n n o n o D n

he use of postoperative laxatives is reco ended to reduce the ris of wound dehiscence

ul ing agents should not be given routinely with laxatives *New 2015*

ocal protocols should be i ple ented regarding the use of antibiotics laxatives exa ination

urpose and scope

p po o n o p o n n on no n n
n n o n o p n o n p n n o
A

Introduction and bac ground epide iology

po o A n n on p n n n n p
o o o o o n n n n n
n n o np p o p n p

n n n nn pp o n n n onо n p n
n A n o n n n n o o o p n o no
n n poo q n n o n po q o
o on n po n

n o pp op n o o p o on n n o n
p n p n on o n n o o n on o n
p n n

Identi cation and assess ent of evidence

Co n o n n o on o n
n D N n BA o o n o
No C n p n N on n C n o o
o n n n

n n n n n
n n o n o n n
o p n o n p n n
p n on n n n p n

n on o p o n n n o n o o n o
n N o po o n on on n p n o n
ppo A n n n nno oo p po n

Classi cation and ter inology

ow o o r n p n r n r

It is reco ended that the classi cation outlined in this guideline be used when describing any obstetric anal sphincter injury

If there is any doubt about the degree of third degree tear it is advisable to classify it to the higher degree rather than the lower degree

o o n on n op n n on
Con on on n on n n n C

First-degree tear: n o p n n n o n o

Second-degree tear: n o p n n o n p n no n o n n
p n

n

- A n n C
- n p C
- n C
- o o C
- o p o po o po on C
- p o on on o o
  - on o on n n o C
  - on o on n n o C
  - on o on o n o C
- n n
  - n o o p o o C
  - n o p o o C
  - o p o p o o C
  - o p p o o C

o o A n o p o o n o n
o o n n on o o A o on
o n on po o n o n o n
n o o p

n n on o o n n n A A
o p o o o n o o o C o n n
n A n q n p n n o o n n n A n
q n p n n n A n n C o p
C n o n o n C

2 C no r n l p n r n r pr n

Clinicians should explain to wo en that the evidence for the protective effect of episioto y is con icting

ediolateral episioto y should be considered in instru ental deliveries

here episioto y is indicated the ediolateral techni ue is reco ended with careful attention to ensure that the angle is degrees away fro the idline when the perineu is distended

erineal protection at crowning can be protective

ar co pression during the second stage of labour reduces the ris of I

Episiotomy

n p o o p n A n o n n on n n on n o p
p o o n p o o o o o A
o o n p o o no

o n o p o o p o
n n pp o p o on A

n o p o o o n n o n o po n n n
n n o A

epair of I

n r ˙ pr n p˙

urgical co petence

9 o o ſ r p ro r n ſ p n r n r

bstetric anal sphincter repair should be perfor ed by appropriately trained practitioners

or al training in anal sphincter repair techni ues should be an essential co ponent of obstetric training

n p n p n p n p on o n o
p q n n n on n n n o on o
po A n o o o n p n n
o p o on o n n n n
o n q p p

n o on n o n n n o n n o on
n n n on n n n n n
o

p o n o p n no n n o po n o
on po p p o n C o n n o oo n on no on
n n o op n o n o on o

ostoperative anage ent

ow o ſ wo n w o r n ſ p n r n r n po op r ſ

he use of broad spectru antibiotics is reco ended following repair of I to reduce the ris of postoperative infections and wound dehiscence

he use of postoperative laxatives is reco ended to reduce the ris of wound dehiscence

ul ing agents should not be given routinely with laxatives

ocal protocols should be i ple ented regarding the use of antibiotics laxatives exa ination and follow up of wo en with obstetric anal sphincter repair

o en should be advised that physiotherapy following repair of I could be bene cial

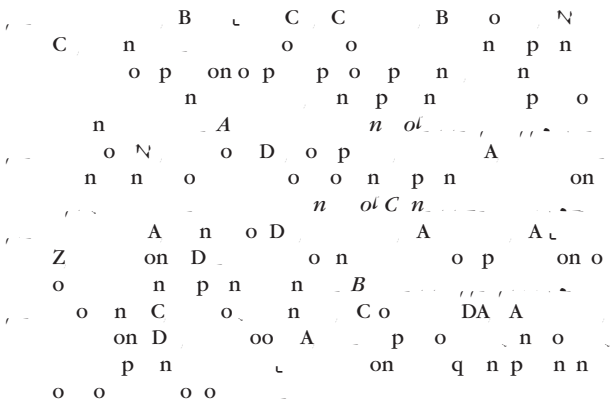
o en who have undergone obstetric anal sphincter repair should be reviewed at a convenient ti e usually wee s postpartu here possible review should be by clinicians with a special interest in I

If a wo an is experiencing incontinence or pain at follow up referral to a specialist gynaecologist or colorectal surgeon should be considered

A Co n n n o p op o n o p n
o p n p op n o n p o o no n o n on on
n o on o o p p n A o p op
n o p o p n p n o n o p on o o n o o
p n o o o o p o on o
n p on on on no

n n o on o o p n n n n po op
p o o o n p A p

eco endations for future research



ppendix I Explanation of guidelines and evidence levels

C n n op n n n p n n
n on o pp op n o p on on n
op n n o o o o p o n o n n C n
o n n A No, *D iop n o C r n op in* on C
p o o n op op n o n on no n n o
n o o n n o n n o n
p n n o n on n q o n on n on n o pop on

n p o on o o Co o n n n o o

Mr RJ Fernando FRCOG, London; Mr AH Sultan FRCOG, London; Professor RM Freeman FRCOG, Plymouth; Dr AA Williams MRCOG, Bolton; and Dr EJ Adams FRCOG, Liverpool

n p
D AA A o C o B n n n o B o o o n o o
A DD C B n p n C B n p D C No
n C o o o o C o n o
B C D C o C o n N o
D C o D o C C A C n nn
n C p n on C on on

Co D p C on on C
A C p n D n C o

o n Co D p C on on D n C o
n D A o on C
o o n n

All C n lop r r o i r n on o n r A n r n n on o n r or in i i ro p wwwr o or n in r r r in 29

n on pon o n Co o C

p o o n n n o n

D C A