

AMA/CME Test 221

Obstetric Anal Sphincter Lacerations, Part 1

(Test valid through April 30, 2003)

This activity has been planned and produced in accordance with ACCME Essentials.
The estimated time to complete this activity is 1 hour.

Instructions: Read the article beginning on page 21 and select the best answer for each of the following questions.
Test form and mailing instructions are on the next page.

1. Anal sphincter injury during childbirth results in fecal incontinence in what percentage of patients?
 - a. 75%
 - b. 10%
 - c. 33%
 - d. 50%
2. Women who sustain anal sphincter injuries during childbirth but retain fecal continence postpartum:
 - a. will never develop fecal incontinence due to such injuries.
 - b. often develop postmenopausal fecal incontinence.
 - c. will be more susceptible to such injuries during subsequent deliveries.
 - d. are at higher risk for rectovaginal fistula.
3. Occult anal sphincter lacerations occur in up to what percentage of multiparous women?
 - a. 44%
 - b. 25%
 - c. 66%
 - d. 33%
4. The internal anal sphincter (IAS) plays an essential role in fecal continence because it is responsible for the majority of:
 - a. anal innervation.
 - b. anal squeeze tone.
 - c. anal sensation.
 - d. anal resting tone.
5. The anal sphincter complex is attached to:
 - a. the perineal body.
 - b. the colonic longitudinal smooth muscle.
 - c. the puborectalis muscle.
 - d. all of the above.
6. Second-degree obstetric lacerations extend through:
 - a. the cervical mucosa.
 - b. the vaginal mucosa and fascia and the perineal muscles.
 - c. the uterine endometrium.
 - d. the anal sphincter complex.
7. Compared with liberal use of episiotomy, restricted use of the procedure results in:
 - a. fewer perineal lacerations.
 - b. a higher incidence of vaginal trauma.
 - c. a higher rate of cesarean delivery.
 - d. a lower rate of third- and fourth-degree obstetric lacerations.
8. Up to 24% of women who undergo midline episiotomy sustain anal sphincter injury, compared with what proportion of women who deliver vaginally without episiotomy?
 - a. 60%
 - b. 15%
 - c. 6%
 - d. 1.5%
9. Studies indicate that mediolateral episiotomy:
 - a. increases the risk of anal sphincter tears compared with midline episiotomy.
 - b. decreases the risk of anal sphincter tears compared with midline episiotomy.
 - c. carries the same risk of anal sphincter tears as midline episiotomy.
 - d. eliminates the risk of anal sphincter tears.
10. Research shows that anal sphincter injury is *most* likely to occur in:
 - a. vacuum delivery, with or without episiotomy.
 - b. shoulder dystocia necessitating forceps delivery.
 - c. attempted vaginal birth after cesarean delivery.
 - d. forceps delivery with episiotomy.

The FEMALE PATIENT® / Test 221

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Rebecca G. Rogers, MD; Dorothy N. Kammerer-Doak, MD; Maridee J. Spearman, MD

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Record your answers here by circling the appropriate letter:

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

Name

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I have read this article and completed this activity in _____ hours.

Signature

Date

For you to obtain credit, 70% or more of your answers must be correct. To cover costs of processing, please enclose a check for \$10, which is tax-deductible, payable to the Division of Continuing Medical Education (TFP), and mail with this answer sheet to:

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Participants will receive certification for their records in approximately 10 to 12 weeks.

Course Evaluation

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 Superior Satisfactory Unsatisfactory
2. Will the materials presented influence the way you treat your patients?
 Yes No
3. Did this activity meet its objectives?
 Yes No
4. What recommendations do you have to improve this activity?

5. Were any portions of this activity unsatisfactory or inappropriate? If so, which ones?

6. Do you find the information presented in this activity to be fair, objective, and balanced?
 Yes No

7. What subjects would you include in future activities?

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