are anterior perineum length and partal anal dilatation riskfactors which lead to symptomatic and a- symptomatic sphincter injury?

Published: 14-03-2008 Last updated: 11-05-2024

Find en give answers on the following questions: If ASR does occur can this be correlated to the seriousness of the maximum partal sphincter dilatation and /or the congenital perineum length?

Ethical review Approved WMO

Status Recruitment stopped **Health condition type** Muscle disorders

Study type Observational invasive

Summary

ID

NL-OMON37235

Source

ToetsingOnline

Brief title

outcome of anal sphincter injury due to vaginal delivery

Condition

- Muscle disorders
- Pregnancy, labour, delivery and postpartum conditions

Synonym

anal sphincter rupture; faecal incontinence

Research involving

Human

Sponsors and support

Primary sponsor: Medisch Spectrum Twente

Source(s) of monetary or material Support: Erasmus MC opleiding professional master

specialised pelvic physiotherapist

Intervention

Keyword: anal dilatation, anal sphincters, delivery, perineumlength

Outcome measures

Primary outcome

symptomatic and asymptomatic sphincter injury

Secondary outcome

perineum anterior length

* at the beginning of the second stage: extension beginning

* during transection of the head(crowning)

- diameter anal gap
- * at the beginning of the second stage: extension beginning
- * during transection of the head(crowning

- function external anal sphincter
- * 6 weeks postpartum
- * 3 months postpartum

- anatomy of the IAS and EAS diagnosed by ultrasound examination
* 3 months postpartum
- race
* white
* black
* Asian
* Indian
- age of patient
- BMI
- Medication in pregnancy
- Time of amenorroe at confinement
- Onset of labor:
* spontaneous
* induced
- duration of cervical effacement and dilatation
- duration of second stage of labor(extension)
- anal diameter
. end of dilatation
* duration second stage of labor at transection of the head
- episiotomy
* length
- rupture (classification according to RCOG, also vaginaly)
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- presentation
* head
* breech presentation (spontaneous/ partial extraction)
- headposition:
* occiput anterior
* left occiput transverse
* occiput posterior
- extraction
* vacuum
* forceps
- childweight
- circumference head
- way of pushing
* effective
* paradoxal
- shoulderdystocia
- anaesthesia
* none
* pethidene (intramuscular)
* marcaine (epidural)
* other**.
- childbed details
- wound healing
* complicated

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- * uncomplicated
- duration of breastfeeding
- recovery of cycle after*..weeks

Study description

Background summary

outcome of vaginal delivery on the anatomy and function of the anal sphincters

Study objective

Find en give answers on the following questions:

If ASR does occur can this be correlated to the seriousness of the maximum partal sphincter dilatation and /or the congenital perineum length?

Study design

prospective cohort

Study burden and risks

The risks associated with participation are minimal.

The burden is minimal too: we try to combine our evaluations and the interventions pelvic physical therapy with the regular visits to the gynaecologists

Contacts

Public

Medisch Spectrum Twente

postbus 50.000 7500 KA Enschede NL

Scientific

Medisch Spectrum Twente

postbus 50.000

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

primigravida, >18 years, speaking dutch, clinical delivery

Exclusion criteria

sexual abuse, vaginal bleeding in the third trimester, peri anal fistula, intrauterine growth retardation, premature delivery

Study design

Design

Study type: Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled
Primary purpose: Basic science

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 14-03-2008

Enrollment: 120

Type: Actual

Ethics review

Approved WMO

Application type: First submission

Review commission: METC Twente (Enschede)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register ID

CCMO NL17327.044.07