



Corso SIUD Teorico-Pratico

Lacerazioni Perineali Ostetriche

14 Dicembre 2018 / 1° Edizione
Milano, 15 Dicembre 2018 / 2° Edizione



corso SIUD Teorico-Pratico

Lacerazioni Perineali ostetriche

Presidenti: Irene Cetin, Mauro Busacca
Direttore del corso: Marco Soligo

Milano, UNA Scandinavia Hotel
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*Il protocollo di riparazione
chirurgica delle lacerazioni
perineali secondo RCOG e risultati
delle riparazioni*

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Dimensioni del problema

- ✓ Incidenza di lacerazioni coinvolgenti lo sfintere anale in letteratura: 0.7% - 18% !!!
- ✓ Incontinenza anale (IA) e/o urgenza fecale *de novo* post-partum: 10% - 25% !!!
- ✓ Lesioni sfinteriali occulte : 35% - 40%
- ✓ Rischio relativo di sviluppare IA dopo il parto almeno doppio in chi abbia riportato lesioni sfinteriali (anche se occulte)
 - ENGLAND: from 1,8 % to 5,9% (2000-2012)
 - INCIDENCE: 2,9% (0-8%)
 - 6,1% PRIMIPARAE
 - 1,7% MULTIPARAE

Serati et al Acta Obstet Gynecol. 2008; 87: 313-18

3 X!!



Overall risk of 1%
of vaginal deliveries

FATTORI DI RISCHIO

Fattori di rischio ostetrici per lacerazioni III° - IV°

Can obstetric anal sphincter injury be predicted and prevented?

Clinicians need to be aware of the risk factors for obstetric anal sphincter injury but also recognise that known risk factors do not readily allow its prediction or prevention.



Livello evidenza
IIb, III

- birth weight over 4 kg (up to 2%)
- persistent occipitoposterior position (up to 3%)
- nulliparity (up to 4%)
- induction of labour (up to 2%)
- epidural analgesia (up to 2%)
- second stage longer than 1 hour (up to 4%)
- shoulder dystocia (up to 4%)
- midline episiotomy (up to 3%)
- forceps delivery (up to 7%).¹⁻¹⁹



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L'ostetrica può:



✓ EPISIOTOMY

✓ PERINEAL PROTECTION

✓ WARM COMPRESS



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EPISIOTOMIA



Episiotomy

The evidence that episiotomy prevents OASIS and/or anal incontinence is conflicting. Hospital Episode Statistics data have shown that episiotomy is associated with the lowest risk of OASIS.¹ Some studies have shown a protective effect while others have not.¹⁸⁻²⁰

However, there is evidence that a mediolateral episiotomy should be performed with instrumental deliveries as it appears to have a protective effect on OASIS.^{1,10}

Evidence level 2-

Ventosa



News 2015



**MEDIOLATERALE NEL PARTO OPERATIVO:
RUOLO PROTETTIVO**



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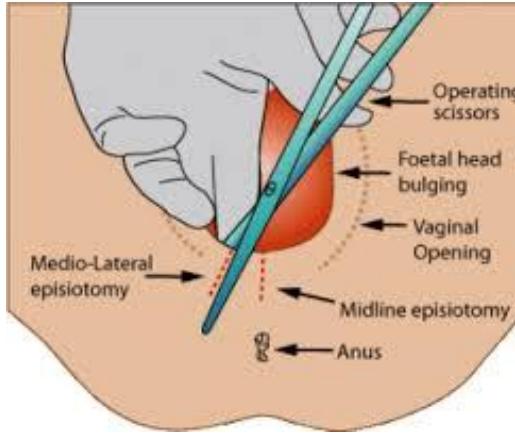
CLINICAL ARTICLE

Evaluation of the incision angle of mediolateral episiotomy at 60 degrees

Vladimir Kalis ^{a,*}, Jana Landsmanova ^a, Barbora Bednarova ^a, Jaroslava Karbanova ^a, Katarina Laine ^b, Zdenek Rokytka ^a

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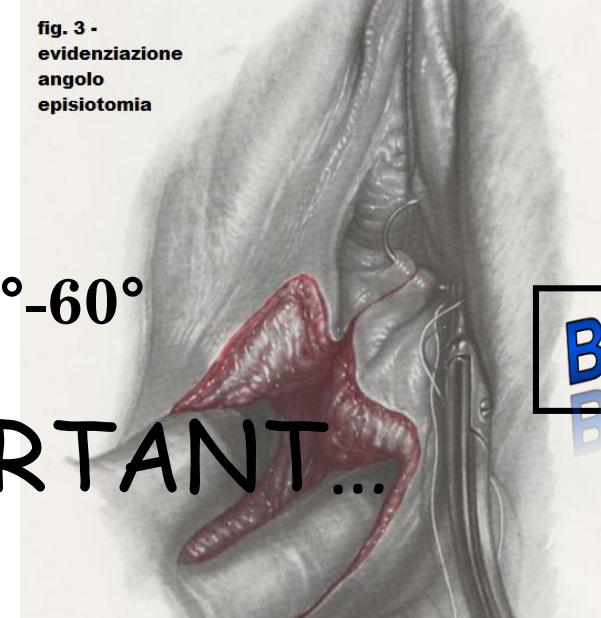
^b Department of Obstetrics, Oslo University Hospital, Oslo, Norway



45°-60°

40°-60°

MORE IMPORTANT...



Sultan et al BMJ 1994;308:887-91

Fernando et al BMC Health Serv Res 2002;2:9



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Diagnosi

Intrapartum care
doi: 10.1111/j.1471-0528.2006.00799.x
www.blackwellpublishing.com/bjog

Occult anal sphincter injuries—myth or reality?

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Accepted 28 September 2005.

Objectives To establish the true prevalence of clinically recognisable and occult obstetric anal sphincter injuries (OASIS).

Design Prospective interventional study.

Setting Busy district general hospital.

Sample Two hundred and fifty-four women having their first vaginal delivery over a 12-month period were invited. Two hundred and forty-one (95%) participated and 208 (86%) attended follow up.

Methods Women had a clinical examination at delivery by the accoucheur and repeated by an experienced research fellow immediately after delivery. All identified OASIS were verified and repaired by the duty specialist registrar or consultant. Endoanal ultrasound was performed immediately postpartum prior to suturing and repeated seven weeks later.

Main outcome measures Prevalence of recognised and occult anal sphincter injuries.

Results Fifty-nine (24.5%) women sustained OASIS. The prevalence of OASIS increased significantly from 11% to 24.5% when women were re-examined. Of these, 30 occurred in deliveries by midwives who missed 26 (87%) and 29 following deliveries by doctors who missed 8 (28%) injuries. All clinically apparent OASIS were also identified on endoanal ultrasound. In addition, three (1.2%) women had an occult anal sphincter injury. Two of these occult sphincter injuries were isolated to the internal anal sphincter (IAS) and would not usually be clinically detectable.

Conclusions OASIS occur more frequently than previously reported. Many remain undiagnosed and are subsequently classified as occult when identified on anal endosonography. Genuine occult injuries are rare. Training in perineal anatomy and recognition of OASIS needs to be enhanced in order to increase detection of OASIS and minimise the risk of consequent anal incontinence.

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• It was alarming to find that 87% and 27% of OASIS were not identified by midwives and doctors, respectively