

Video Presentation

OASIS 3B REPAIR

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Any breach in the continuity of the perineum is known as perineal injury / tear.

Classification of perineal injury -

OASIS classification (Obstetric Anal Sphincter Injuries)

First degree - Injury to perineal skin only.

Second degree - Injury to perineum involving perineal muscles but not involving the anal sphincter.

Third degree - Injury to perineum involving the anal sphincter complex:

3a: Less than 50% of EAS (External anal sphincter) thickness torn.

3b: More than 50% of EAS thickness torn.

3c: Both EAS and IAS (Internal anal sphincter) torn.

Fourth degree - Injury to perineum involving the anal sphincter complex (EAS and IAS) and anal epithelium

In case of doubt regarding grade of third-degree injury, assign higher grade.

Procedure - Third degree perineal injury repair

- Routine aseptic & antiseptic precaution. Thorough irrigation of the perineum with normal saline to remove any fecal material.
- An inverted 'U' shaped incision is made at the junction of posterior vaginal mucosa and anal skin. Lower limbs of 'U' extend upto the torn ends of external anal sphincter.

A midline incision is made at the posterior vaginal mucosa starting from the center of the 'U' incision.

- Posterior vaginal mucosa is separated from the underlying structures and reflected laterally.
- Repair of the sphincters is done. Sphincter repair is done with '2-0' polyglactin suture.
- The internal anal sphincter is identified {The IAS (smooth muscle), overlaps and lies superior to the EAS (skeletal muscle), is continuous with the smooth muscle of the colon. The anal sphincter complex extends for a distance of 3-4 cm}. Few fibres are torn which are approximated.
- Next bilaterally torn ends of EAS are hold with Babcock's forceps. EAS repair can be done either by overlapping technique and end-to-end anastomosis technique. We did it by overlapping technique.
- The EAS is released from its surrounding structures. Free ends of left EAS are brought below the right EAS so as to overlap each other. Needle passed from right EAS end (upper) to left EAS end (lower) and come out. Again, back from inferior surface of left EAS end to superior surface of right EAS end. Both ends are tied snugly. Be careful - don't strangulate the EAS. Then 2 more sutures are placed in same way and tied.
- Superficial transverse perineal muscles and bulbospongiosus are then approximated to strengthen the perineal body.
Vaginal mucosa is then closed.
- Additional interrupted hemostatic suture applied
Lastly the perineal skin is closed.

EXTERNAL ANAL SPHINCTER REPAIR

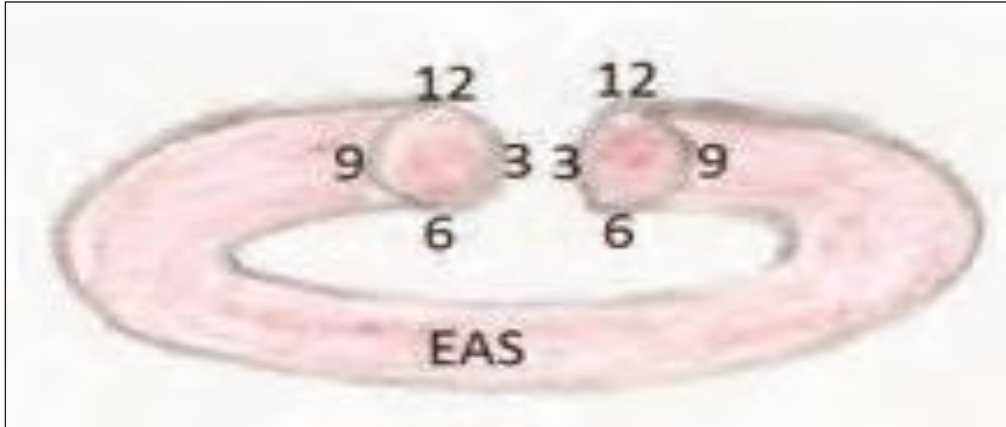


Fig. 1 - End-to-end anastomosis - respective numbers on either side will be attached with their counterparts. Start with 6 o'clock position. Both torn ends of EAS will get opposed to each other.

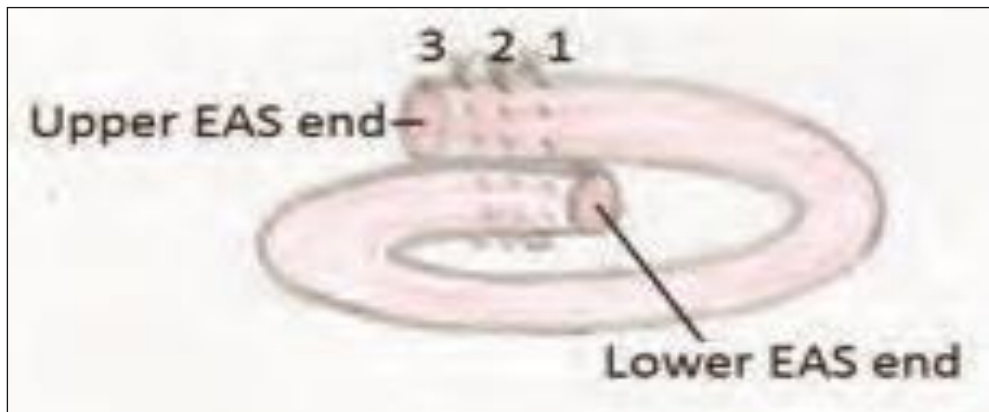


Fig. 2 - Overlapping technique - Freed ends of EAS will be made to overlap. Medial most suture is passed first (No. 1) from above downwards and come back to above again. Tie it snugly, but don't strangulate the EAS. Same way another 2 sutures are placed. Overlapping technique appears to yield better result in terms of post operative risk of developing fecal urgency and anal incontinence.¹

ACKNOWLEDGEMENT

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REFERENCE

1. Fernando RJ, Sultan AH, Kettle C, Thakar R. Methods of repair for obstetric anal sphincter injury. Cochrane Database Syst Rev 2013, Issue 12. Art. No.:CD002866. DOI: 10.1002/14651858.CD002866.pub3

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