



P121. OBSTETRIC ANAL SPHINCTER INJURIES (OASIS): A SURVEY OF TRAINING AND CLINICAL PRACTICE AMONG TRAINEE OBSTETRICIANS IN IRELAND.

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Context: Obstetric anal sphincter injury (OASIS) is a known complication of vaginal delivery and increases the risk of postnatal anal incontinence. Prompt recognition and repair is optimal to reduce long term sequelae.

Objectives: To evaluate current techniques of episiotomy used by Higher Specialist obstetrics and gynaecology Trainees (HST) and their perspective of their training regarding diagnosis, management and postnatal care of women who sustain OASIS.

Methods: A 20-question anonymous online survey was circulated to all registered HSTs between January and May 2017. Results were analysed using Microsoft excel. The survey was adapted from one previously distributed to trainees and specialists in Canada*.

Results: The response rate was 64% (37/58). 89% of trainees had formal clinical teaching, and 78% also attended a workshop regarding episiotomy and OASIS repair. 54% of trainees use Episcissors and 76% perform a Right Medio-lateral Episiotomy.

97% use 2.0/3.0 Polydioxane (PDS) for repair of the external anal sphincter while 92% use 3.0/4.0 polyglactin (vicryl) for repair of the rectal mucosa in a fourth degree tear. 83% of trainees repair third and fourth degree tears in the operating theatre and 97% do so under regional anaesthesia. Regarding post-natal care, 81% use an indwelling catheter, 89% prescribe prophylactic antibiotics, 97% prescribe laxatives and 92% prescribe physiotherapy review prior to discharge. While 53% offer follow-up at a specialised hospital perineal clinic, 39% refer patients to a general postnatal or gynaecology clinic. 62% of respondents work in hospitals delivering more than 6000 babies annually, and 50% repair between 5 and 10 OASIS each year. Moreover, 86% of HSTs scored 1-2 on a scale for confidence in identifying OASIS (1- very confident, 5- not confident at all).

Conclusion: This study highlights that HSTs are providing care as recommended by Irish national and RCOG Guidelines for management of OASIS. Most HSTs have received both clinical teaching and workshops for repair of OASIS, but some still identify a need for further training to ensure accurate

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identification of this type of injury. These results are relevant to direct curriculum, learning needs for HSTs in Ireland and ensure patient safety; similar findings may be identified in training programmes in other countries.

*Menzies R et al. Episiotomy Technique & Management of Anal Sphincter Tears: Survey of Clinical Practice & Education. JOGC. 2016;38(12):1091