

St. Michael's Hospital

Perineal Repair



Patient Name/ Addressograph here

DATE:

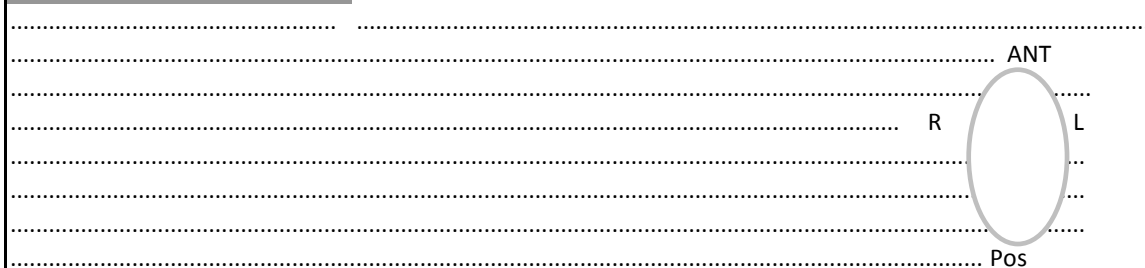
LACERATION --DEGREE 1ST 2ND 3RD Other Please state:

EPISIOTOMY Yes No

ANAESTHESIA USED Epidural Spinal GA Local Anaesthetic
Dose of local anaesthetic

Repair In Birth Room In Theatre

SUTURE MATERIAL USED



Rectal examination performed pre and post repair Yes No
And gloves changed

ANAL SPHINCTER INJURY Yes NO **If yes proceed over the page**

FIRST SWAB COUNT		(State number of swabs)	Yes	No	
SWABS ADDED					
FINAL SWAB COUNT					
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
ANALGESIA GIVEN		Drug:	Dose:	Route:	Time:

Tampon Used
Tampon Removed
PV Examination
Instrument Count

Administered by:

SUTURED BY:
PRINTED NAME:
COUNT CHECKED BY
PRINTED NAME:
TIME (24HR)

Signature: **Title:**
Signature: **Title:**

St. Michael's Hospital

ANAL SPHINCTER INJURY



Patient Name/ Addressograph here

DATE:

ANAL SPINCTER CLASSIFICATION

3A Less than 50% of EAS thickness torn <input type="checkbox"/>	3B More than 50% of EAS thickness torn <input type="checkbox"/>	3C Both EAS & IAS torn <input type="checkbox"/>
4 Anal Sphincter (EAS & IAS) & Anal epithelium <input type="checkbox"/>		
Rectal examination performed pre and post repair And gloves changed		Yes <input type="checkbox"/> No <input type="checkbox"/>
TECHNIQUE USED FOR REPAIR OF 3RD/4TH Degree	Overlapping	End to End
Yes		
No		
	Involvement of IAS	Repaired Separately

SUTURE MATERIAL USED

NOTES:

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POST REPAIR	(state number of swabs)	Tampon Used	Yes	No
FIRST SWAB COUNT		Tampon Removed	Yes	No
SWABS ADDED		PV Examination	Yes	No
FINAL SWAB COUNT		Instrument Count	Yes	No
FINAL SWAB CORRECT	Yes No	Sutured by:		
NEEDLE COUNT CORRECT	Yes No	Printed Name:		
VAGINAL PACK IN SITU	Yes No	Count Checked by:		
PR EXAMINATION	Yes No	Printed Name:		
CATHETER PASSED	Yes No	Time (24hr)		
Antibiotics prescribed	Yes No	(Details)		
Laxatives prescribed	Yes No	(Details)		
Analgesia prescribed	Yes No	(Details)		
(Avoid opiates if possible)				
POSTNATAL	Physiotherapy requested	Yes	No	
	Patient Information sheet given	Yes	No	
	F/U with OB or Perineal Clinic	Yes	No	