

Perineal Injuries

Clinical Negligence

What is a perineal injury?

Perineal tears are divided into four different types. First degree perineal tears involve the vaginal epithelium; second degree tears involve the perineal muscles in addition to the vaginal epithelium; third degree tears include partial or complete disruption of the anal sphincter. Fourth degree tears involve the complete disruption of the external and internal anal sphincters and epithelium.

Perineal trauma during childbirth can occur spontaneously or as a result of an episiotomy. The spectrum of injuries ranges from perineal lacerations to complete disruption of the perineal body and the development of fistulas.

How common are perineal injuries?

A recent study reported that recognised injury to the anal sphincter has been reported to occur in 3-6% of vaginal deliveries, while unrecognised anal sphincter injuries may occur in up to 35% of first births.

Failing to recognise a major perineal tear is a cause of concern and can be due to inadequate training and experience, and incorrect assessment of the severity of the injury.

Who should carry out repairs?

The repair of perineal injuries should be undertaken by a trained doctor with difficult cases necessitating the help of a senior colleague. This ensures that the primary repair is performed appropriately.

Where perineal tears occur, doctors who carry out a repair are required to use the degree of care and skill expected of a reasonably competent practitioner. A question that often arises in negligence cases is whether the repair was carried out to an acceptable standard?

How should repairs be carried out?

It is not unusual to find cases where a perineal repair has been delayed due to other clinical priorities in the delivery suite. However, delayed repair can result in bleeding and swelling of the perineum which complicates the repair surgery. For these reasons, it is imperative that the repair should be undertaken immediately.

It is important that the doctor carrying out the repair uses appropriate anaesthesia as if the patient continues to experience pain, she is more likely to move around during the procedure which may lead to a poor outcome. It is imperative that third and fourth degree tears are repaired in an operating theatre, under general or regional anaesthetic.

It can be seen that there are many ways in which treatment for perineal injury can go wrong. Sometimes poor outcomes are unavoidable, but sub-standard care in carrying out a primary repair, or in later follow up care, may lead to successful claims for damages.