

1. APPENDIX 1- THIRD & FOURTH DEGREE REPAIR SHEET

ADDRESSOGRAPH

Date:
Time:
Anaesthesia: Spinal/ Epidural/ Both/ GA
Location: Theatre

| | |
|---|---|
| Parity: Nullip / Multip | Position at delivery: OP/OA/OT |
| Mode of delivery: SVD/Forceps/Ventouse/Both | IOL: Yes / No |
| Indication (if instrumental): _____ | Birth weight: _____ (kg) |
| Length of 2 nd stage: ____ hrs ____ mins | Episiotomy: Yes / No |
| Shoulder dystocia: Yes / No | Previous 3 rd /4 th degree tear: Yes / No |

Type of tear: 3a (<50% EAS) / 3b (>50% EAS) / 3c (EAS & IAS) / 4th (Anal mucosa involvement)

| | Repair: | Suture material: |
|------------------------------|------------------------------|----------------------------------|
| External anal sphincter(EAS) | Overlap/Other | 3/0 PDS/Other |
| Internal anal sphincter(IAS) | Interrupted/Other | 3/0 PDS/Other |
| Anal mucosa (lumen) | Interrupted/Other | 3/0 Vicryl/Other(knots in lumen) |
| Vaginal mucosa | Interrupted/Continuous/Other | 2/0 Vicryl rapide/Other |
| Perineal body | Interrupted/Other | 2/0 Vicryl rapide/Other |
| Perineum | Interrupted/Continuous/Other | 2/0 Vicryl rapide/Other |

Include diagrammatic representation overleaf

Following repair : **COMPULSORY (circle)** PV done --Yes
 EBL: _____ mls Pack—Yes / No
 Swabs used – Number _____

Number _____

PR done – Yes
 Catheter—Yes / No
 Needles used—

Risk Management: Woman informed of nature of tear -- Yes / No
 Information leaflet given to woman – Yes / No

POSTNATAL MANAGEMENT

Confirm Prescribed on patient drug chart
(tick)

Prior to discharge

| | Drug | Dose | Duration | Signature |
|-----------------|---------------|----------------|----------|-----------|
| Antibiotics | Cefuroxime | 1.5g IV | Stat | |
| | Metronidazole | 500mg IV | Stat | |
| | Cephadrine | 500mg oral TDS | 1 week | |
| | Metronidazole | 400mg oral TDS | 1 week | |
| Stool Softeners | Lactulose | 10 ml oral | 10 days | |
| | Fybogel | 1 sachet bd | 10 days | |
| Analgesics | Voltarol | 50mg TDS oral | 1 week | |
| | Paracetamol | 1gm QDS oral | 1 week | |

| | |
|-----------------|--|
| Bowels opened | |
| Physio referral | |
| GOPD 6/52 | |

NAME, SIGNATURE & GRADE.....DATE.....