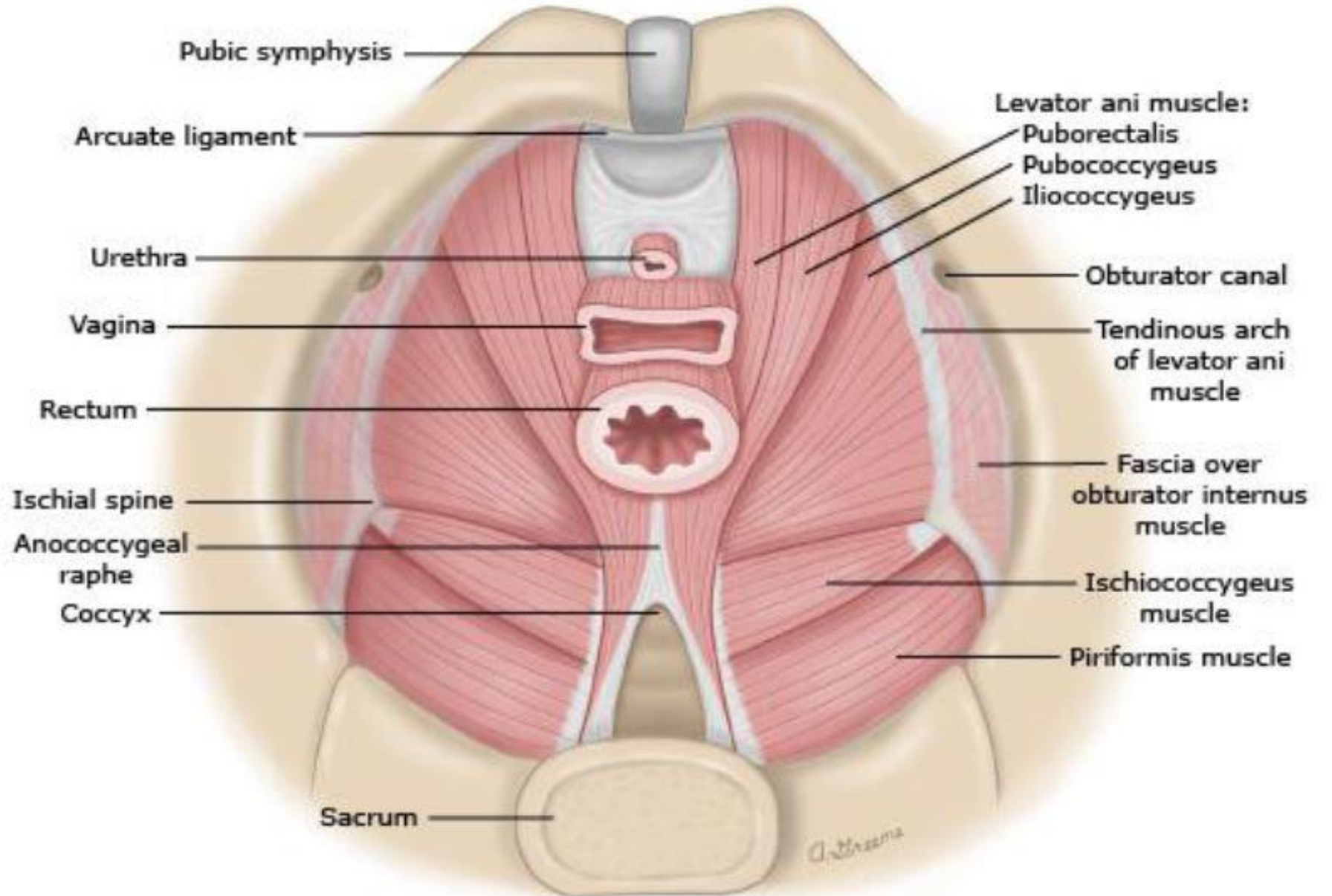


OBSTETRIC PERINEAL LACERATIONS

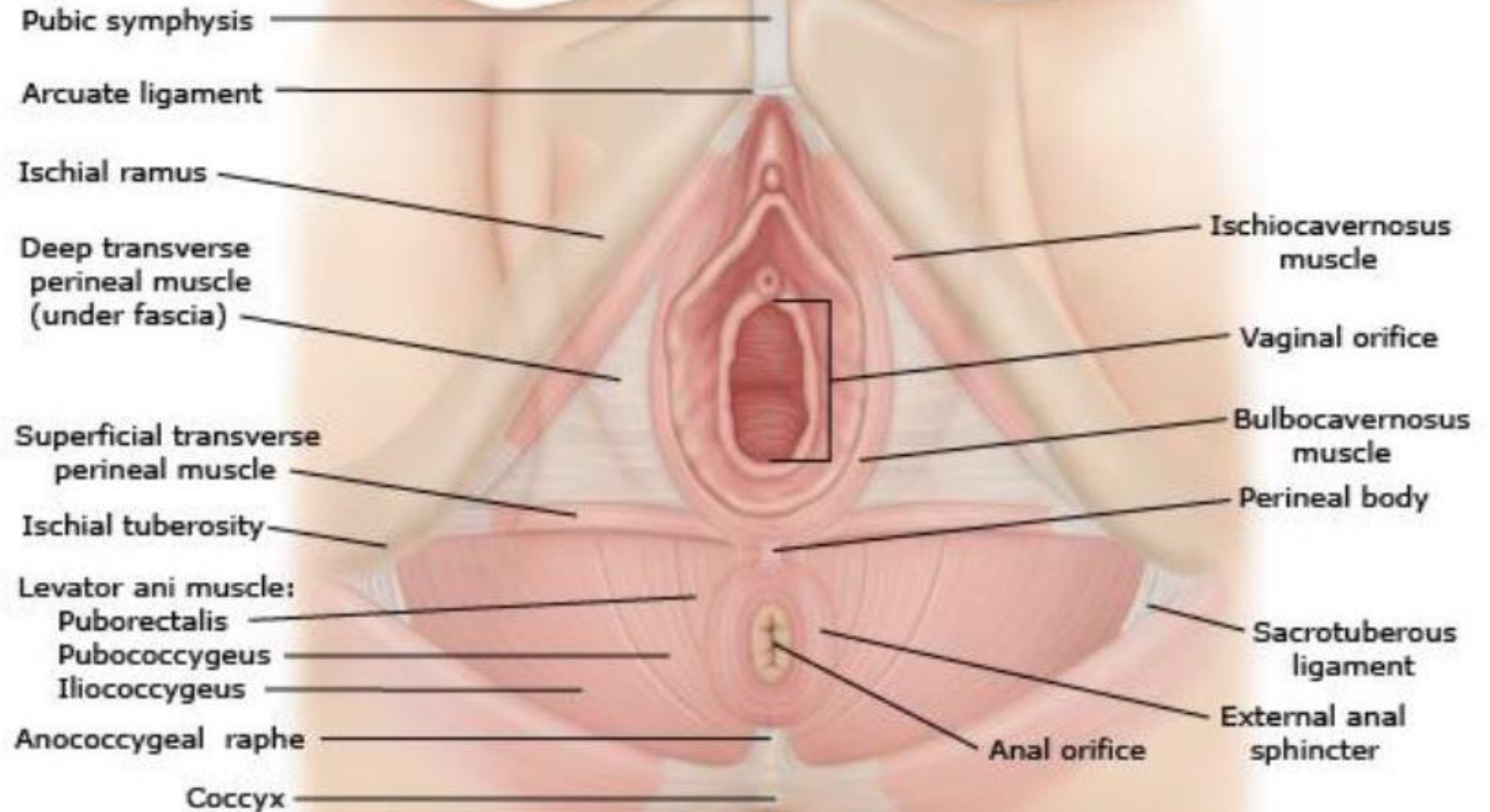
Dr Azam Zafarbakhsh

Isfahan University Of Medical Sciences

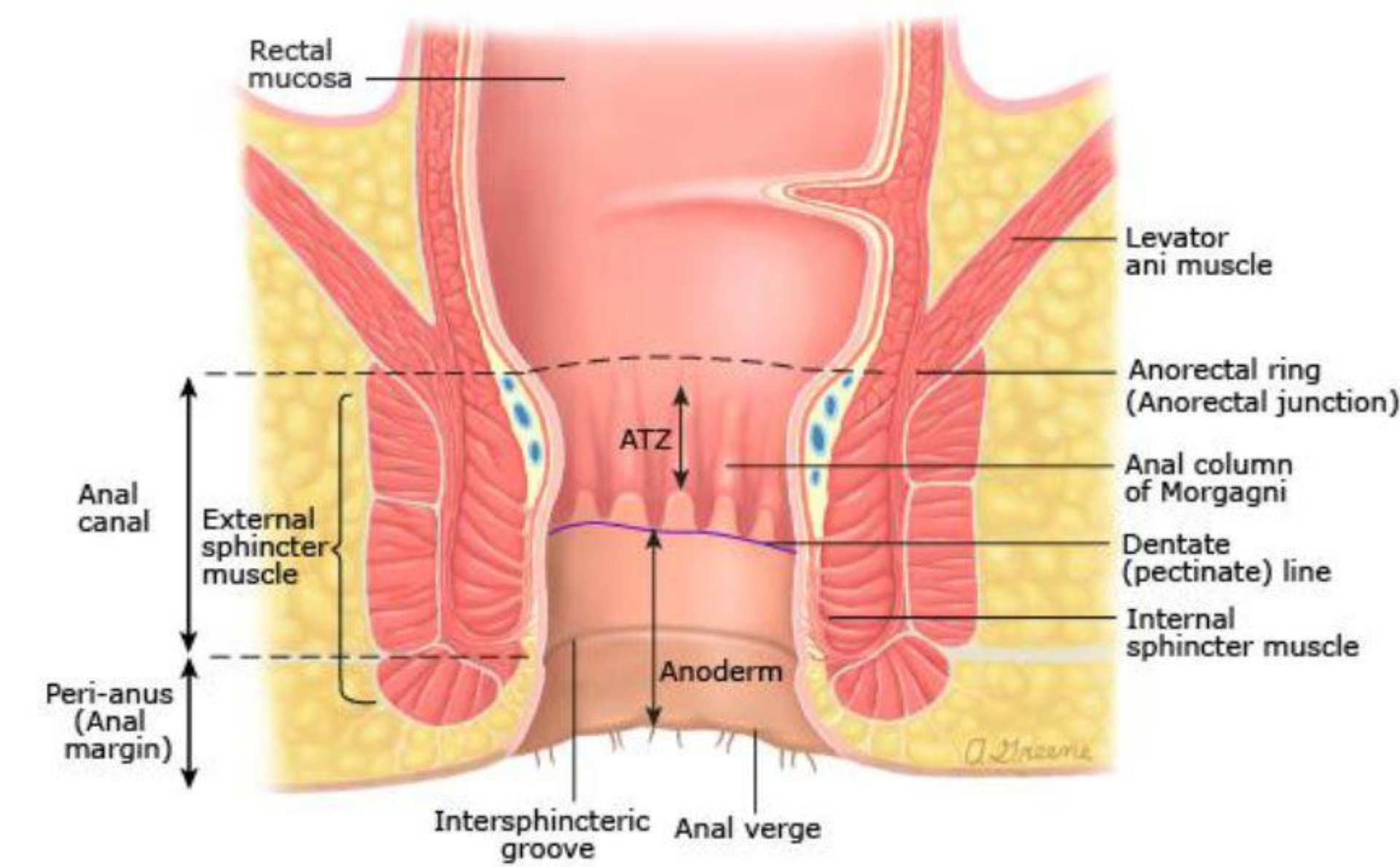
Pelvic Muscles



Perineum



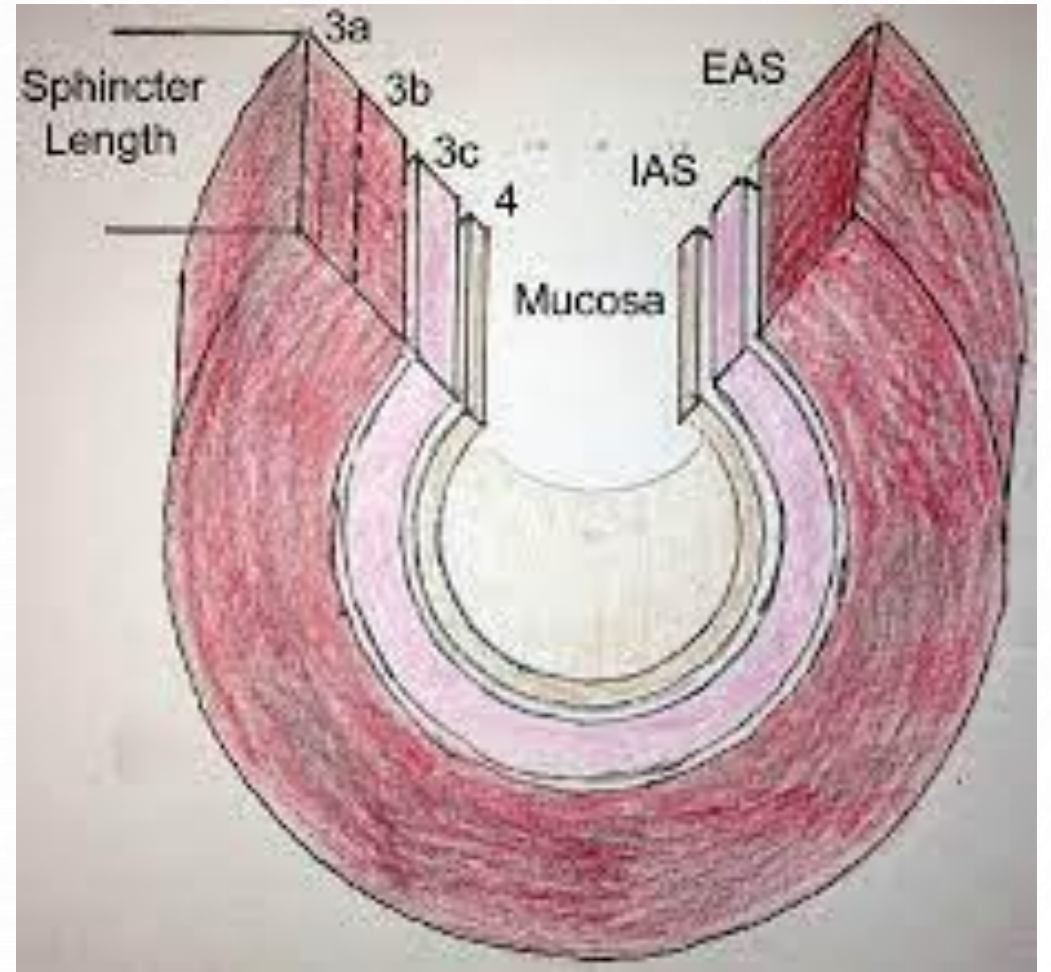
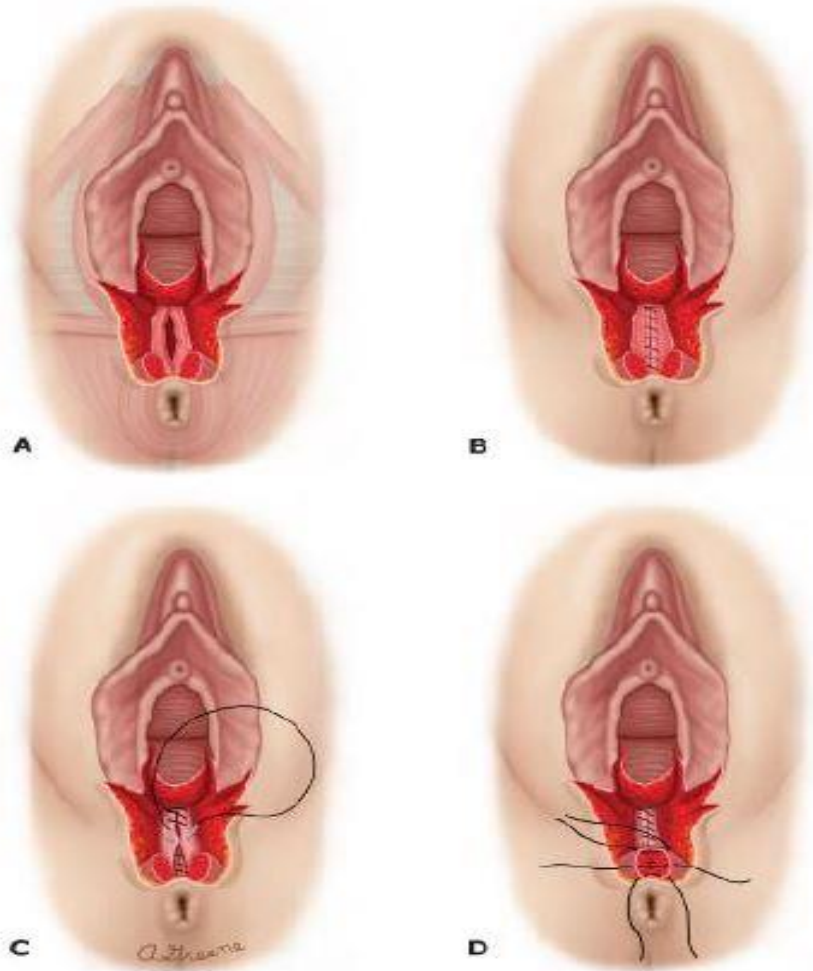
Anus And Rectum



CLASSIFICATION

- **FIRST-DEGREE LACERATIONS:** INJURY TO PERINEAL SKIN AND SUBCUTANEOUS
- **SECOND-DEGREE LACERATIONS:** INJURY TO PERINEUM INVOLVING PERINEAL MUSCLES BUT NOT INVOLVING THE ANAL SPHINCTER
(DEEP AND SUPERFICIAL TRANSVERSE PERINEAL MUSCLES, PUBOCOCCYGEUS AND BULBOCAVERNOSUS MUSCLES)
- **THIRD-DEGREE LACERATIONS:** INJURY TO PERINEUM INVOLVING THE ANAL SPHINCTER COMPLEX:
 - 3A – <50 PERCENT OF EAS THICKNESS IS TORN
 - 3B – >50 PERCENT OF EAS THICKNESS IS TORN
 - 3C – BOTH EAS AND IAS ARE TORN
- **FOURTH-DEGREE LACERATIONS:** INJURY TO BOTH THE ANAL SPHINCTER COMPLEX (EAS AND IAS) AND ANAL MUCOSA

CLASSIFICATION



Preoperative Preparation

- Visual inspection
- Palpation
- Rectovaginal examination
- Pill-rolling motion

- Third- and fourth-degree lacerations may require an operating room
- If feces are obviously present → removed → gentle scrub with **chlorhexidine**
- Perineal shaving is unnecessary

Need To Repair

- Clean conditions;
- Anesthesia: regional or general anesthesia
- Adequate wound exposure:
 - Good lighting
 - Adequate positioning in lithotomy
 - Skilled assistance
 - Good haemostasis
- Equipment: additional clamps for grasping the sphincter (such as allis clamps) and sutures

- Antibiotics: for repair of a third- or fourth-degree obstetric laceration
 - A single dose of second-generation cephalosporin (**cefotetan** or **cefoxitin**)
 - **Clindamycin** if beta lactam allergy

- Anesthesia:
 - Epidural anesthesia
 - Bilateral pudendal block with or without a local field block
 - Saddle block
 - General anesthesia

Choice Of Suture

Personal preference:

- ✓ Polyglactin 910
- ✓ Polyglycolic acid
- ✓ Poliglecaprone 25
- ✓ Glycomer 631

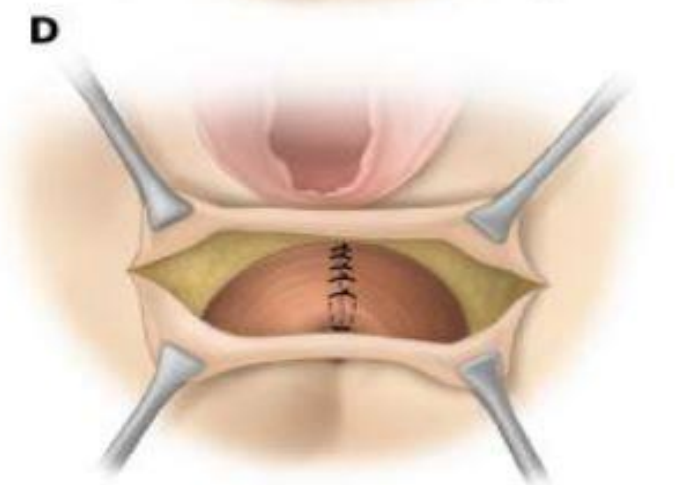
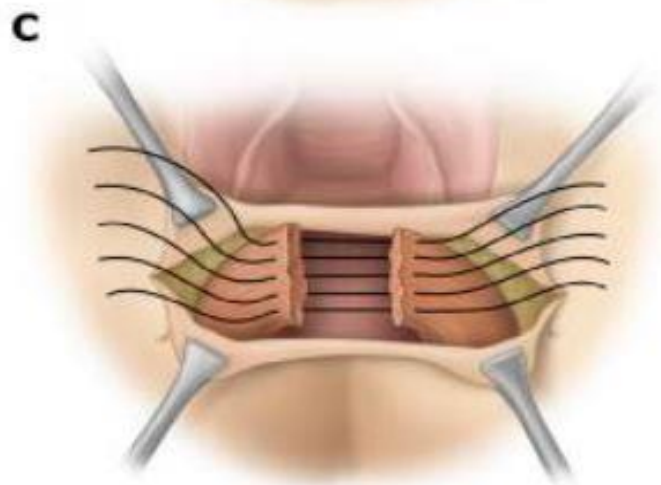
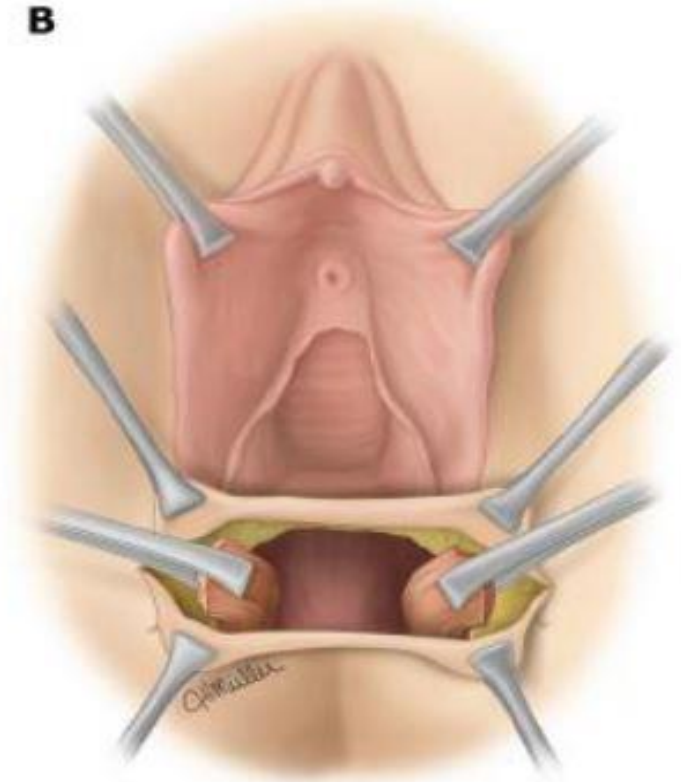
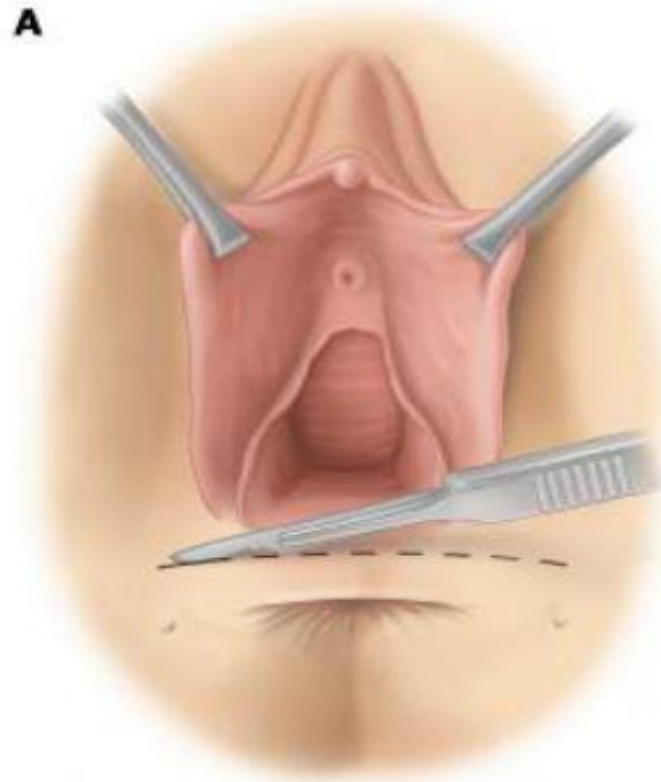
Postoperative care

- Adequate pain control
- Avoidance of constipation
- Evaluation for urinary retention

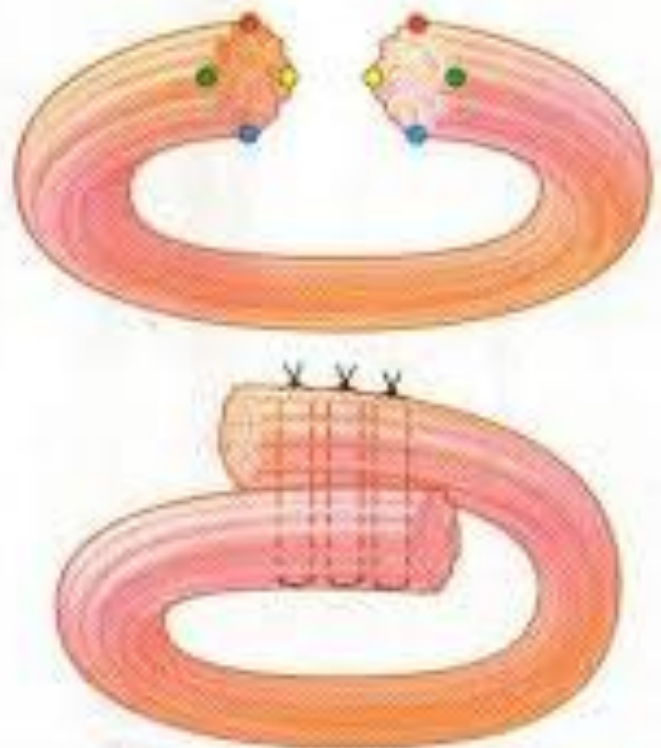
Possible Complications

- Wound infection 20%
- Wound breakdown 25%
- Pelvic floor dysfunction (incontinence and prolapse)

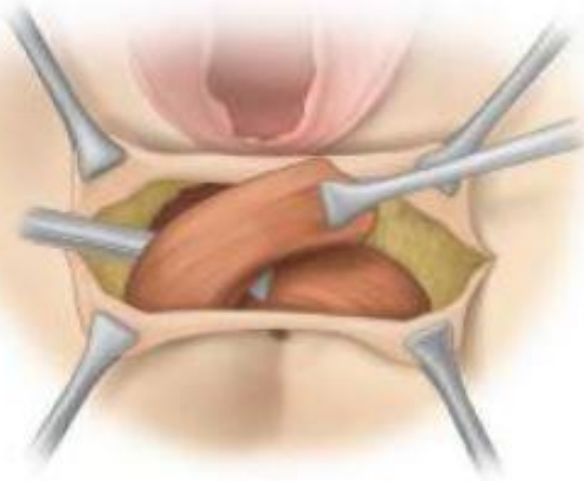
ANAL SPHINCTER REPAIR: INCISION AND END-TO-END APPROACH



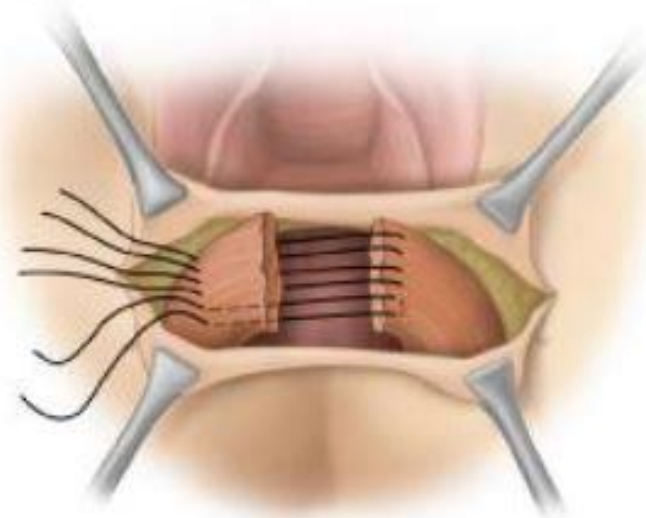
ANAL SPHINCTER REPAIR: OVERLAP APPROACH



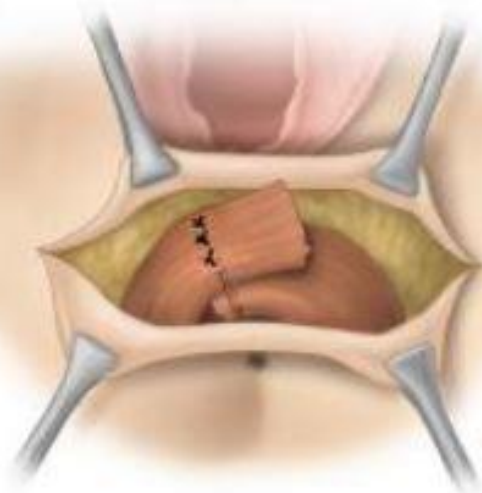
A



B



C



D

