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Original article

Evaluation of long-term pelvic floor symptoms after an obstetric anal sphincter injury (OASI) at least one year after delivery: A retrospective cohort study of 159 cases



Évaluation sur le long terme de la symptomatologie périnéale après une déchirure obstétricale du sphincter externe de l'anus, au moins un an après l'accouchement : une étude rétrospective de 159 cas

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ABSTRACT

Objectives. – The aim of this study was to assess long-term pelvic floor symptoms after an obstetric anal sphincter injury (OASI).

Methods. – This retrospective cohort study included 237 cases of OASI (0.86% of deliveries) identified at Poitiers University Hospital between 2000 and 2011. Symptoms were assessed using validated self-administered questionnaires, including Female Pelvic Floor Questionnaire, Pescatori anal incontinence score, EuroQoL five-dimension score, and pain visual analogue scale (VAS).

Results. – One hundred and sixty women (67%) filled out the questionnaires, on average 46 months after delivery (8–152). Among them, 93 (54%) reported at least one symptom occurring “frequently” (the most common being dyspareunia), and 45 (28%) a symptom occurring “daily” (the most common being flatus incontinence). Anal incontinence was reported by 32 (20%) women, flatus incontinence “frequently” or “daily” by 28 (18%), and stool incontinence “frequently” or “daily” by 9 (6%). Urinary incontinence was reported “frequently” or “daily” by 27 women (17%) at stress, 17 (11%) at urge, and 11 (7%) at mixed circumstances. Prolapse symptoms were reported “frequently” or “daily” by 6 women (4%). Pain during intercourse was reported “frequently” or “daily” by 17 women (11%). Twenty-four women (18%) reported chronic pelvic pain (VAS score $\geq 4/10$). Ninety-five percent of women reported a normal quality of life for mobility, self-care, and usual activities; however, alterations in pain/discomfort (32%) and anxiety/depression (33%) domains were frequently reported.

Conclusion. – Pelvic floor symptoms 4 years after OASI were highly prevalent.

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R É S U M É

Objectifs. – Le but de cette étude était d'évaluer à distance de l'accouchement les symptômes périnéaux après une déchirure obstétricale du sphincter externe de l'anus (périnée complet : PC).

Méthodes. – Cette étude rétrospective incluait 237 cas d'OASI (0,86 % des accouchements) identifiés au centre hospitalier universitaire de Poitiers entre 2000 et 2011. Les symptômes ont été évalués grâce à des questionnaires auto-administrés, incluant le Questionnaire sur la Symptomatologie Périnéale de la femme, le Score de Pescatori pour l'incontinence anale, le score EuroQoL-5D, et une échelle d'évaluation analogique de la douleur (EVA).

Mots clés :

Périnée complet
 Périnée
 Questionnaire
 Post-partum
 Symptomatologie

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Résultats. – Cent soixante femmes (67 %) ont rempli le questionnaire, 46 mois en moyenne après leur accouchement (min : 8–max : 152). Parmi elles, 93 (54 %) ont rapporté au moins un symptôme survenant « fréquemment » (le plus fréquent étant la dyspareunie), et 45 (28 %) un symptôme survenant « quotidiennement » (le plus fréquent étant l'incontinence anale aux gaz). Une incontinence anale a été retrouvée chez 32 (20 %) femmes, une incontinence aux gaz « fréquente » ou « quotidienne » chez 28 (18 %) femmes, et une incontinence aux selles « fréquente » ou « quotidienne » chez 9 (6 %) des femmes. Une incontinence urinaire à l'effort « fréquente » ou « quotidienne » était rapportée par 27 femmes (17 %), une urgenturie par 17 femmes (11 %), une incontinence urinaire mixte par 11 femmes (7 %). Des symptômes de prolapsus sont rapportés « fréquemment » ou « quotidiennement » par 6 femmes (4 %). Une douleur pendant les rapports sexuels était présente « fréquemment » ou « quotidiennement » chez 17 femmes (11 %). Vingt-quatre femmes (18 %) se sont plaintes d'une douleur périnéale chronique (EVA \geq 4/10). Quatre-vingt-quinze pour cent des femmes ont rapporté une qualité de vie normale en ce qui concerne leur mobilité, leur autonomie, ou leurs activités courantes ; néanmoins des douleurs ou une gêne (32 %), ainsi qu'une anxiété ou un sentiment de dépression (33 %) sont fréquemment rapportés par les femmes.

Conclusion. – La symptomatologie périnéale 4 ans après un périnée complet était très fréquente.

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1. Introduction

During a first vaginal delivery, 75% of women sustain some degree of perineal trauma requiring sutures [1]. The majority of lesions are superficial (first or second-degree tears). In some cases, however, the lesions are more severe and involve the anal sphincter (6.6 to 25% depending on the diagnostic method used) [2]. Such injuries, classified as third and fourth-degree perineal tears by the International Classification of Diseases (ICD-10), are encompassed under the term of Obstetric Anal Sphincter Injuries (OASI). OASI are an established risk factor for the development of anal incontinence, especially if unrecognized or inadequately repaired [3]. They may also result in long-term problems including perineal pain and sexual dysfunction.

Only 15 to 30% of individuals with postpartum fecal incontinence seek medical attention in response to their symptoms [4]. Fecal incontinence causes embarrassment, which is probably why many women are reluctant to discuss their problem [5]. Moreover, postpartum maternal health surveillance often lacks routine inquiry about urinary and fecal incontinence [6,7]. A better knowledge of the sequelae of OASIs could help improve patient information and follow-up.

The primary aim for this study was to evaluate perineal functional outcome (including bladder, bowel, prolapse and sexual symptoms) in patients having sustained an OASI. Secondary aims included evaluation of pelvic pain, health-related quality of life.

2. Methods

This retrospective cohort study included women who sustained an OASI following delivery in Poitiers University Hospital between January 1st, 2000 and December 31st, 2011. Cases were identified using the hospital's patient database. Data regarding patient characteristics were gathered from medical records. Clinical OASI diagnosis was made by the birth attendant according to RCOG classification [8], and tears were repaired by the senior physician on duty, according to the department's protocol for management of anal sphincter injuries (end-to-end and overlap were used according to the type of injury and the surgeon choice).

Women were sent a postal questionnaire accompanied by a participant information form. Participants who did not respond within 3 weeks of the mailing of the questionnaire received a telephone call to collect their answers. The submitted questions included the following questionnaires:

- the Female Pelvic Floor Questionnaire (FPFQ), validated in French [9]: it comprises 37 questions to explore all aspects of

pelvic floor dysfunction: bladder, bowel, prolapse and sexual symptoms. Each symptom has four possible levels of increasing severity (never, occasionally, frequently or daily); the addition of the four scores in each area provides a total score out of 40; for analysis, responses in the two highest severity categories (frequently or daily) were grouped together;

- the EuroQoL five-dimension questionnaire (EQ-5D) to measure health-related quality of life; It evaluates 5 dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression;
- the Pescatori grading system of anal incontinence, which takes into account degree (flatus, liquid stool, solid stool) and frequency (less than once a week, at least once a week, every day) of symptoms, with a score range from 0 (full continence) to 6 (loss of solid stool every day); incontinence was defined by a score greater than 2 (i.e., more than loss of flatus less than once a week);
- the questions ended with a visual analog scale to rate chronic pelvic pain from 1 to 10.

All women with a vaginal birth and at least third degree perineal tears were included. Exclusion criteria included other confounding causes for pelvic symptoms: a history of urinary/anal incontinence or anorectal surgery prior to the pregnancy; inflammatory bowel disease (Crohn disease or ulcerative colitis); neurological disease; cervical cancer; as well as caesarean delivery, a history of OASI and deliveries that resulted in neonatal death.

The collected answers were analyzed for all cases and by subgroups, separating third and fourth-degree OASI. Data were grouped to analyze mixed urinary incontinence and prolapse symptoms, not figuring directly in the FPFQ. Continuous variables were compared with Mann-Whitney tests, and categorical variables with chi-square tests or Fisher's exact tests. The resultant data were analyzed using STATA V10 (StataCorp, TX, USA). A P -value \leq 0.05 was the chosen significance level for all tests.

Informed consent was obtained from each responding woman. The institutional review board of the French college of obstetricians and gynecologists (Comité d'Éthique de la Recherche en Gynécologie Obstétrique) approved this study (CEROG 2013-GYN-01-01-R2).

3. Results

During the 12-year study period, 28,293 births took place at Poitiers University Hospital, of which 243 (0.86%) resulted in OASI (Fig. 1). Among nulliparous women delivered vaginally, 4% sustained an OASI. Overlap was performed in 85% of OASI. In total, 2.4% of vaginal birth were twin pregnancy. Assisted vaginal

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