# OP19

# ARE WE OVER-DIAGNOSING AND UNDERTREATING? RETROSPECTIVE ANALYSIS OF OASI MANAGEMENT IN A TEACHING HOSPITAL

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### Background

The rate of OASI in the UK has risen. Some speculate this is due to greater awareness and training amongst doctors and midwives, whilst others cite advancing maternal age and over-diagnosis (up to 7%) as contributory factors.

1 What's more, despite primary repair, the rate of persistent defects encountered in the OASI clinic remains high at 50-85%.

2 This review identifies the rate of defects on endoanal ultrasound scan (EAUS) according to degree of tear and position in a postnatal outpatient setting.

### Methods

The notes of 305 patients referred to the OASI clinic between January 2020- December 2022 at a tertiary referral hospital were analysed to identify the correlated EAUS findings upon postnatal follow-up. All patients with incomplete data were excluded.

## Results

37% of patients with a 3a tear had a persistent defect on EAUS; 0% affected the lower canal (LC), 25% the upper canal (UC) and 16% mid canal (MC) of the external anal sphincter (EAS). Persistent defects in higher degree tears were 75% for 3b, 62% for 3c and 100% in 4th degree. Persistent defects were 60-63% in UC, 40% in MC and 15-25% in LC of the EAS and 39% and 23% respectively in UC and LC in the internal anal sphincter in 3c and 4th degree tears.

#### Discussion

This study identified an overall persistent defect rate of 69% in keeping with rates quoted in existing literature. When stratified however, 3a tears had lower persistent defect rates at 36% which may signify over-diagnosis or demonstrate that small tears involving fibres in the LC are likely to be adequately sutured compared to if they are higher up in the UC or MC. This highlights the importance of training doctors to inspect the fibres in the UC and MC to enable adequate primary repair of OASI.

#### References

2. Third degree obstetric anal sphincter tears: risk factors and outcome of primary repair. BMJ 1994; 308:887-91.