



Royal College of Obstetricians and Gynaecologists

Consent Advice No. 9

June 2010

REPAIR OF THIRD- AND FOURTH-DEGREE PERINEAL TEARS FOLLOWING CHILDBIRTH

This is the first edition of this guidance.

This paper provides advice for clinicians in obtaining the consent of women undergoing repair of third- or fourth-degree perineal tears following childbirth. This paper is intended to be appropriate for a number of procedures and combinations and the consent form should be carefully edited under the heading 'Name of proposed procedure or course of treatment' to accurately describe the exact procedure to be performed, after discussion with the woman. The paper follows the structure of Consent Form 1 of the Department of Health, England/Welsh Assembly Government/Scottish Government/Department of Health, Social Services and Public Safety, Northern Ireland. It should be used in conjunction with RCOG Clinical Governance Advice No 6: *Obtaining Valid Consent*.¹ Please refer to RCOG Green-top Guideline No. 29: *The Management of Third- and Fourth-Degree Perineal Tears*.²

The aim of this advice is to ensure that all women are given consistent and adequate information for consent; it is intended to be used together with dedicated patient information. After discharge women should have clear direction to obtaining help if there are unforeseen problems.

Clinicians should be prepared to discuss with the women any of the points listed on the following pages.

Presenting information on risk

Term	Equivalent numerical ratio	Colloquial equivalent
Very common	1/1 to 1/10	A person in family
Common	1/10 to 1/100	A person in street
Uncommon	1/100 to 1/1000	A person in village
Rare	1/1000 to 1/10 000	A person in small town
Very rare	Less than 1/10 000	A person in large town

The above descriptors are based on the RCOG Clinical Governance Advice, *Presenting Information on Risk*.³ They are used throughout this document.

To assist clinicians at a local level, we have included at the end of this document a fully printable page 2 of the Department of Health, England/Welsh Assembly Government/Scottish Government/Department of Health, Social Services and Public Safety, Northern Ireland, Consent Form 1. This page can be incorporated into local trust documents, subject to local trust governance approval.

CONSENT FORM

1. Name of proposed procedure or course of treatment

Repair of third- or fourth-degree perineal tears following childbirth.

2. The proposed procedure

The woman should be informed about why the procedure is being carried out, the full extent of the injury sustained and the structures involved. Before you perform the procedure she should be informed that a systematic examination of the vagina, perineum and rectum will be carried out. The woman should be made aware that the actual extent of damage might not be identified until she is assessed under anaesthesia. Explain the repair procedure as it may be described in the woman's handheld notes or information leaflet and the effect the damage that has already occurred might cause her if left unrepaired.

3. Intended benefits

To attempt to restore anorectal and perineal anatomy, facilitate wound healing and reduce the risk of anal incontinence.

4. Serious and frequently occurring risks^{2,4,5}

It is important that clinicians should clarify that the planned procedure is to repair damage that has already happened and that the quoted risks might be linked to sphincter damage rather than the repair. It is recommended that clinicians make every effort to separate serious from frequently occurring risks, ensuring that the woman understands that the quoted risks are likely to be significantly higher if the trauma is not repaired. Women who are obese, who have significant pathology, have had previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.

4.1 Serious risks

Some of these complications are a result of the tear and not necessarily the repair. However, these complications will be more significant if the repair is not performed.

Common:

- Incontinence of stools and/or flatus.

Uncommon:

- Delivery by caesarean section in future pregnancies may be recommended if symptoms of incontinence persist or investigations suggest abnormal anal sphincter structure or function.

Rare:

- Haematoma.
- Consequences of failure of the repair requiring the need for further interventions in the future such as secondary repair or sacral nerve stimulation.

Very rare:

- Rectovaginal fistula.

4.2 Frequent risks

Frequent risks include:

- fear, difficulty and discomfort in passing stools in the immediate postnatal period
- migration of suture material requiring removal
- granulation tissue formation
- faecal urgency, 26/100 (very common)
- perineal pain and dyspareunia, 9/100 (common)
- wound infection, 8/100 (common)
- urinary infection.

5. Any extra procedures which may become necessary during the procedure

- Blood transfusion.
- Rarely, a vaginal pack is required if haemostasis cannot be achieved.

6. What the procedure is likely to involve, the benefits and risks of any available alternative treatments, including no treatment

Repair of a third- or fourth-degree tear involves suturing the disrupted structures of the anorectal complex with a slow absorbing synthetic suture material. Following completion of the procedure, if disrupted, the vagina, perineal muscles and skin are closed with an absorbable synthetic suture material and an indwelling catheter is inserted. Antibiotics and laxatives are commonly prescribed for 7–10 days. Leaving a third- or fourth-degree tear unsutured is not recommended, as this is likely to be associated with increased risk of complications.

7. Statement of patient: procedures which should not be carried out without further discussion

Other procedures which may be appropriate but not essential at the time should be discussed and the woman's wishes recorded.

8. Preoperative Information

A record should be made of any sources of information (such as RCOG or locally produced information leaflets/tapes) given to the woman before surgery. Please refer to the RCOG Patient Information: *A Third- or Fourth-Degree Tear During Childbirth*.⁶

9. Anaesthesia

Where possible, the woman must be aware of the type of anaesthesia planned and be given an opportunity to discuss this in detail with the anaesthetist before surgery. It should be noted that, with obesity, there are increased risks, both surgical and anaesthetic.

References

1. Royal College of Obstetricians and Gynaecologists. *Obtaining Valid Consent*. Clinical Governance Advice No. 6. London: RCOG; 2008 [www.rcog.org.uk/womens-health/clinical-guidance/obtaining-valid-consent].
2. Royal College of Obstetricians and Gynaecologists. *The Management of Third- and Fourth-Degree Perineal Tears*. Green-top Guideline No. 29. London: RCOG; 2007 [www.rcog.org.uk/womens-health/clinical-guidance/management-third-and-fourth-degree-perineal-tears-green-top-29].
3. Royal College of Obstetricians and Gynaecologists. *Presenting Information on Risk*. Clinical Governance Advice No. 7. London: RCOG; 2008 [www.rcog.org.uk/womens-health/clinical-guidance/presenting-information-risk].
4. Duggal N, Mercado C, Daniels K, Bujor A, Caughey AB, El-Sayed YY. Antibiotic prophylaxis for prevention of postpartum perineal wound complications: a randomized controlled trial. *Obstet Gynecol* 2008;111:1268–73.
5. Fernando R, Sultan AH, Kettle C, Thakar R, Radley S. Methods of repair for obstetric anal sphincter injury. *Cochrane Database Syst Rev* 2006;CD002866. DOI: 10.1002/14651858.CD002866.pub2.
6. Royal College of Obstetricians and Gynaecologists. *A Third- or Fourth-degree Tear During Childbirth: Information for You*. London: RCOG; 2008 [<http://www.rcog.org.uk/womens-health/clinical-guidance/third-or-fourth-degree-tear-during-childbirth>].

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Final version is the responsibility of the Consent Group of the RCOG.

Consent Advice review process will commence in
2013 unless otherwise indicated

DISCLAIMER

The Royal College of Obstetricians and Gynaecologists produces consent advice as an aid to good clinical practice. The ultimate implementation of a particular clinical procedure or treatment plan must be made by the doctor or other attendant after the valid consent of the patient in the light of clinical data and the diagnostic and treatment options available. The responsibility for clinical management rests with the practitioner and their employing authority and should satisfy local clinical governance probity.

Patient identifier/label

Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear) *Repair of third- or fourth-degree perineal tears following childbirth*

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient, in particular, I have explained:

The intended benefits: *To repair damage that has already occurred, to attempt to restore normal anatomy, help wound healing and reduce the risk of long-term bowel problems. The risks quoted below might be linked to sphincter (anal muscle) damage rather than the repair and these are likely to be significantly higher if the trauma is not repaired.*

Serious risks:

- *inability to control bowels and/or flatus (passing wind; common)*
- *possibility of recommending delivery by caesarean section in future pregnancies if symptoms persist or investigations suggest abnormal anal function. (uncommon)*
- *haematoma (collection of blood; rare)*
- *consequences of failure of repair requiring the need for further interventions and treatments (rare)*
- *developing a fistula (hole) between your back passage and vagina after the tear has healed. This will need to be repaired by further surgery (very rare)*

Frequent risks:

- *difficulty in passing stools initially (common)*
- *suture material causing discomfort and requiring removal (common)*
- *healing with excessive immature tissue formation (common)*
- *urinary infection (common)*
- *wound Infection (common)*
- *a feeling that you need to rush to the toilet to open your bowels urgently (very common)*
- *pain or soreness in the perineum and pain during intercourse (common)*

Any extra procedures which may become necessary during the procedure

- Blood transfusion
- Rarely a large vaginal dressing or tampon is required to be placed for a few hours to stop bleeding

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following leaflet/tape has been provided: *Please see RCOG Patient Information A Third- or Fourth-degree Tear During Childbirth*

This procedure will involve:

- general and/or regional anaesthesia
- local anaesthesia
- sedation

Signed Date

Name (PRINT)..... Job title.....

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand

Signed Date

Name (PRINT).....

Top copy accepted by patient: yes/no (please ring)