

Article type : Letter to Editor

Not only residents, but gynaecologists and obstetricians too...

Sir,

We have read the original research article by Bergendahl et al on the relation between operator experience and the risk obstetric anal sphincter injuries (OASIS) during vacuum extraction (VE) with interest.¹

The authors raise an issue that is very relevant to current obstetric practice, which is, how to guide junior obstetric professionals through obstetric procedures whilst ensuring that this has no negative impact on maternal and/or fetal risks. However, we think that the authors have missed to address some important issues in their paper.

Firstly, our main concern is that the authors seem to overlook the very high overall OASIS rate of 17.6% in their total cohort. Indeed, this rate is much higher than what has been usually reported in the literature.^{2,3} The authors focus on the very high OASIS rate in the cohort of women whose deliveries were undertaken by residents. Nevertheless, the reported OASIS rates is still very high in the other two cohorts. Based on such a high OASIS rate and previously reported OASIS complication rates, it is possible that 9 -10% of the primiparous women having a VE in the authors' unit will complain of anal incontinence in the long term, which can have a devastating effect on quality of life!^{4,5} Therefore, we believe that the authors should focus on lowering this unacceptably high OASIS rate in general and not only in relation to deliveries performed by residents.

Secondly, the authors acknowledge their low episiotomy rate but do not provide a plausible explanation for this, particularly amongst residents (who were almost 4 times less likely to cut an episiotomy compared to their trainers). Although, mediolateral and lateral episiotomies

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are surgical intervention that have their own inherent risks, we believe that the complications of OASIS are much more serious and certainly more challenging to manage.

Finally, the authors state that, in their study, episiotomy was not associated with a reduction in OASIS. We believe that this is probably the result of the relatively small sample size and the limited number of women who actually had an episiotomy, which could have hindered the ability to observe a true difference (Type II error). However, this notion does not seem to be addressed in the discussion, particularly given the strength of current evidence from earlier well designed observational studies based on national registries.³

We appreciate that the authors are awaiting the results of their ongoing EVA trial regarding the effectiveness of routine episiotomies in vacuum extractions. however, we would advocate that, at least until evidence is available that proves the opposite, mediolateral or lateral episiotomies should be liberally used in operative vaginal deliveries in nulliparous women.

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References

1. Bergendahl S, Lindberg P, Brismar Wendel S. Operator experience affects the risk of obstetric anal sphincter injury in vacuum extraction deliveries. *Acta Obstet Gynecol Scand* 2019 Jan 19. doi: 10.1111/aogs.13538. [Epub ahead of print].
2. Blondel B, Alexander S, Bjarnadóttir RI et al. Variations in rates of severe perineal tears and episiotomies in 20 European countries: a study based on routine national data in Euro-Peristat Project. *Acta Obstet Gynecol Scand*. 2016; 95:746–754.
3. Lund NS, Persson LK, Jangö H, Gommesen D, Westergaard HB. Episiotomy in vacuum-assisted delivery affects the risk of obstetric anal sphincter injury: a systematic review and meta-analysis. *Eur J Obstet Gynecol Reprod Biol* 2016; 207: 193-199.
4. Halle TK, Salvesen KÅ, Volløyhaug I. Obstetric anal sphincter injury and incontinence 15–23 years after vaginal delivery. *Acta Obstet Gynecol Scand* 2016; 95:941–947.
5. Mous M, Muller S, de Leeuw J. Long-term effects of anal sphincter rupture during vaginal delivery: faecal incontinence and sexual complaints. *BJOG* 2008;115:234–238.