Perineal injury
Perineal injury:

Perineal trauma is common, affecting up to 90% of primigravida.
Definition of perinea

First degree: involves skin only.
Second degree: involves perineal muscle, includes episiotomy.
Third degree: second degree with disruption of the anal sphincter, subdivided into:

- *3a: less than 50% of external sphincter thickness torn.
- *3b: more than 50% of external sphincter thickness torn.
- *3c: internal anal sphincter also torn.
Fourth degree: third degree tear with torn anal epithelium.
Risk factors for perineal trauma:
1. primigravida
2. second stage of labour more than 60 minutes
3. instrumental vaginal delivery
4. midline episiotomy
5. macrosomia
6. fetal malposition
7. epidural anaesthesia
8. shoulder dystocia
Repair:
1. Identification of the extent of damage to the perineum, vagina and rectum with adequate lighting and analgesia.
2. Technique of repair: some first-degree tears that are not bleeding will not require suturing. A loose continuous suture technique to appose each layer (vaginal epithelium, perineal muscle and skin) is associated with less pain. Repair of anal sphincter requires adequate muscle relaxation with regional or general anaesthesia.
3. Postoperative precautions:
Prophylactic antibiotics as cephalosporines and metronidazole, analgesics as NSAID, paracetamol and opioid analgesia
stool softening like lactulose for 5-10 days (3rd degree tear)
advise on perineal hygiene and pelvic floor exercise
urethral catheter may be indicated to avoid urinary retention
Complications:
1. infection
2. bleeding
3. missing the apex of the tear may cause haematoma
4. deep sutures into the rectum could lead to fistula formation
5. improper suturing could lead to later pain and dyspareunia
6. 3rd and 4th degree tears could lead to anal incontinence