

# Evaluation of a Perineal Care Clinic -

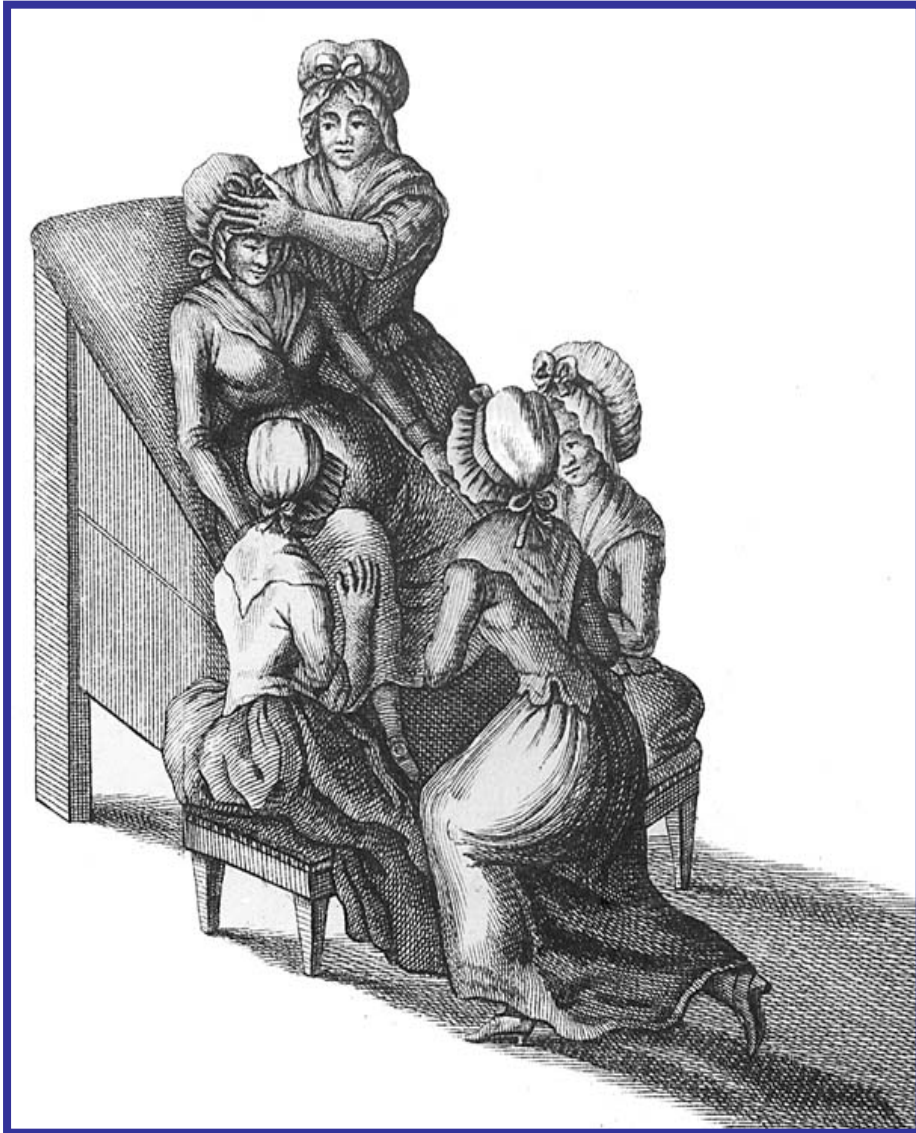
*What special care can we offer women with complex  
pelvic floor issues?*



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# Background

- **Set-up to provide standardized quality care**
- **Previously - no long-term follow-up or support**
- **Need was identified as result of previous RCT's - (MOMS & OASIS)**
- **Main purpose - to improve the outcome for women following perineal injury**
- **Looked at various models**

TEAR STAR US

# UHNS Model

- **Weekly midwife-led clinic: -**
  - **Morning clinic - 3<sup>rd</sup> or 4<sup>th</sup> degree tears ( 6 weeks P/N)**
  - **Afternoon - other perineal problems**
- **Backed by two lead consultant obstetricians - 'PCC' runs alongside antenatal clinic**
- **Monthly multidisciplinary meeting - care pathway**
- **Prompt treatment**
- **Theatre input**

# Members of Multidisciplinary Group

- PCC lead specialist midwife
- Two lead consultant obstetricians
- Senior obstetric physiotherapist
- Consultant urogynaecologist
- Senior manometry technician
- Urogynae specialist nurse
- Two colorectal surgeons
- Consultant radiographer
- Continence advisor



# Referrals

- **Referral system – Midwives, GP's, Practice Nurses, Health Visitors, Consultants**
- **Women referred with: -**
  - **Dehisced perineal wounds**
  - **Perineal pain – long-term problems**
  - **Superficial dyspareunia**
  - **Third and fourth degree tears**
  - **Urinary or faecal problems**
  - **Concerns regarding previous perineal trauma**
  - **Pre-pregnancy and antenatal concerns**

# Some of the problems seen in the Perineal Care Clinic



# Short-term Problems

- **Pain** (up to 80% at 2 to 3 days postnatal & up to 44% at 10 days)
- **Causes**
  - Haematoma
  - Infection
  - Wound dehiscence
  - Excessive granulation tissue

# Dehisced wounds > 24hrs

## ➤ Allow healing by secondary intention:

- ✓ Swabs and antibiotics
- ✓ Advise - pain relief, diet, hygiene & pelvic floor exercises
- ✓ Follow-up in PC Clinic as necessary
- ✓ Observe for prolific granulation tissue
- ✓ Corrective surgery if necessary - 3 to 6 months postpartum

# Long-term Problems

- **Perineal pain** (7% up to 12 months postpartum)
- **Dyspareunia** (15 – 20% up to 12 months)
- **Pelvic floor dysfunction**
  - **Causes: -**
    - Poor anatomical re-construction
    - Misclassification of trauma
    - Scar tissue
    - Adhesions – introitus or labia
    - Split labia
    - Vulvodynia – (17 to 20% of women – Amitriptyline)
    - Non specific

# Superficial dyspareunia

## ➤ Main causes: -

- **Tight introitus - tight bands of scar tissue at introitus**
- **Perineal scarring - poor anatomical alignment**
- **Breast feeding - vaginal dryness / reduced libido**
- **Split labia**
- **Psychological - body image**
- **Fear of pregnancy**

# Management of dyspareunia

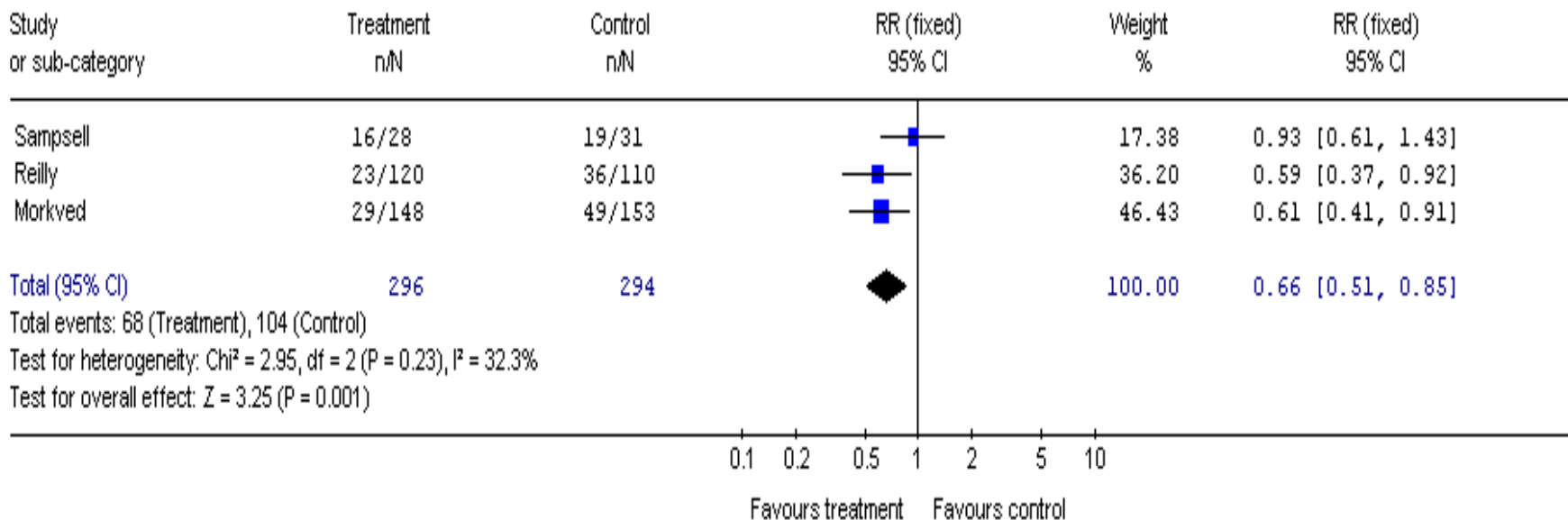
- **Prompt sensitive treatment**
- **Conservative -**
  - **Perineal Massage**
  - **Lubrication - position**
  - **Psychosexual counselling**
  - **Reassurance**
- **Surgical -**
  - **Division of scar tissue**
  - **Modified Fenton's procedure at 3 - 6 months post delivery**

# Urinary & Faecal Incontinence

- **Up to 34% of women will have urinary incontinence following childbirth**
  - **If it persists beyond 3 months – 92% continue to have urinary incontinence at 5 years postpartum**  
*(Victrup 2001)*
- **Reported rates of incontinence following anal sphincter injury vary between 7% and 59%**
  - **Prevalence depends on success of primary repair**
  - **Compensate initially**
  - **Becomes worse following menopause**

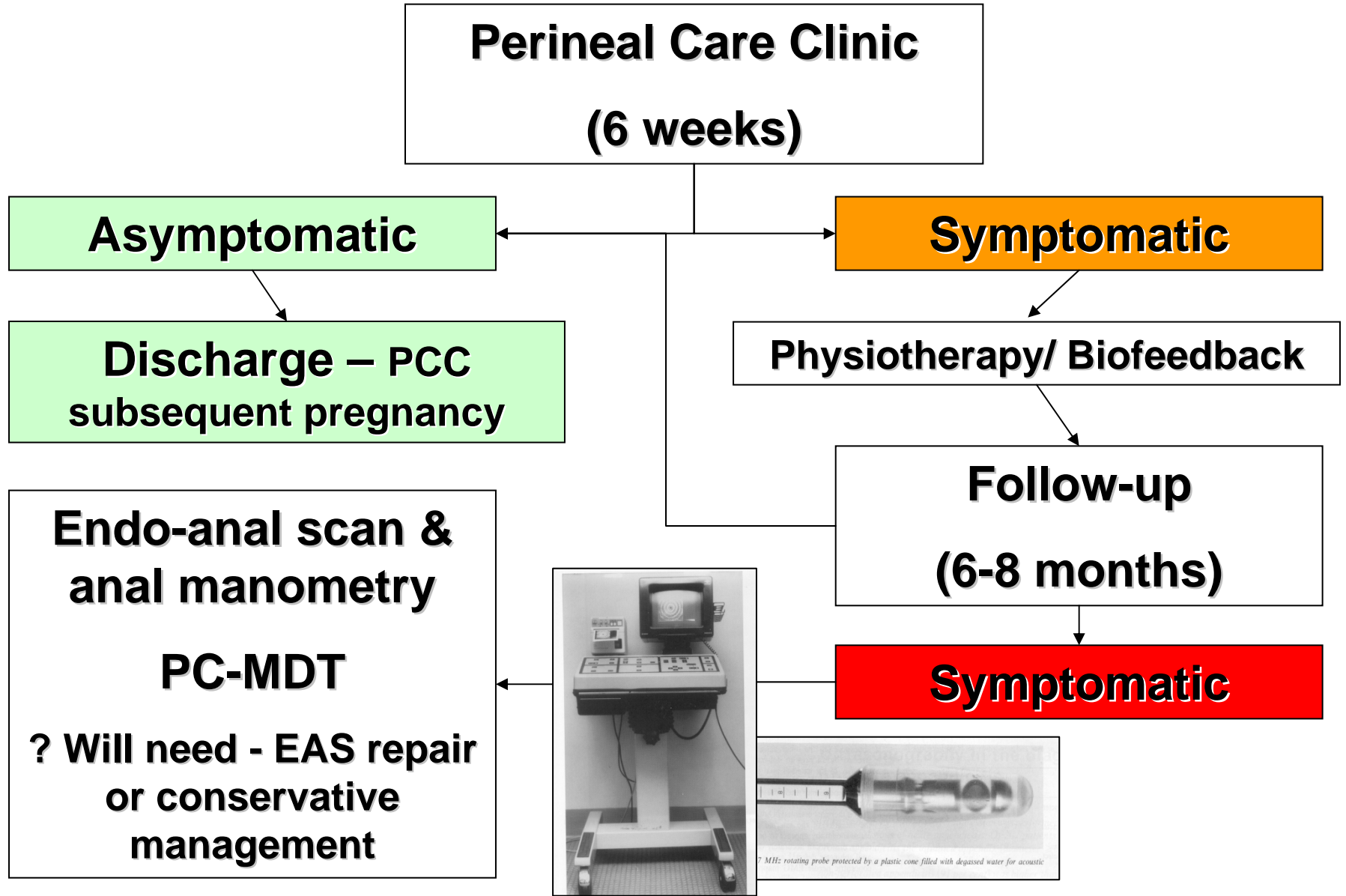
# Antenatal Pelvic Floor Muscle Exercises

Review: New review  
Comparison: 01 Antenatal PFMT  
Outcome: 01 Postnatal urinary incontinence

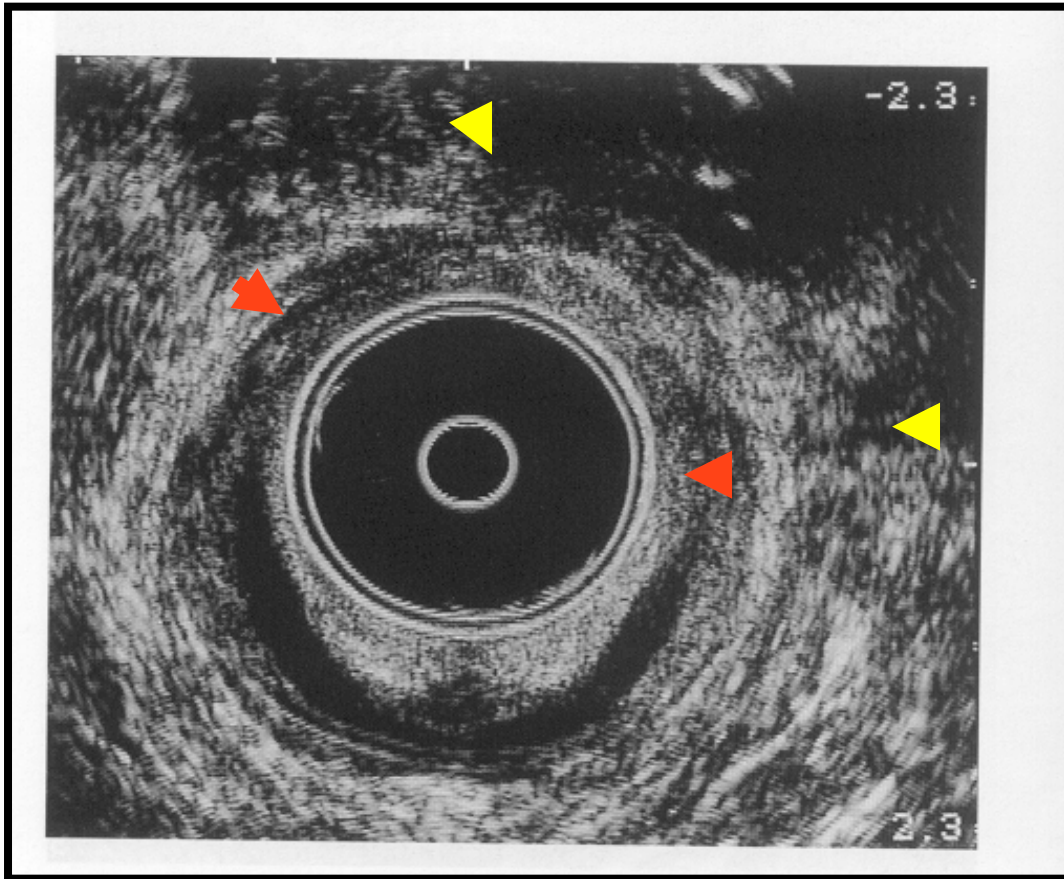


**This analysis shows antenatal PFMT is associated with a significant reduction in the incidence of postnatal urinary incontinence - RR 0.66, CI 0.51-0.85**

# Follow-up third/fourth degree tears



# Obstetric injury - post repair



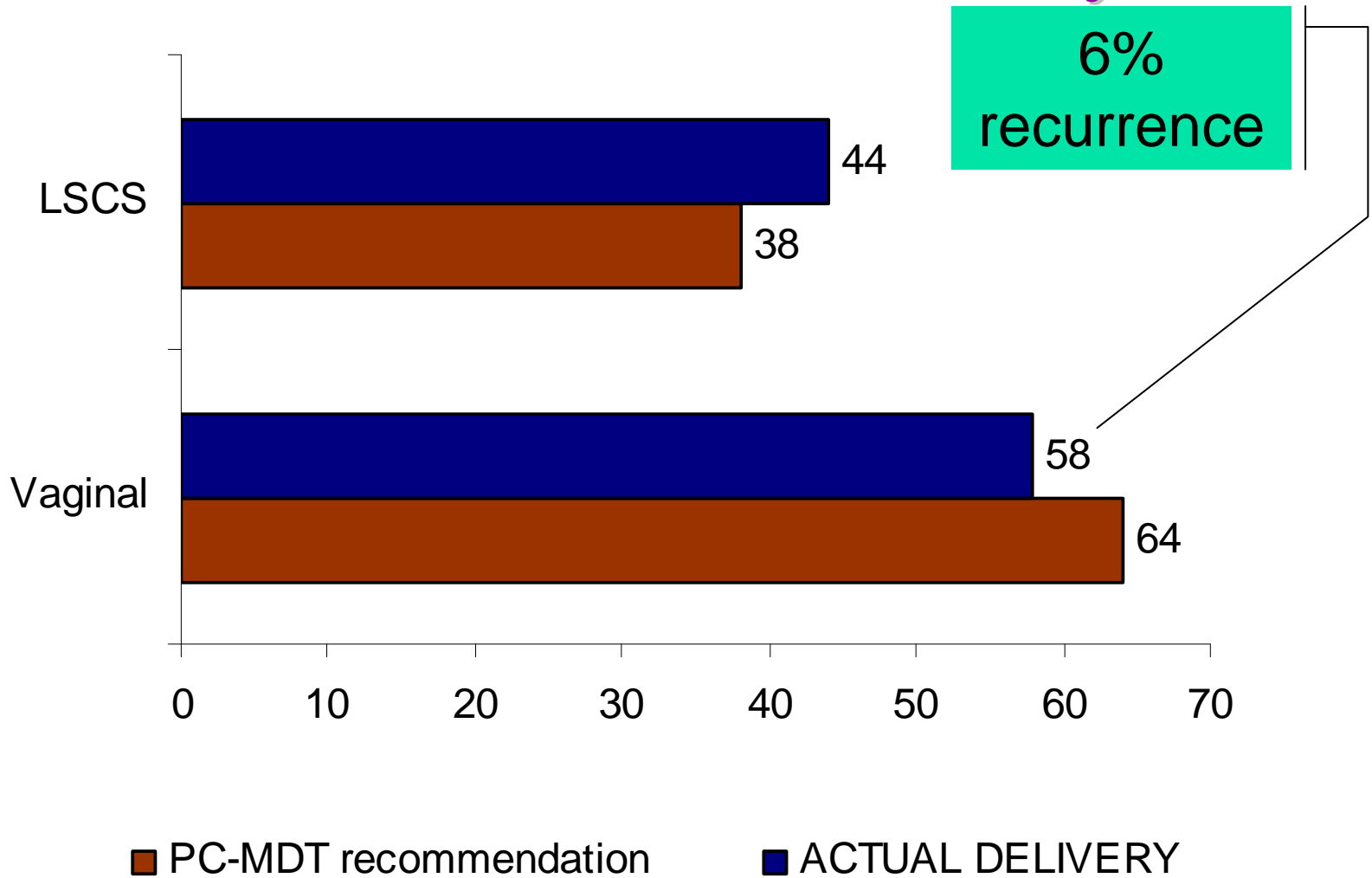
Defect in IAS  
remains  
between 10 & 3  
o'clock ▶

The EAS has  
been repaired  
but scarring/  
defect remains  
between 12 & 3  
o'clock ▶

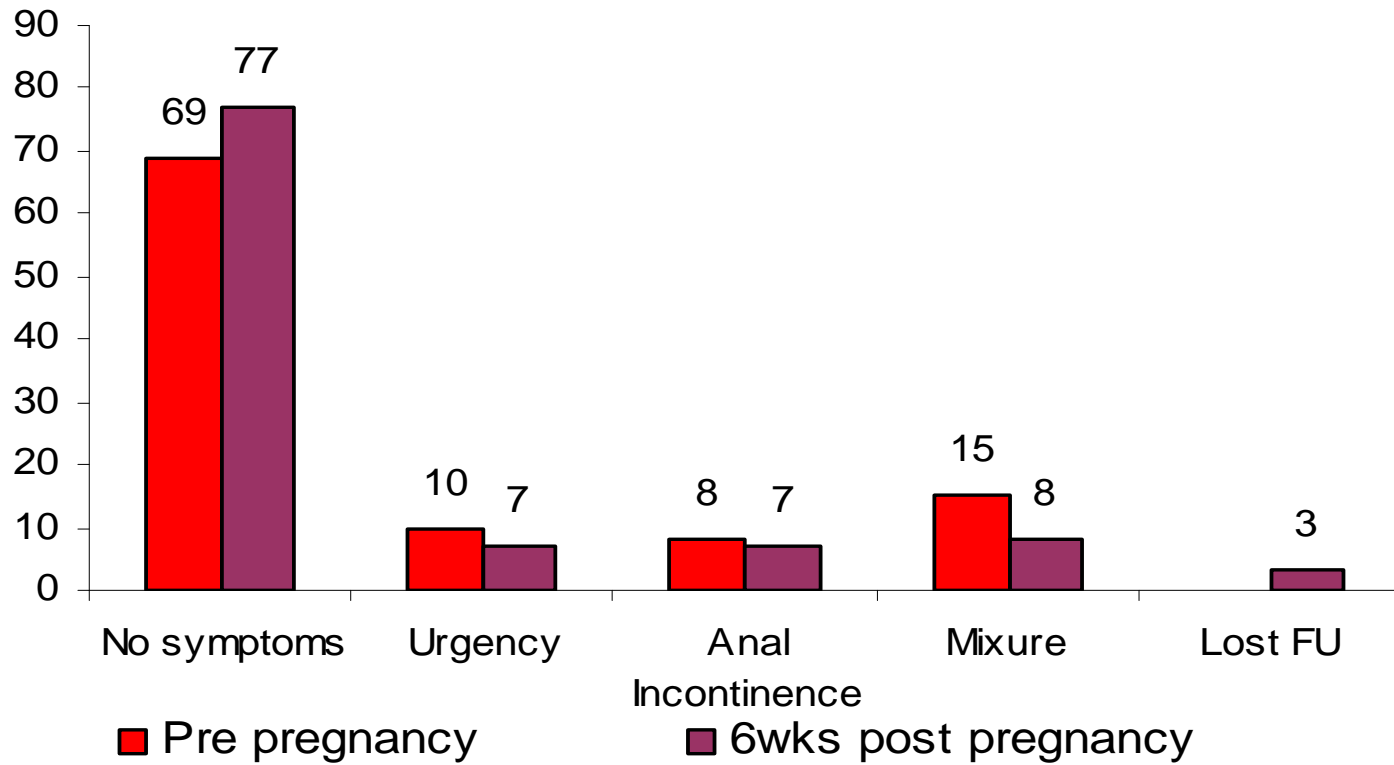
# Management of subsequent deliveries

- **Subsequent vaginal birth – may increase symptoms of anal incontinence**
- **If asymptomatic & EAS defect > 2hrs – discuss option of EI LSCS**
- **Severe symptoms & evidence of sphincter damage – ? offer vaginal delivery and then secondary repair depending on symptoms & woman's preference**
- **No evidence to support prophylactic episiotomy for future delivery**
- **If woman aims for SVD – experienced midwife**

# Cases discussed MDT (n = 102) - recommended mode of delivery



# Bowel Symptoms



# Discussion

- **Increasing number of new referrals to clinic - 2004 (n = 226); 2005 (n = 452); 2008 < 500**
- **Most problems were not seen or were managed in ad-hoc manner**
- **Enables investigation of persistent problems & mismanagement of perineal trauma - feedback regarding individual practice**
- **Multidisciplinary input - cost efficient**
- **Reduces gynaecology outpatient clinics waiting lists**
- **Evaluation - women are very satisfied**

# Comments from users

**61 women commented (47 very satisfied, 12 satisfied, 2 dissatisfied) -**

- I thought the treatment was excellent - wish clinic was running when I had my first child**
- Not embarrassed at all due to caring consultation by specialist midwife**
- Went away feeling more positive and reassured**
- I was well impressed**
- If the perineal care clinic continues with the same service as I received it will be a success - please don't allow it to degenerate to the antenatal "cattle-market"**

# Conclusion

- **Perineal care clinic successful in terms of uptake and evaluation**
- **Template which other units are emulating**
- **Midwife-led clinic having immense impact on the quality of care women receive in the UK**



# Thank-you

