

# PERINEAL TRAUMA REDUCTION

FOR PROVIDERS ONLY

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## Post-Delivery Examination/Diagnosing a Tear

Following a visual examination of the perineum, part the labia and examine the vagina to establish the full extent of the tear. Always identify the apex of the vaginal laceration. Some vaginal lacerations do not extend to the perineum, but an intact perineum does not exclude the need to assess the vagina for lacerations. There have been cases of posterior uterine rupture where the baby delivered vaginally, but the laceration from the uterus extended down into the vagina.

After evaluating the vagina, perform a rectal examination to diagnose injury to the rectal mucosa and anal sphincter. Insert the index finger into the anal canal and the thumb into the vagina and perform a pill-rolling motion to palpate the anal sphincter. If this technique is inconclusive, ask the woman to contract her anal sphincter with your fingers still in place. When the sphincter is disrupted, you feel a distinct gap anteriorly. Because the external anal sphincter – or EAS – has a normal state of tonic contraction, when it is disrupted, it commonly causes dimpling of the overlying skin. This dimpling may not be evident under regional or general anesthesia.

When doing the initial examination and a sphincter laceration is identified, it is often helpful to grasp the capsule of the EAS with Allis clamps in preparation for repairing the EAS.

Also identify the internal anal sphincter – or IAS. It is a circular, smooth muscle that is paler in appearance than the striated EAS. Under normal circumstances, the distal end of the IAS lies a few millimeters proximal to the distal end of the EAS. However, if the EAS is relaxed due to regional or general anesthesia, the distal end of the IAS will appear to be at a lower or more distal level. If the IAS or anal epithelium is torn, the EAS is invariably torn too. Likewise, even when the anal epithelium is intact, most cases of full thickness EAS disruption also result in IAS disruption to some degree. It is likely that many cases of post partum anal incontinence after third- or fourth-degree perineal laceration are due to inadequate repair of the IAS.