

Obstetric Anal Sphincter Lacerations, Part 2

AMA/CME Test 222

(Test valid through May 31, 2003)

CONTINUING MEDICAL EDUCATION

Goal

To describe the technique of immediate and delayed postpartum obstetric anal sphincter laceration repair and review the likely results and potential complications.

Objectives

1. To detail the optimum technique for obstetric anal sphincter repair.
2. To discuss surgical results in terms of possible complications and of immediate and long-term fecal and flatal incontinence.
3. To quantify the impact of subsequent vaginal deliveries on women with a history of obstetric anal sphincter laceration and to suggest ways to avoid exacerbating their symptoms.

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Albert Einstein College of Medicine and Quadrant HealthCom Inc. Albert Einstein College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

This activity has been peer reviewed and approved by Brian Cohen, MD, professor of clinical OB/GYN, Albert Einstein College of Medicine. Review date: April 2002. It is designed for OB/GYNs.

The Albert Einstein College of Medicine designates this educational activity for a maximum of 1 hour in category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she spent in the educational activity. Participants who answer 70% or more of the questions correctly will obtain credit.

To earn credit, see the instructions on page 53 and mail your answers according to the instructions on page 54.

DISCLOSURE

The Faculty Disclosure Policy of the College of Medicine requires that faculty participating in a CME activity disclose to the audience any relationship with a pharmaceutical or equipment company that might pose a potential, apparent, or real conflict of interest with regard to their contribution to the activity. This disclosure also applies to any discussion of unlabeled or investigational use of any commercial product or device not yet approved in the United States. Dr Rogers reports that that she has received grant/research support from Eli Lilly and Company, Pharmacia Corporation, and Wyeth. Dr Doak reports that she has received an unrestricted educational grant from Bayer Corporation. Dr Brian Cohen reports no conflict of interest.

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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 31 and select the best answer for each of the following questions. Test form and mailing instructions are on the next page.

1. Studies suggest that the best material for repair of obstetric anal sphincter lacerations is:
 - a. catgut.
 - b. surgical staples.
 - c. polyglycolic acid (PGA).
 - d. nonabsorbable suture.
2. The proportion of women reporting fecal incontinence, flatal incontinence, and/or fecal urgency following primary repair of obstetric anal sphincter lacerations with the end-to-end technique is:
 - a. 75% to 80%.
 - b. 30% to 50%.
 - c. 5% to 10%.
 - d. 40% to 60%.
3. The most common complication of third- and fourth-degree obstetric anal sphincter lacerations is:
 - a. rectovaginal fistula.
 - b. systemic contamination by *Escherichia coli*.
 - c. infection.
 - d. dehiscence.
4. Dehiscence of an obstetric anal sphincter laceration associated with infection should be repaired:
 - a. immediately, given adequate debridement and antibiotic coverage.
 - b. after several months' delay to allow for resolution of the infection.
 - c. only if future vaginal births are desired.
 - d. only if antibiotic therapy does not result in spontaneous healing.
5. What percentage of patients with obstetric anal sphincter lacerations undergoing repair of dehiscence or rectovaginal fistula are likely to experience a recurrence of these complications?
 - a. 30% to 50%
 - b. 16% to 23%
 - c. 6% to 10%
 - d. 0.5% to 1%
6. Delayed morbidity from obstetric anal sphincter lacerations is due to:
 - a. the aging process.
 - b. cumulative pudendal neuropathy from multiple vaginal deliveries.
 - c. separation of the anal sphincter.
 - d. all of the above.
7. In women with a history of obstetric anal sphincter lacerations, the risk of recurrence is highest in subsequent deliveries with:
 - a. vacuum extraction.
 - b. mediolateral episiotomy.
 - c. forceps and midline episiotomy.
 - d. prolonged labor.
8. Women who experienced temporary fecal incontinence after their first vaginal delivery report permanent fecal incontinence after subsequent vaginal deliveries in what percentage of cases?
 - a. up to 40%
 - b. 25% to 30%
 - c. fewer than 5%
 - d. 65% to 70%
9. Among women with ultrasonographic evidence of occult external anal sphincter (EAS) damage after their first vaginal delivery, what percentage develop fecal incontinence following a subsequent vaginal delivery?
 - a. up to 20%
 - b. about 40%
 - c. 5% to 10%
 - d. more than 66%
10. The best way to manage anal rectal dysfunction following a previous anal sphincter laceration and repair in subsequent pregnancy is to:
 - a. perform immediate repair using the overlapping technique.
 - b. discourage a trial of labor in women who previously underwent a cesarean section.
 - c. avoid the use of midline episiotomy and forceps in favor of cesarean section.
 - d. recommend immediate tubal ligation to prevent subsequent pregnancies.

The FEMALE PATIENT® / Test 222

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

(Test valid through May 31, 2003. No credit will be given after that date.)

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

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

Signature

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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:

TFP-CME BOX #2
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Participants will receive certification for their records in approximately 10 to 12 weeks.

Course Evaluation

Albert Einstein College of Medicine would like to have your opinion. Your evaluation will help us to plan future CME tests for *The Female Patient*®. We urge you to complete this questionnaire and mail it back to us with your completed test. Thank you for your cooperation.

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 Superior Satisfactory Unsatisfactory
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 Yes No
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Comments

