

THIRD DEGREE AND FORTH DEGREE

LACERATIONS OF PERINEUM

Classification :

-
- **First degree:** involve injury to the skin and subcutaneous tissue .
 - **Second degree :** extend into the fascia and musculature of perineal body
 - Includes : transverse perineal m ; pubococcygeus ; bulbocavernous m.

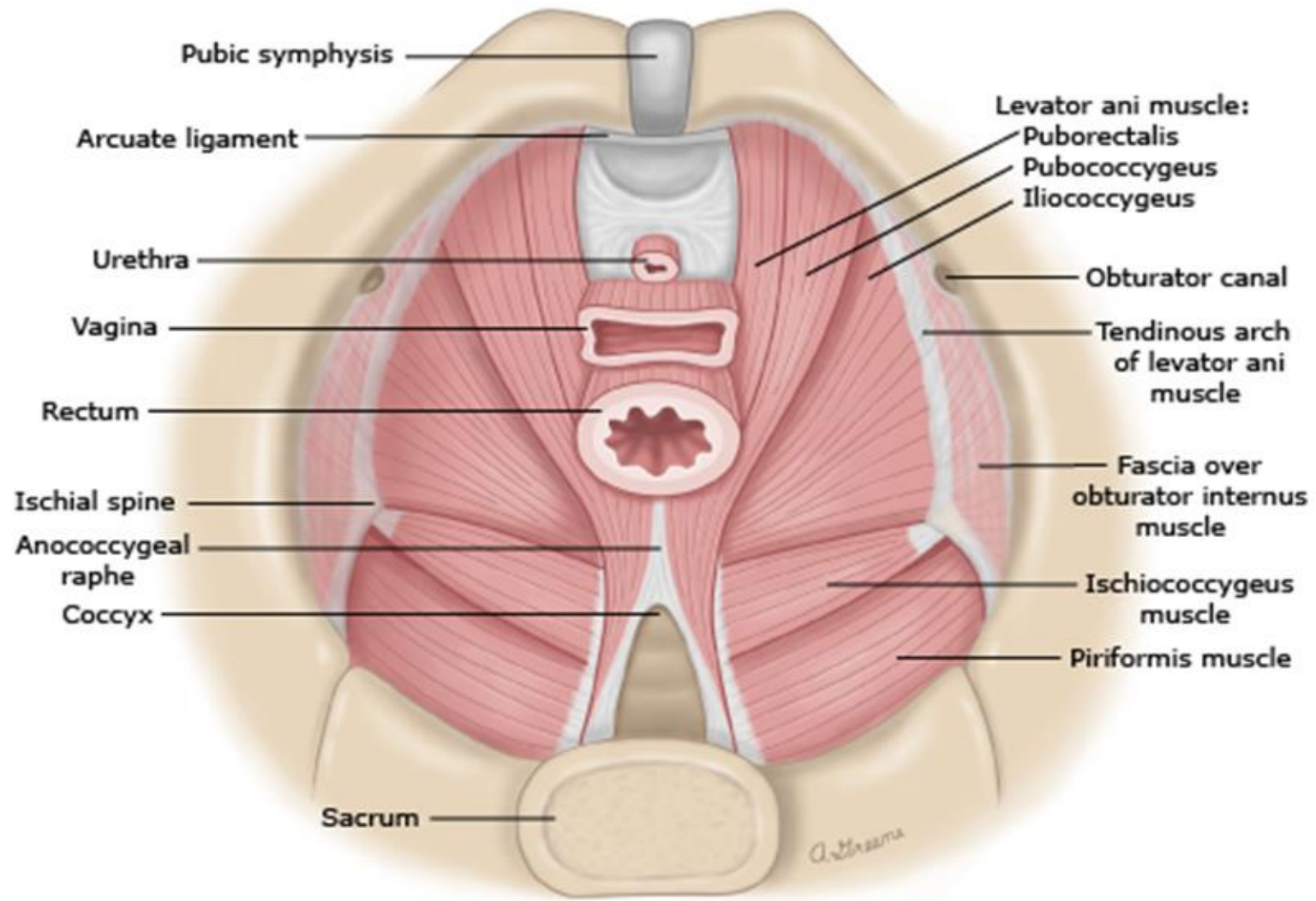
Third degree : involve all or some fibers of the EAS or IAS

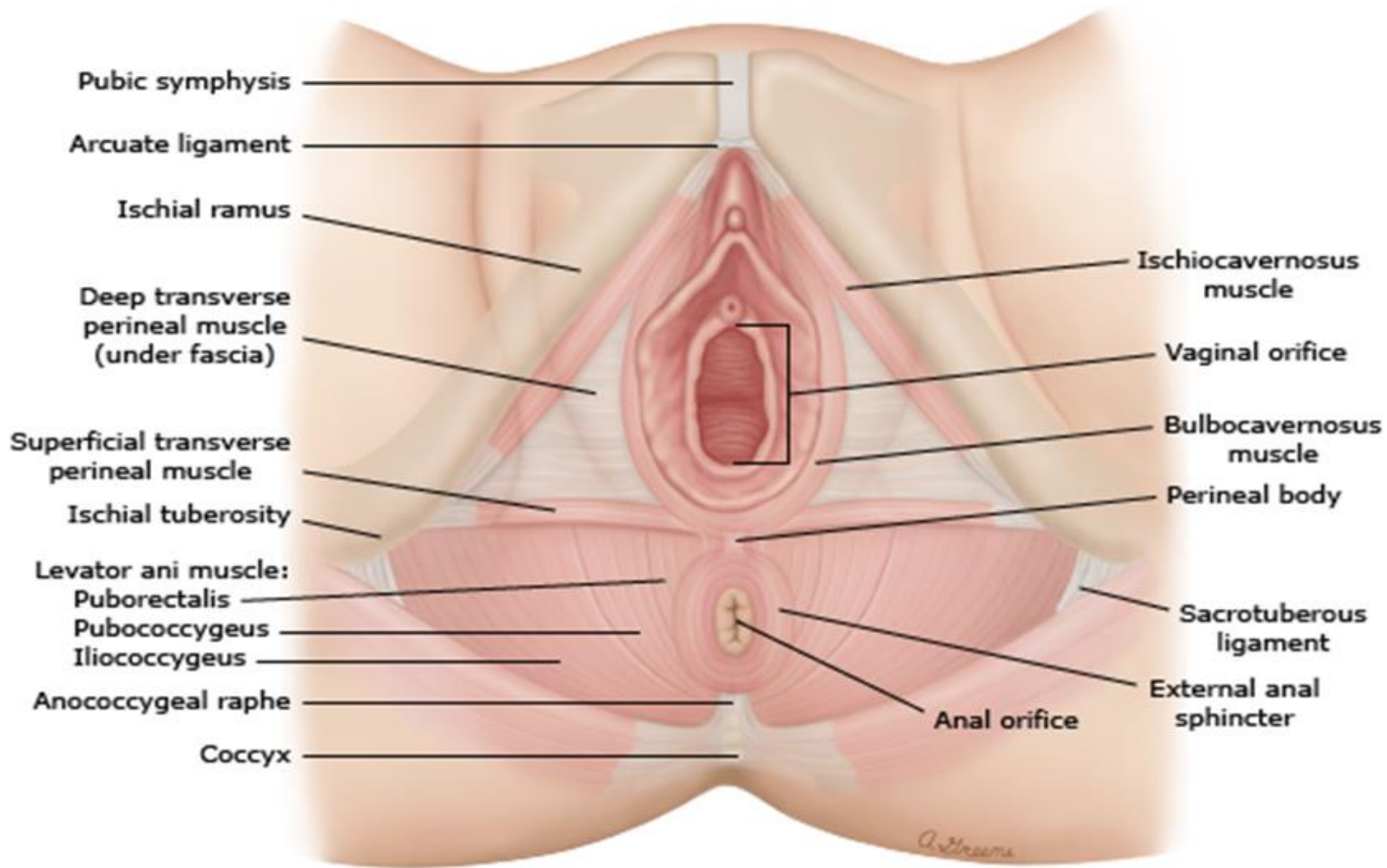
3A: <50% of EAS

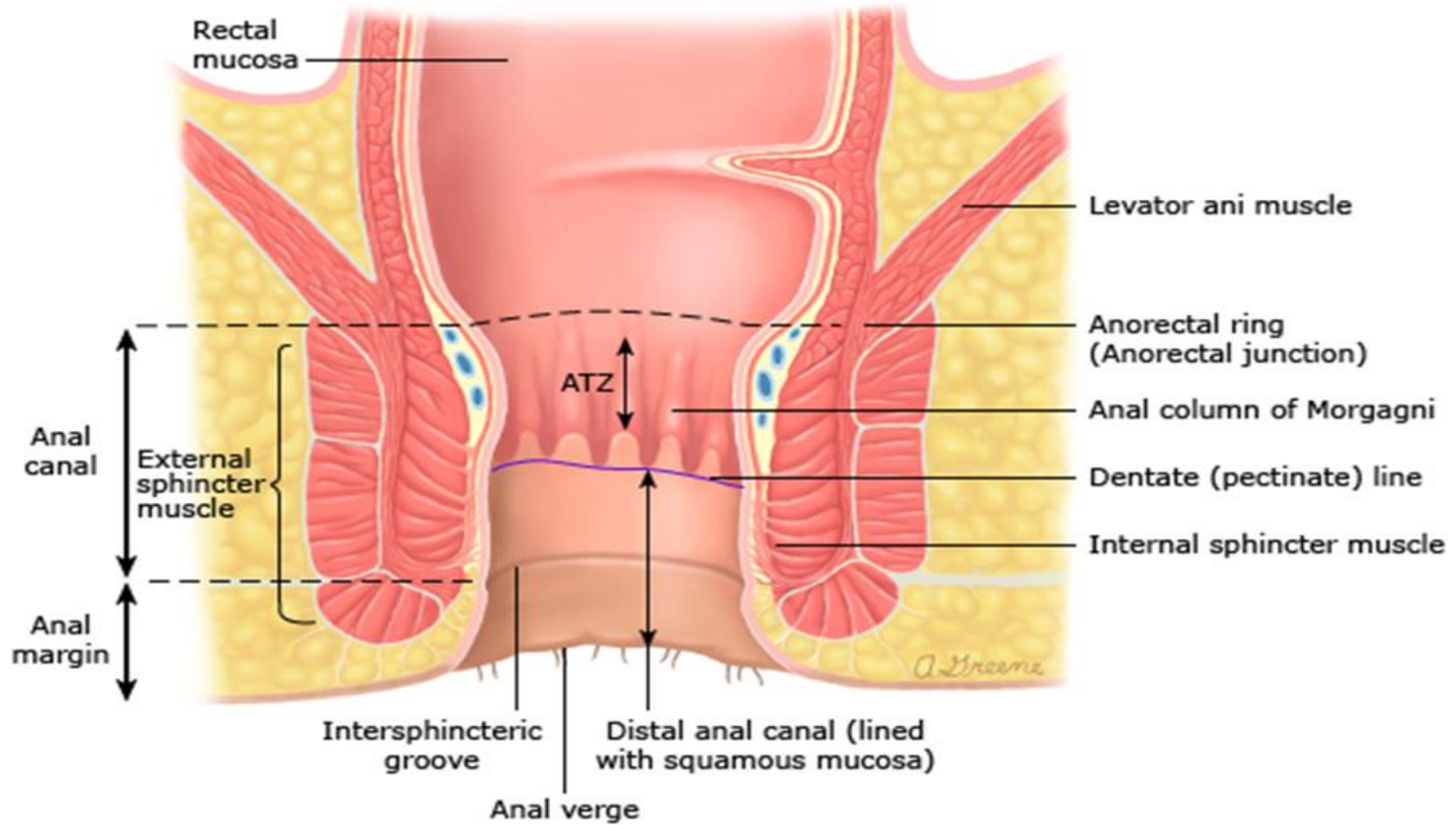
3B: >50% of EAS

3C : both EAS and IAS are torn

Forth degree : involves EAS and IAS and anal mucosa.







Risk factors :

- Nulliparity
- Midline episiotomy
- VBAC
- Prolonged second stage
- Persistent op position
- Operative vaginal delivery
- Shoulder dystocia
- Increasing maternal age
- Asian race
- Ga >41 w
- Fetal birth weight

Complications:

Morbidity rise as laceration severity increases.

Blood loss

Puerperal pain

Wound disruption

Infection rates

Long term: fecal incontinence and loss of bowel control (2) (OASIS)

DIAGNOSE AND CLINICAL MANIFESTATIONS OF OASIS

- **Immediate :**

- an obvious perineal laceration following vaginal delivery..... physical examination

- **Postpartum :**

- identified during the postpartum period (6-8 weeks)

- wound separation

- Infection

- Perineal pain or discomfort

- **Delayed :**

- loss of bowel control

Examination :

obstetric lacerations, the perineum, and rectum
adequate tissue exposure

lighting

Analgesia or anesthesia

Vaginal :

inspection and palpation

rectal digital examination :

rectal mucosa and anal sphincter

rectovaginal examination:

pill-rolling

to assess sphincter

Preoperative preparation:

Operating room

Tissue irrigate

Scrub with chlorhexidine

Single dose of second generation cephalosporin
cefotetan;cefoxitin

Catgut(chrome)

Vicryl : less pain ,less dehiscence , no difference in long term pain

Rapid Vicryl : less superficial dyspareunia

2/0 3/0

Surgical Technique

Optimal repair ===== multilayer closure.

4th:

1: find apex ; at a point **1 cm** proximal to the wound apex; **0.5 cm** apart in to rectal muscularis .

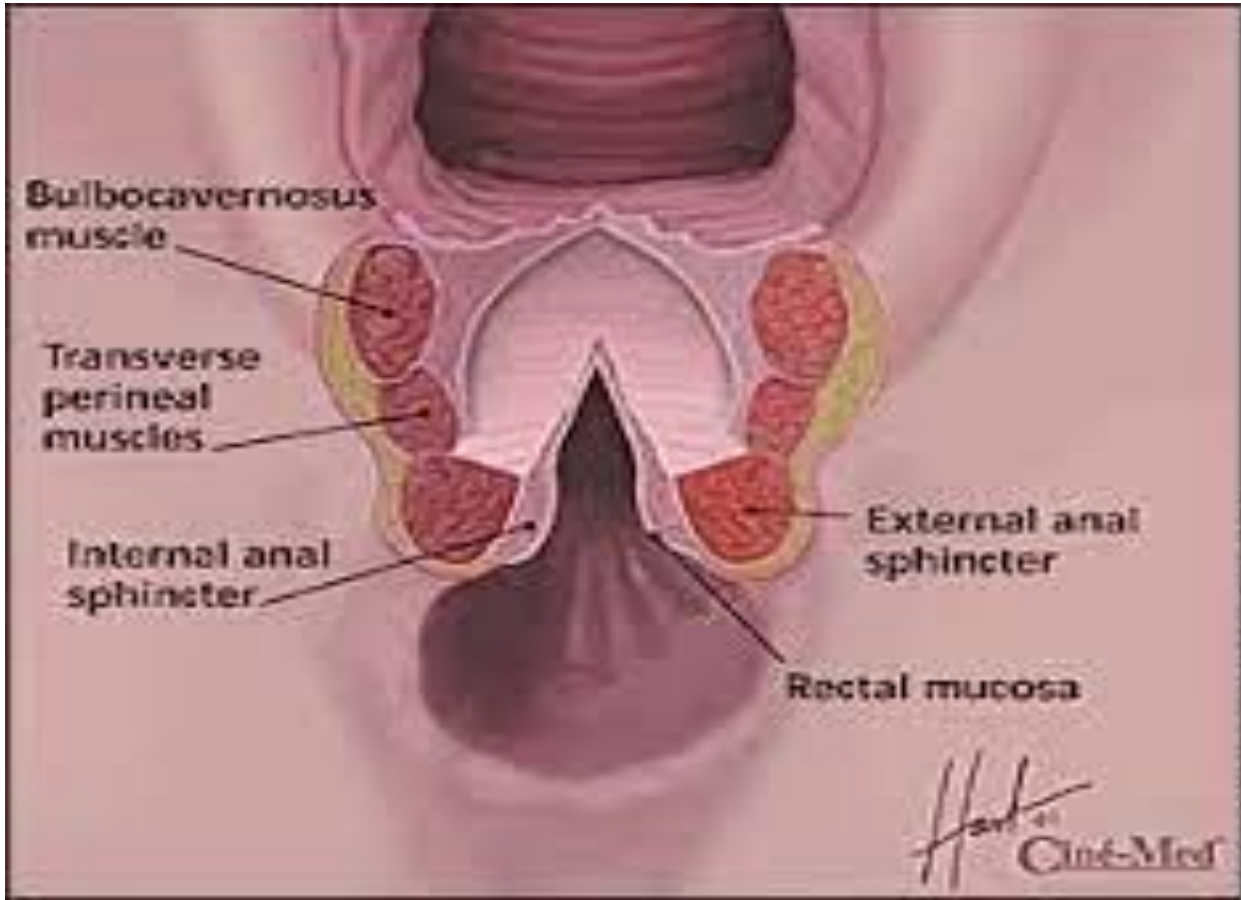
2: don't enter to anorectal lumen.

3:running suture.

4:3/0 or 4/0 vicryl or chromic.

IAS : appears as thickened; pale pink, shiny tissue.

Running ,non locking, 3/0 or 4/0 suture.



© 2003 BROOKS HART

EAS :

END TO END TECHNIQUE:

4-6 interrupted 2/0 or 3/0 vicryl.

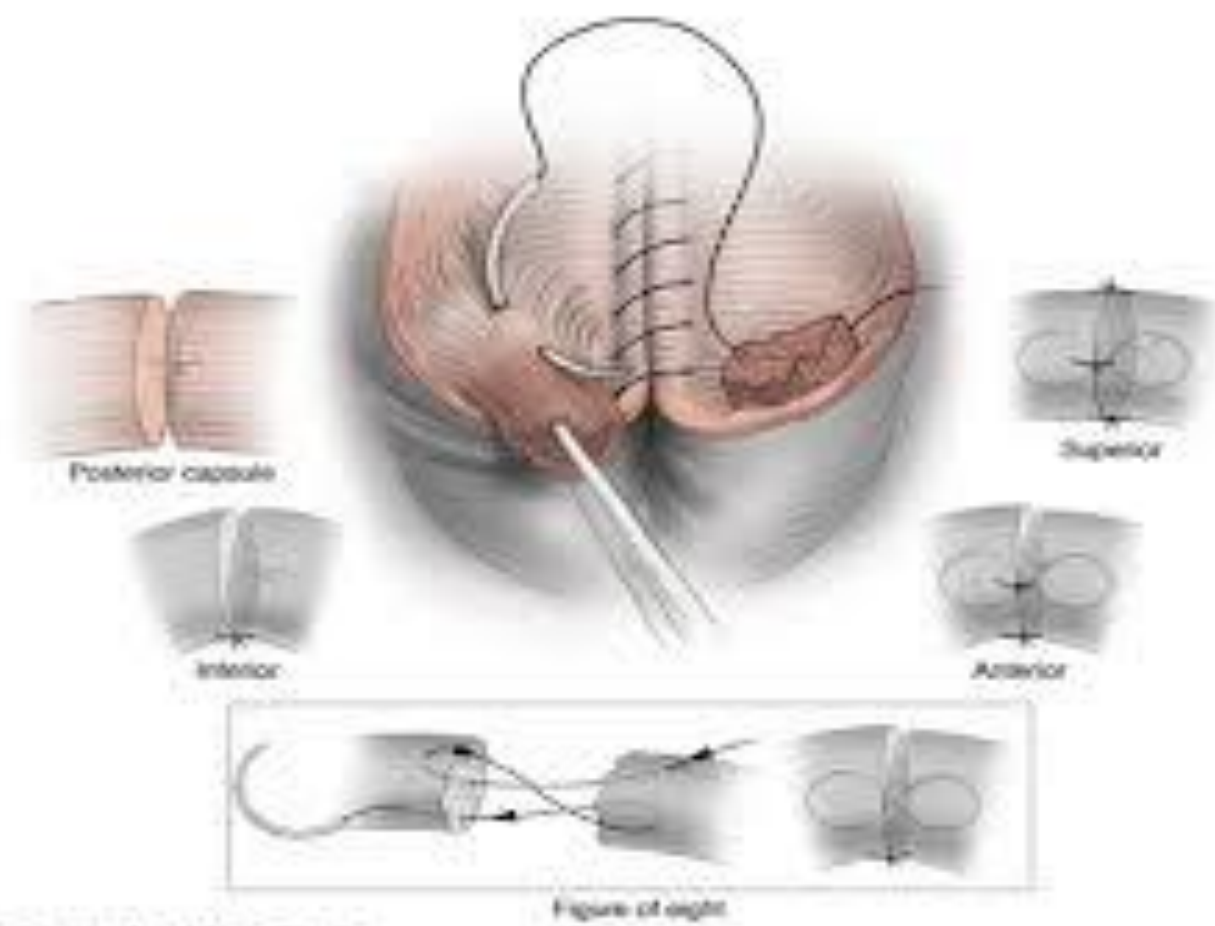
perisphincter connective tissue.

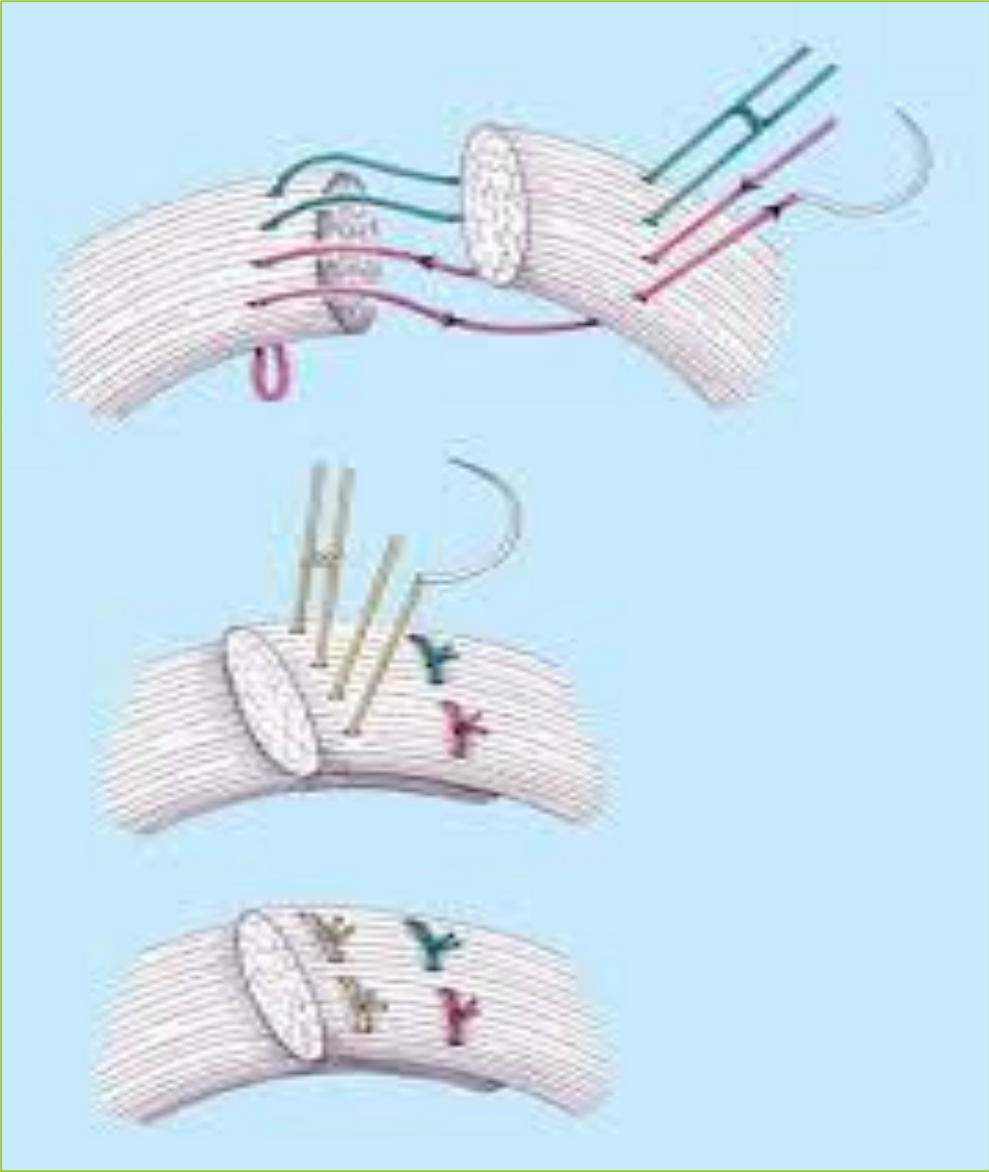
Posterior ,inferior ,figure of 8 ,superior

Type 3a or 3b

OVERLAPPING TCNIQUE :

3C





Asymptomatic With One Perior OASIS :

Vaginal delivery

Asymptomatic with two or more OASIS :

C/S

Symptomatic AI :

C/S