the test result. However, if you do not want to have the tests done, please tell the midwife.

What about future deliveries?

It is not known what happens to the anal sphincter muscles in the long-term, after this type of damage. After the Anorectal studies, we will have a better idea of how successful the repair has been. If there are no symptoms and no damage evident, it may be possible for you to consider future vaginal delivery. This causes a 25 in 100 risk of worsening the previous damage. If there are symptoms or evidence of persistent damage then your obstetrician may recommend elective (planned) caesarean section in a future pregnancy.

If you have any questions, please contact the **Urogynaecology Specialist Midwife on 0151 708 9988 Ext. 4321**

Some useful websites are:-

www.rcog.org.uk

www.perineum.net

www.yourpelvicfloor.org

www.csp.org.uk

www.rcm.org.uk

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk