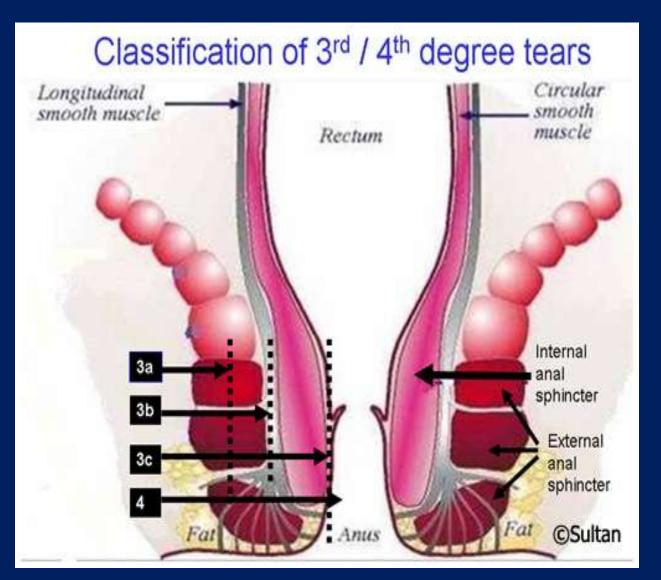




Transperineal ultrasound in the management of obstetrical anal sphincter injury - OASI

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OASIS



Risk factors

Table 3. Risks factors for OASIS	
Maternal risks factors	OR*
Primiparity ¹⁹⁻²⁴	3.5 to 9.8
Age (> 35) ²⁴	1.1
Age (> 27) ²³	1.9
Race ^{19,23}	1.4 to 2.5
Maternal diabetes 19,23	1.2 to 1.4
Infibulation ²⁵	1.8 to 2.7
Delivery risks factors	OR
Operative vaginal delivery†	
Vacuum ^{19,21,24,25}	1.5 to 3.5
Forceps19,21,24,26,27	2.3 to 5.6
Vacuum + forceps ^{24,28}	8.1
Episiotomy	
Midline ²⁶	2.3 to 5.5
Mediolateral ^{26,29}	0.21
Mediolat episiotomy + instrumental ²⁹	
Vacuum	0.11
Forceps	0.08
Midline episiotomy + instrumental (nulliparous)30	
Vacuum	4.5
Forceps	8.6
Unspecified episiotomy + instrumental ³¹	
Vacuum	2.9
Forceps	3.9
Epidural ²³	1.1 to 2.2
Second stage >1 h‡	1.5
Shoulder dystocia	2.7 to 3.3
VBAC ^{21,32}	1.4 to 5.5
Water birth ²⁷	1.46
Oxytocin augmentation‡ ³³	1.2
Infant risks factors	OR
Birth weight > 4000 gm ²⁰	2.2 to 3.0
Malpresentation ²³	2.0
Postmaturity ^{20,24}	1.1 to 2.5
Fetal distress	1.3
OP§	
SVD ²³	2.0
Instrumental34,35	4.7

Patient follow-up

- All women after OASI are seen after delivery
- Workup includes:
 - Interview
 - Urogynaecological examination 1 mo after delievry
 - Standardized pelvic floor, sexual function, and Cleveland Clinics Incontinence Score (CCIS)
 questionnaires
 - 2D, 3D, 4D pelvic floor transperineal ultrasound at 3-4 months after delievry
 - Symptomatic = CCIS ≥ 4
- A residual defect is defined as:
 - Any defect in EAS or IAS four/six slices > 1 hour of the 12 hour clock face or an angle of > 30°
- Volumes can be stored for later offline analysis
- All are referred for pelvic floor physiotherapy
- Additional visits:
 - After 6 months
 - Every pregnancy after 20 weeks gestation

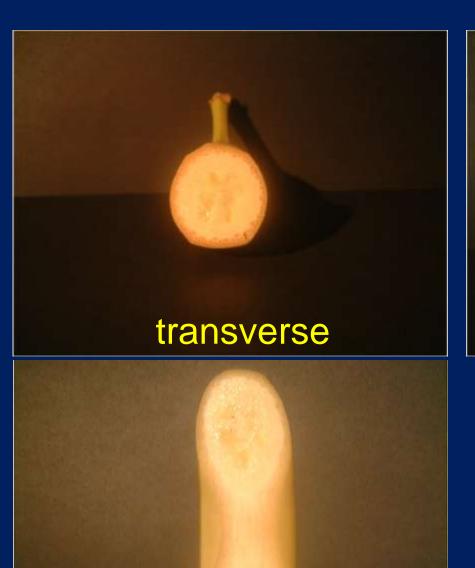
Anal sphincter assessment





Transabdominal probe

Transvaginal probe



axial



3D - Volume imaging

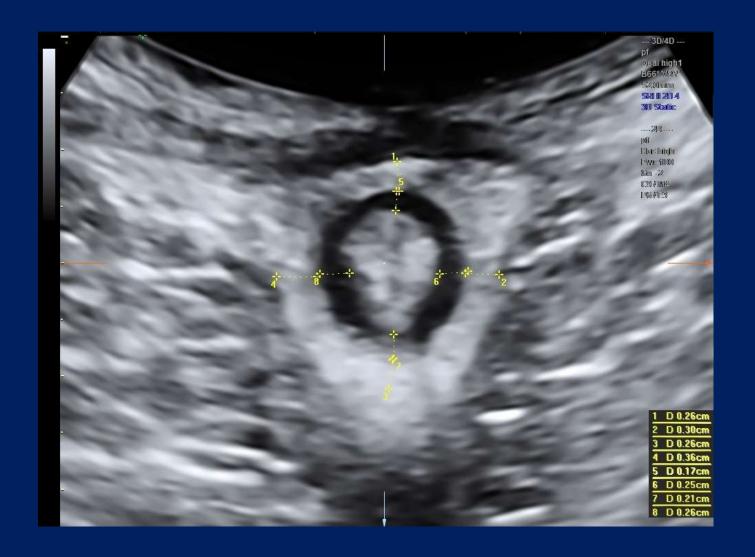
--- 3D/4D ---Qual high1 B62°/V85° \$2.0mm SRIII 2D 3 3D Static

Transverse

Axial

Mid sagittal

Anal sphincter measurements



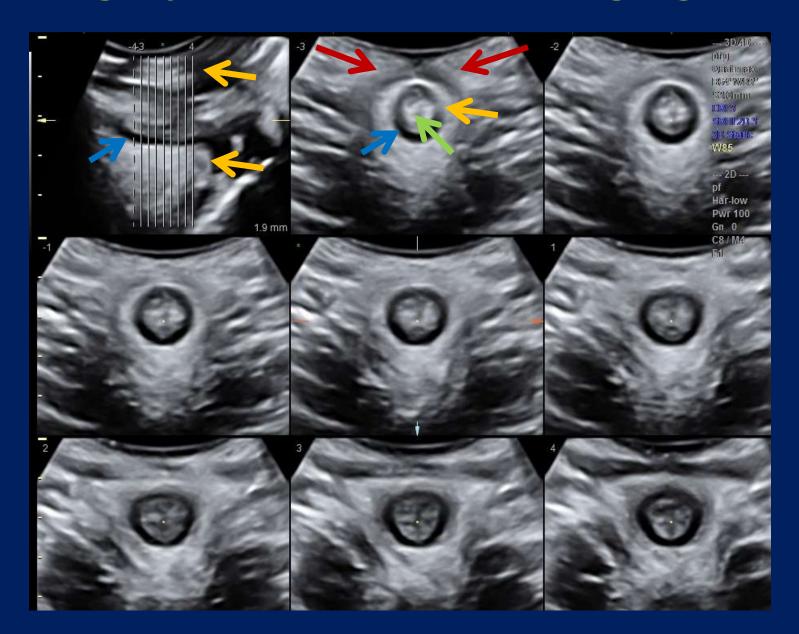
Tomographic ultrasound imaging - TUI

TP

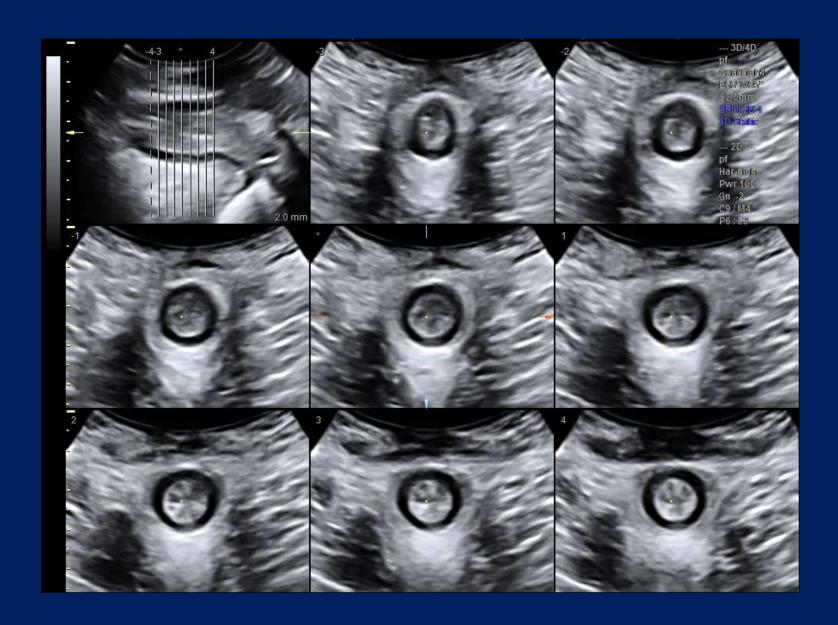
EAS

IAS

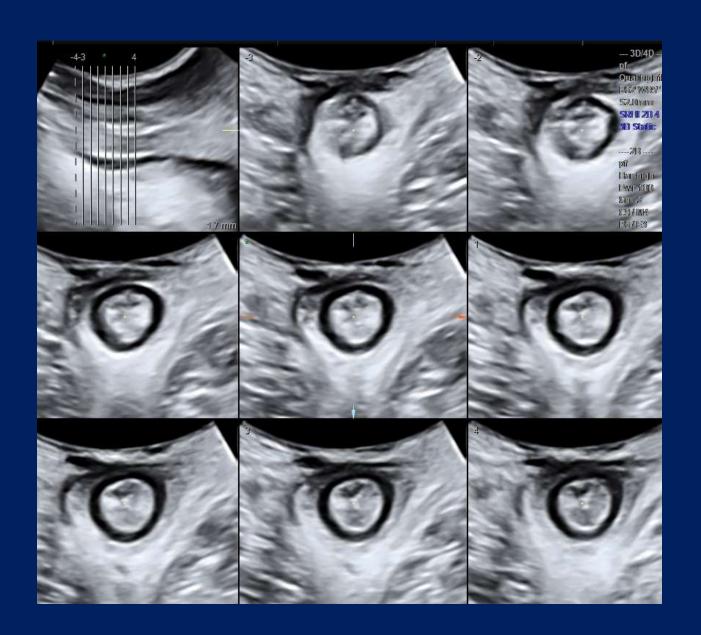
M



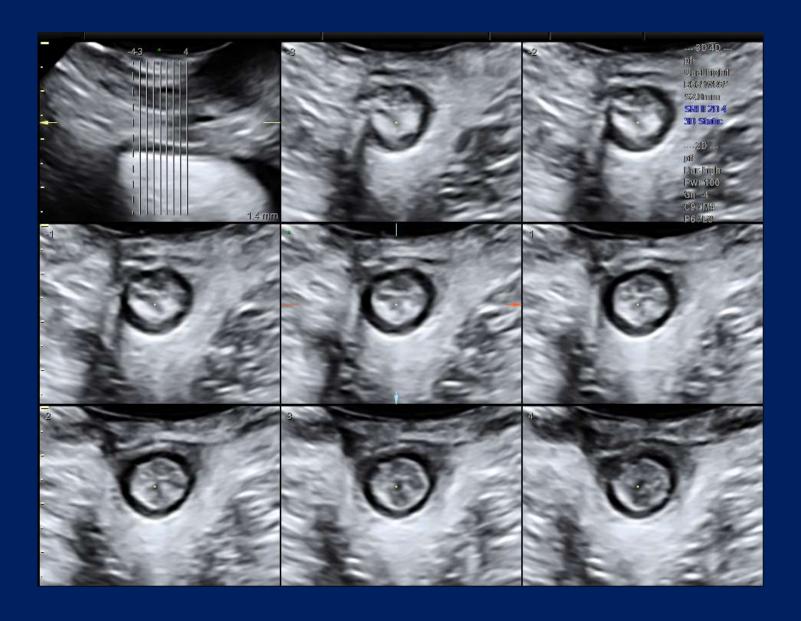
OASI 3a



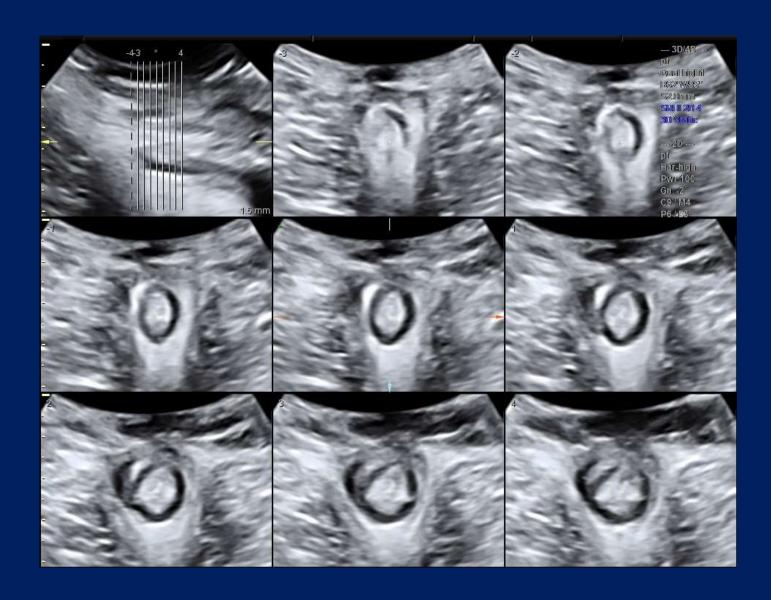
OASI 3b



OASI 3c



OASI 4



Symptoms in women examined within 1 year from a delivery with OASI

	Study group n=146	Residual defect n=118	No defect n=28	P value
CCIS score	2.4±3 (0-13)	2.8±3.2	0.8±1.4	0.002
Flatus incontinence	72/142 (50.7%)	63/115 (54.8%)	9/27 (32.3%)	0.131
Fecal urgency	43/140 (30.7%)	37/113 (32.7%)	6/27 (22.2%)	0.498
Fecal incontinence	17/142 (12%)	13/99 (16%)	1/27 (3.7%)	0.523
Dyspareunia	45/84 (58.3%)	39/65 (60%)	10/19 (52.8%)	0.642

Anorectal symptoms and residual sonographic defects by OASI grade classification at delivery

OASI classification at delivery	3A n=103 (52%)	3B n=33 (16.7%)	3C n=25 (12.6%)	4 n=37 (18.7%)	Total n=198	Pearson correlatio n P value
Any fecal incontinence	4 (4%)	5 (15%)	6 (25%)	10 (28%)	25 (12.6%)	<0.001
Any urgency incontinence	23 (22%)	11 (33%)	9 (36%)	17 (46%)	60 (30%)	0.002
Any flatus incontinence	46 (44.5%)	21 (63.6%)	12 (48%)	27 (73%)	106 (54%)	0.004
Mean CCIS score	1.67 (0-15)	2.48 (0-10)	3.88 (0-20)	4.57 (0-25)	2.63 (0-25)	<0.001
CCIS≥4	32 (31.1%)	17 (51.5%)	11 (44%)	23 (62.2%)	83 (41.2%)	0.001
Residual sonographic defect	80 (78%)	30 (91%)	22 (88%)	37 (100%)	171 (86.4%)	0.005

Repeat delivery

- Prospective cohort of 671 women
- 106 repeat delivery and a repeat visit during the follow-up period, for a median F/U time of 77 months (21-145)
- Median time to first exam, second exam and in between exams was 3, 29, and 21 months respectively
- The original OASIS classification:
 - 24 3A tears, 6 3B, 5 3C, 9 4th degree tears
 - 62 grade 3 tears in the era before tear sub-classification
- Mean age was 28.1±4.4, BMI 23.4±4.1, 80% were primiparous.
- 28 women had a repeat normal vaginal delivery (NVD group) and 78 women had an elective cesarean section (ECS group)
- Two women had more than one repeat NVD, 3 women were scheduled for an ECS but arrived with precipitous labor and were delivered vaginally

Women with a repeat NVD

Table 2: Sonographic sphincter findings	at enrollment and at last follow up visit.

Parameter N=28 NVD	Enrollment visit	Follow-up visit	P value
Perineal body thickness (mm)	6.8±2	7.3±2.5	NS
EAS 12 o'clock (mm)	2.1±1.4	1.6±1.8	NS
IAS 12 o'clock (mm)	2±0.7	1.9±0.8	0.01
EAS defect (percentage)	70.8	60	<0.05
IAS defect (percentage)	8.7	16	0.001
Any residual defect (percentage)	70.4	60.7	NS
Residual defect angle (degrees)	88.6±46.5	92.9±35.7	0.08
CCIS - total score (mean)	1.6±2.2	0.9±1	<0.05
CCIS≥4 (percentage)	20	3.6	<0.05

- ✓ previously 3A 11, 3B 2, 3C 1, 4 1, 13 unclassified
- ✓1 woman after a previous 3C tear sustained a repeat 3C tear
- ✓ Trend towards thinning of the residual sphincter width with an increase in the defect angle (P<0.05)
- √This was not associated with worsening of symptoms

Repeat delivery

- We did not observe more severe symptoms in women who were preselected for NVD
- Our findings highlight the need for adequate counseling before repeat delivery in women with OASI preferably in a dedicated clinic
- The preferred delivery mode should be tailored based on symptoms, clinical status, ultrasound findings, and patient's needs
- More studies are necessary to draw conclusions

The effect of a repeat delivery on long term outcome in women with OASI

Project Hetz 2017-2018

Work plan

- IRB extension
- Until March 2018 expected 800 patients overall
- Evaluate data from repeat deliveries in Sheba
- Call all other women, receive informed consent
- Questionnaires, data supplementation
- Women who have undergone a repeat delivery will be offered an ultrasound exam
- Data analysis
- Goal 250 repeat deliveries

Thank you





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