



REPAIR OF 3TH AND 4TH
DEGREE
LACERATION

NICE

Repair general principles:

(✓)

- Operating theatre
- Anesthesia
- Good lighting
- Instruments
- Pack



Which techniques for **anorectal mucosa?**

ACOG , NICE (Level D)

Expert opinion:

- Subcuticular running**
- Interrupted sutures** knots tied in the anal lumen
- 4-0 or 3-0 polyglactin** or chromic

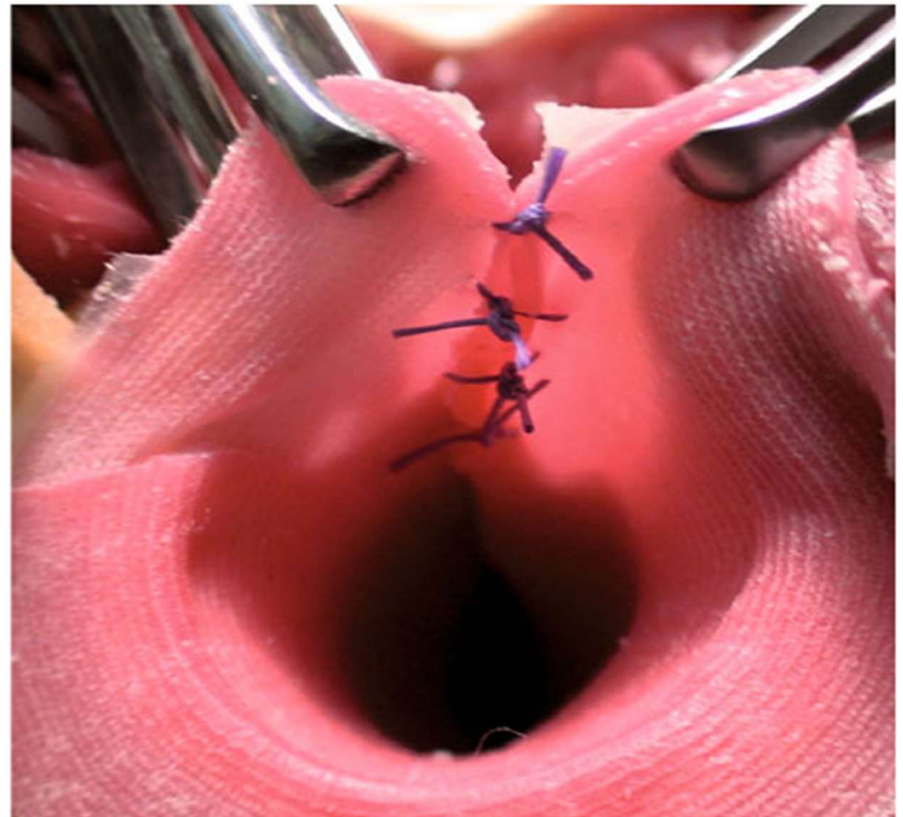
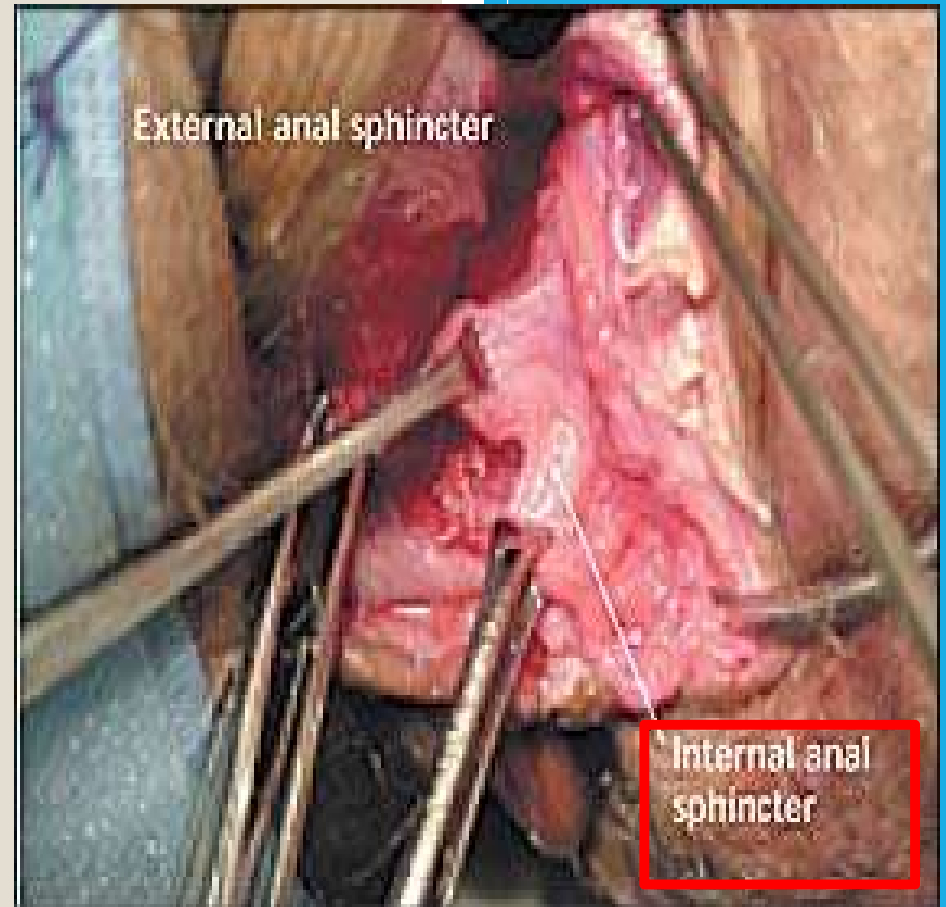


Fig. 13.4 Repair of the torn anal epithelium using interrupted Vicryl sutures

IAS

- Retracts laterally and superiorly - thickened, pale pink, shiny tissue just above the anal mucosa - refer to as perirectal fascia.
- It is important for achieving anal continence

Up to date



IAS

Separately

Interrupted or mattress
without any attempt to
overlap (Level C)

3-0 PDS or 2-0 polyglactin.
(Level B)

NICE , ACOG

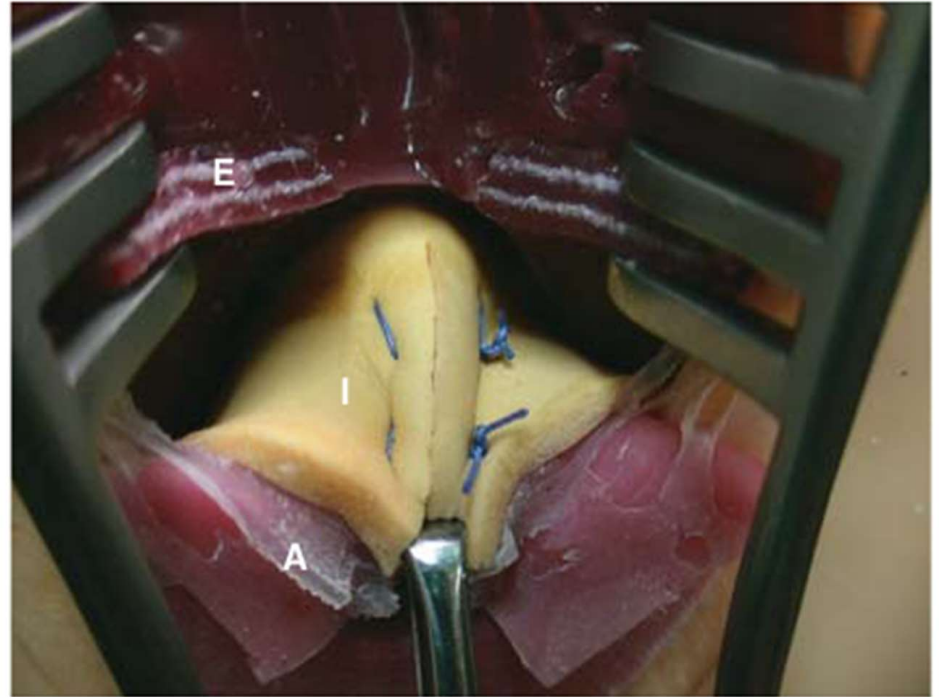
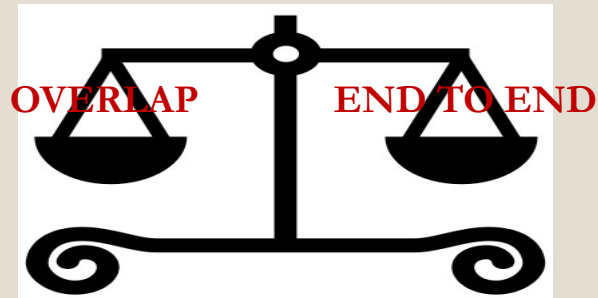


FIGURE 4.3. Internal anal sphincter (I) repair using mattress sutures demonstrated on a model (E external sphincter, A anal epithelium).

EAS



12 months:

- No differences: perineal pain, dyspareunia, flatal incontinence
- Lower incidence: fecal urgency (RR, 0.12) and anal incontinence scores in overlap

36 months after repair:

No significant differences: quality of life , anal incontinence symptoms (flatal or fecal)

For full thickness EAS tear:

-Overlapping or an end-to-end **equivalent** NICE ACOG
(Level A)

-Allis

-Fascial sheath

-3-0, 2-0 polyglactin

- 3-0 polydioxanone

(Level B) ACOG NICE

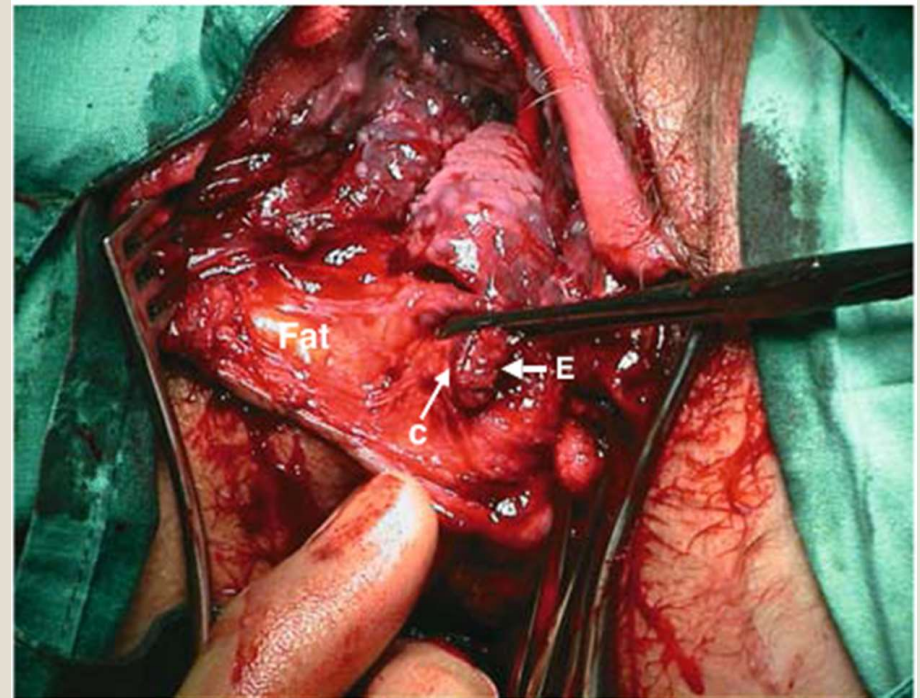
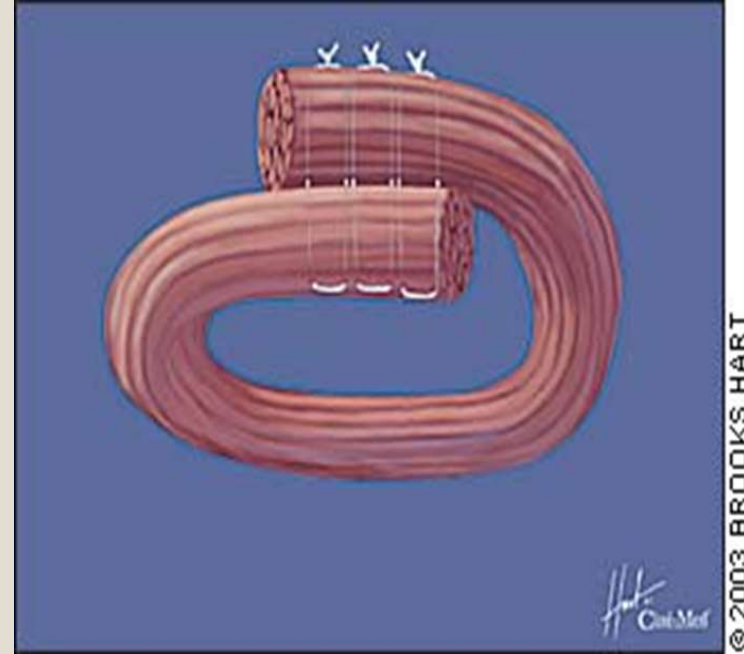
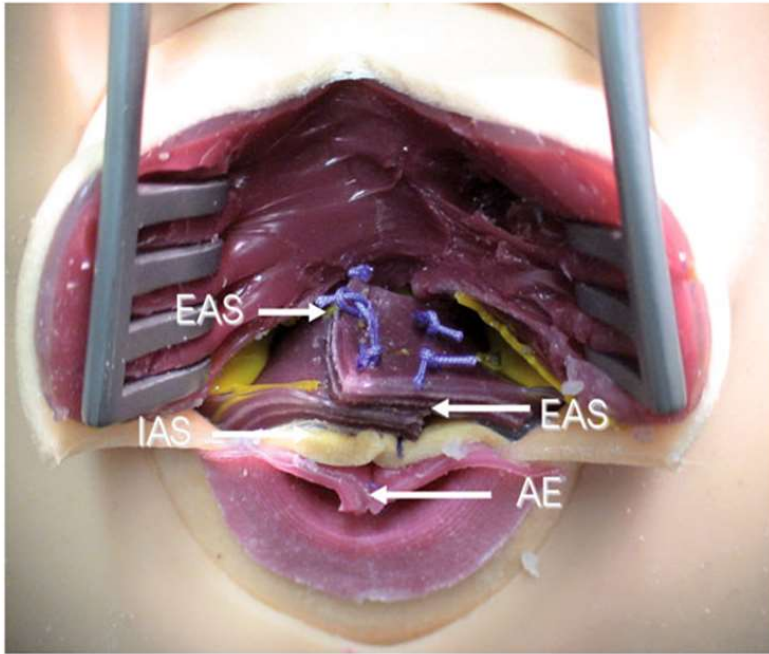


FIGURE 4.5. The external sphincter (E) grasped with Allis forceps is surrounded by the capsule (C) and lies medial to the ischio-anal fat.





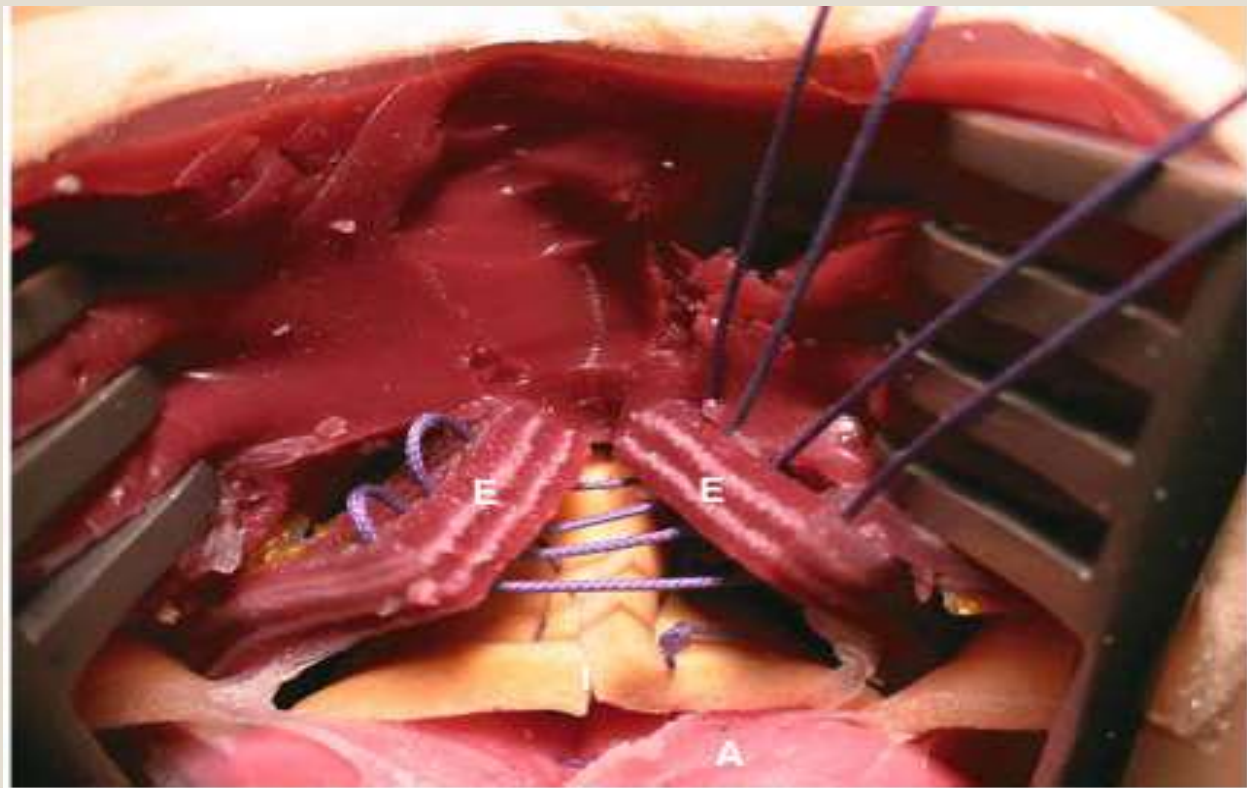
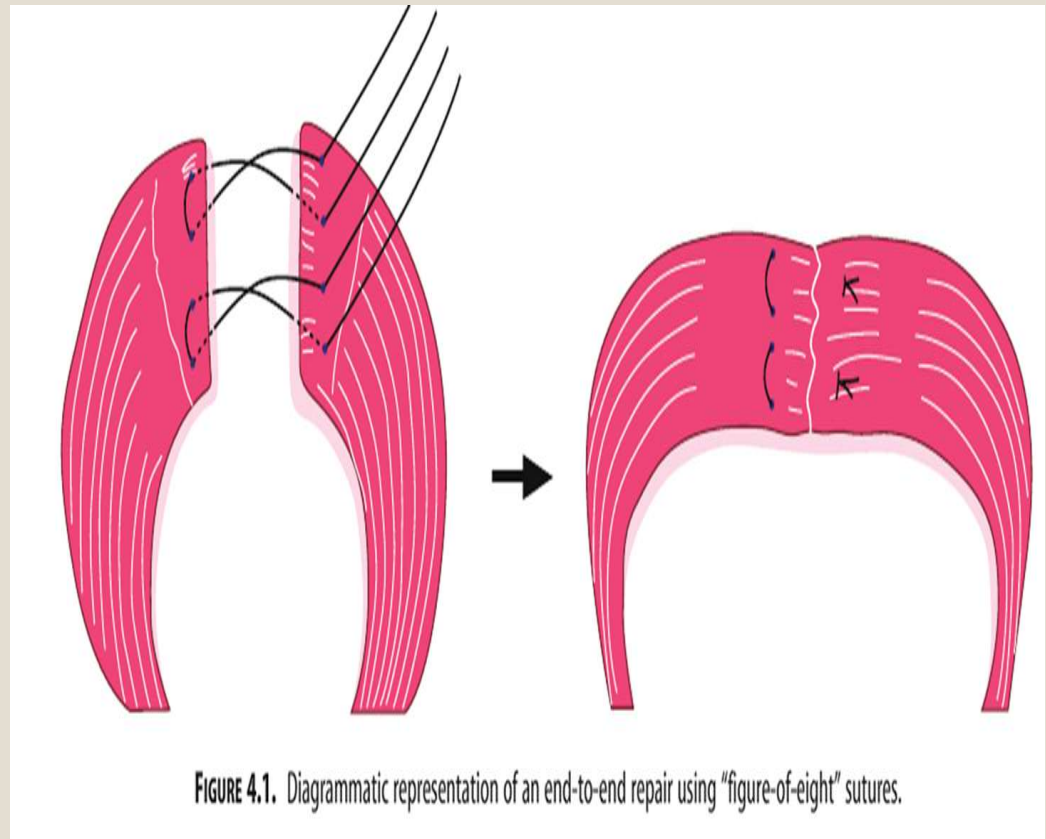
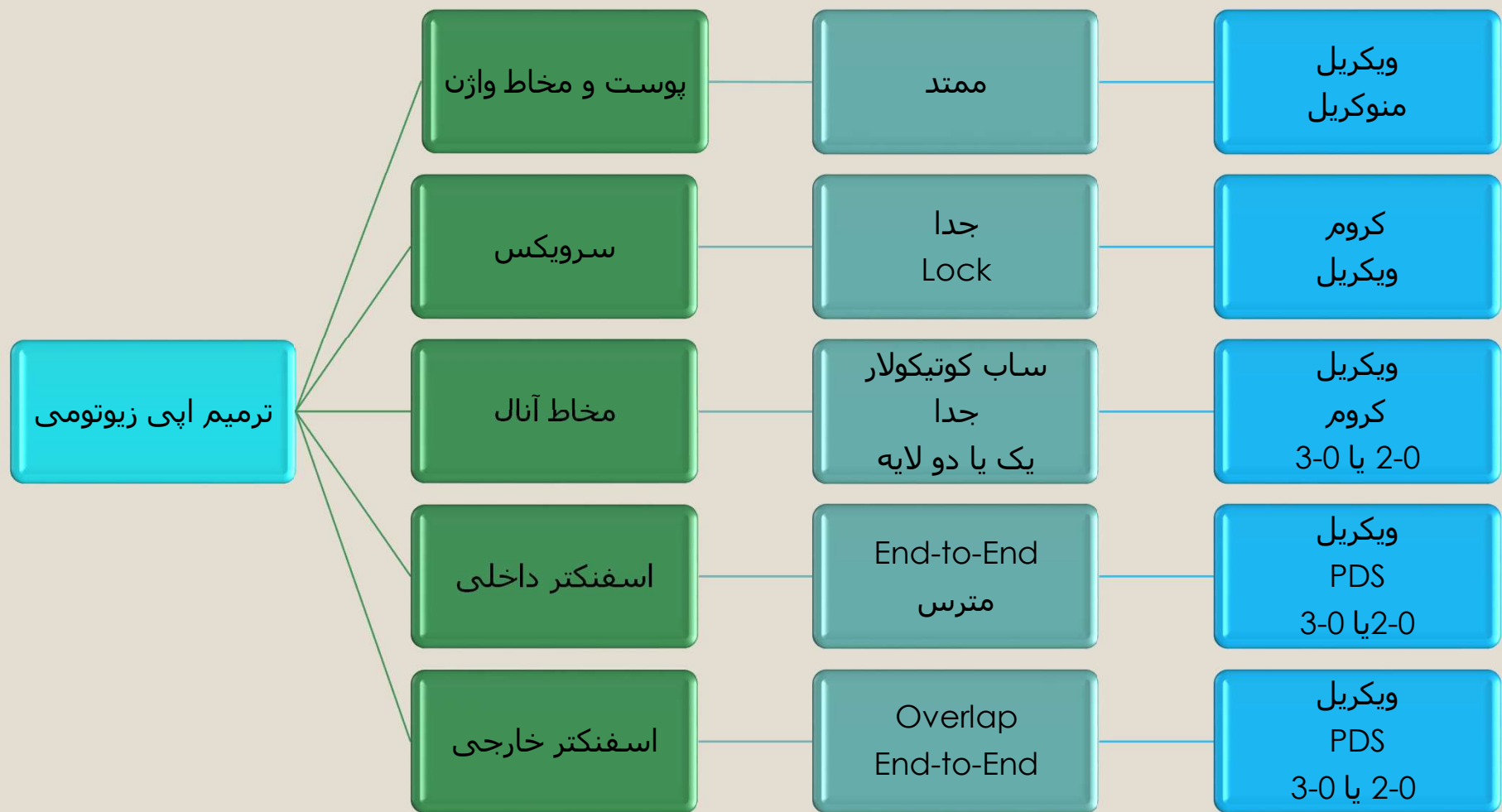


FIGURE 4.9. End-to-end repair of the external sphincter (*E*) using two mattress sutures (*I* internal sphincter, *A* anal epithelium).

Figure of eight sutures
should be avoided
cause tissue ischemia

(✓) **NICE**







4th Degree Tear Repair in Theatre



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NICE:

- Trained clinician
- Trainee under supervision (Level D)



-Formal training in anal sphincter repair techniques should be an essential component of obstetric training. (✓)

-Involvement of a colorectal surgeon depend on:

local protocols

Expertise

Availability

The majority of colorectal surgeons are not familiar with acute OASIS.

Timing of Repair

- Nordenstam et al conducted a randomized study in which they found
- no difference in anal incontinence 12 months after primary repair
- **immediately** after the tear OR
- **After 8–12 h**
 - They concluded that there is no justification for delaying suturing. However, a delay in repair may be justified in exceptional circumstances when an experienced obstetrician is not available.



Antibiotics : up to date

For first and second degree lacerations are unnecessary

For a third or fourth degree laceration:

- Single dose of a broad spectrum antibiotic:

(second generation cephalosporin [cefotetan](#)

or [cefoxitin](#); [clindamycin](#) if beta lactam allergy) (Grade 2C)

- Sultan: oral antibiotic for 5-7 days

- Marked reduction in wound complications

- Contaminated by gross fecal spillage: local cleansing and irrigation

