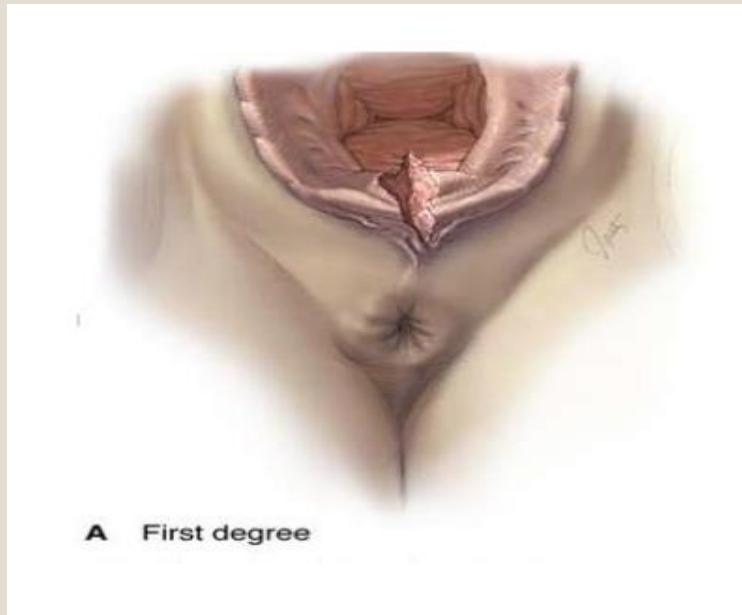




PENJAHITAN ROBEKAN PERINEUM DERAJAT BERAT (OASIS)

Nuring Pangastuti
Divisi Uroginekologi Departemen Obstetri Ginekologi
FK KMK UGM – RSUP Dr Sardjito Yogyakarta

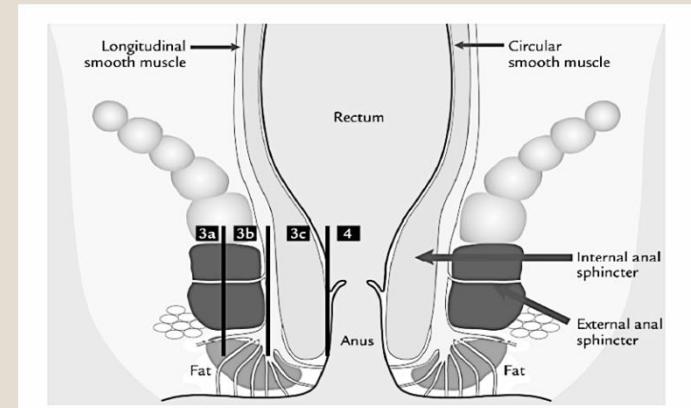
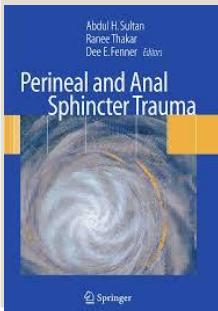
ROBEKAN PERINEUM OBSTETRI (RCOG)



Derajat 1

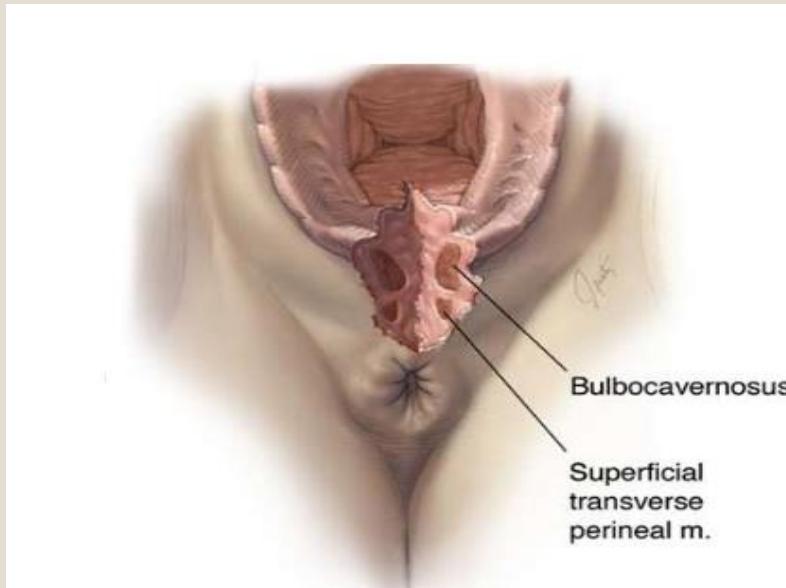
Laserasi epitel
vagina dan kulit
perineum

Grading Ruptur Perineum (Smith, 2008)



(Fernando,2006)

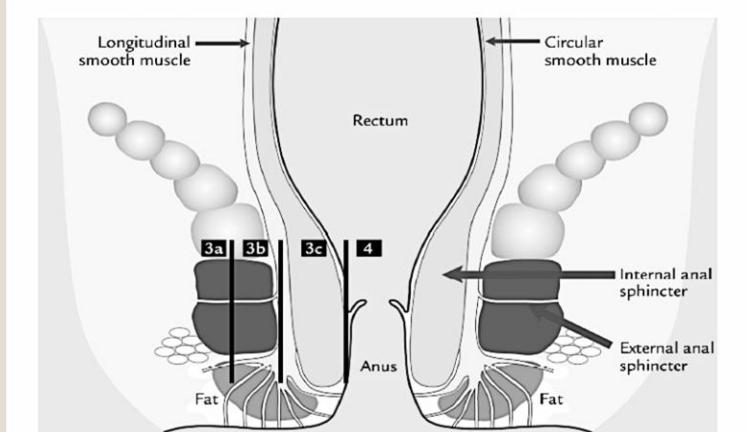
ROBEKAN PERINEUM OBSTETRI (RCOG)



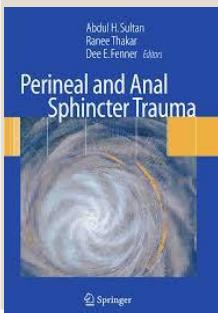
Derajat 2

Ruptur melibatkan
otot perineum

Grading Ruptur Perineum (Smith, 2008)

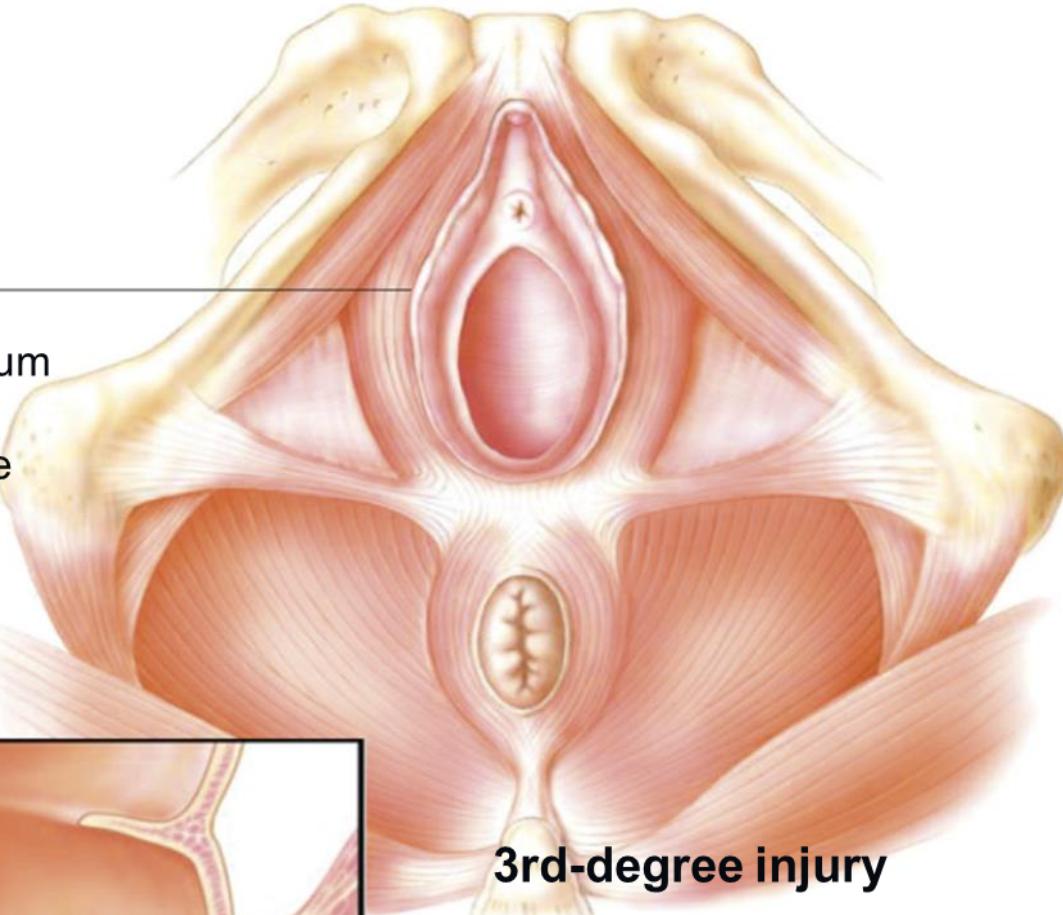


(Fernando, 2006)



2nd-degree injury

Injury to the perineum involving perineal muscles but not the anal sphincter.



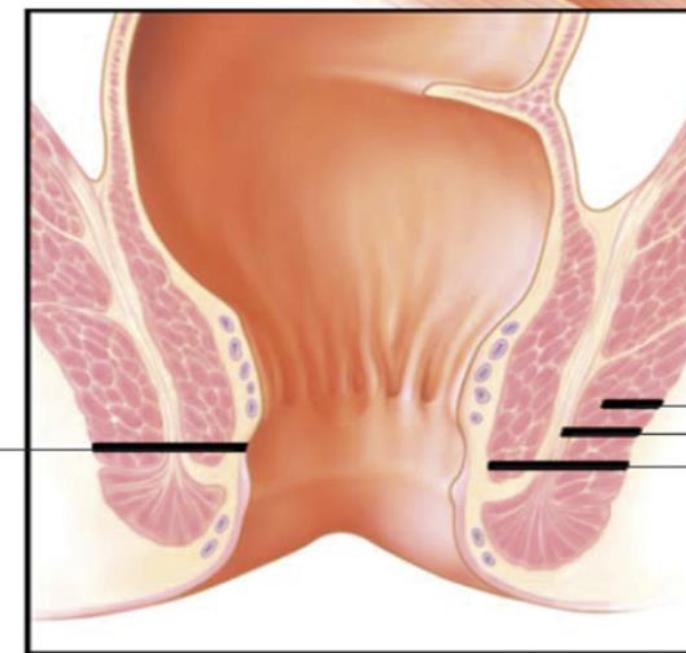
3rd-degree injury

Injury to the perineum involving the external anal sphincter (EAS) and the internal anal sphincter (IAS)

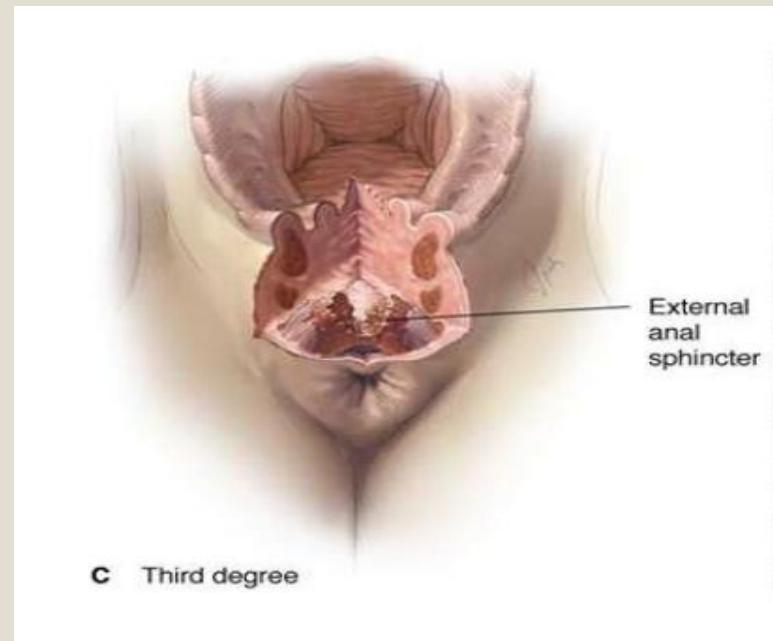
3a <50% of EAS thickness torn

3b >50% of EAS thickness torn

3c IAS

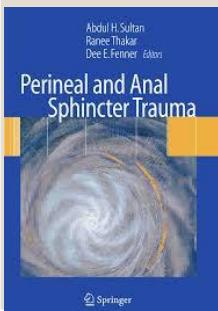


“ If there is any doubt about the degree of third-degree tear, it is advisable to classify it to the higher degree rather than the lower degree”



Derajat 3

Ruptur melibatkan otot
sfingter ani, dibagi
menjadi 3 tingkatan



Grading Ruptur Perineum (Smith, 2008)

Derajat 3a

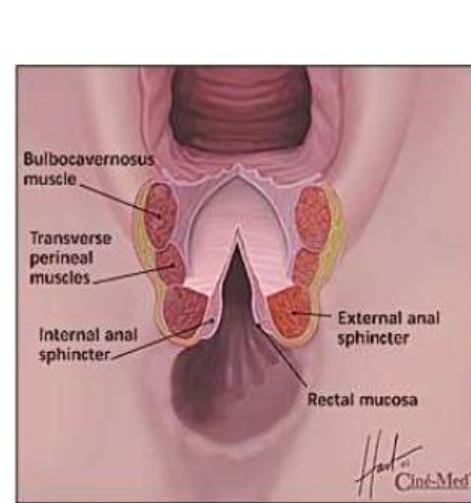
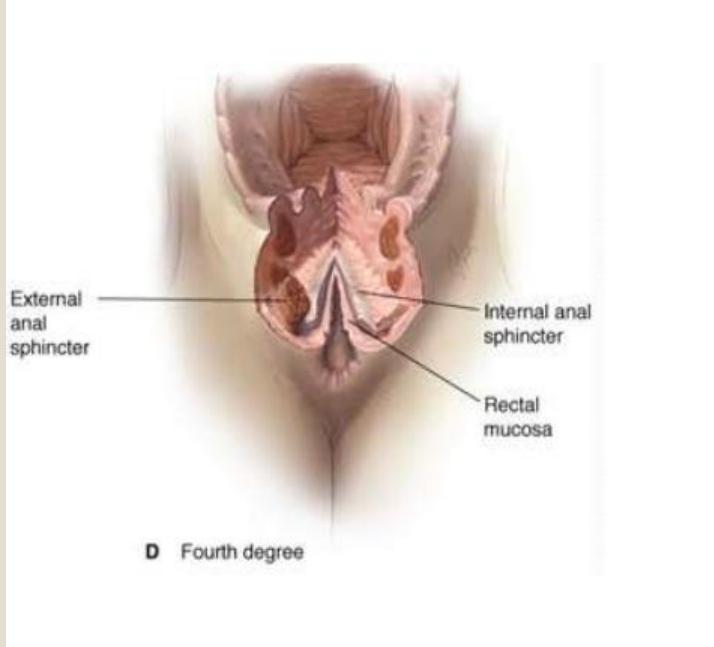
Ruptur kurang dari 50%
ketebalan sfingter ani eksterna

Derajat 3b

Ruptur sama dengan atau lebih
dari 50% ketebalan sfingter ani
eksterna

Derajat 3b

Ruptur melibatkan sfingter ani
eksterna dan interna

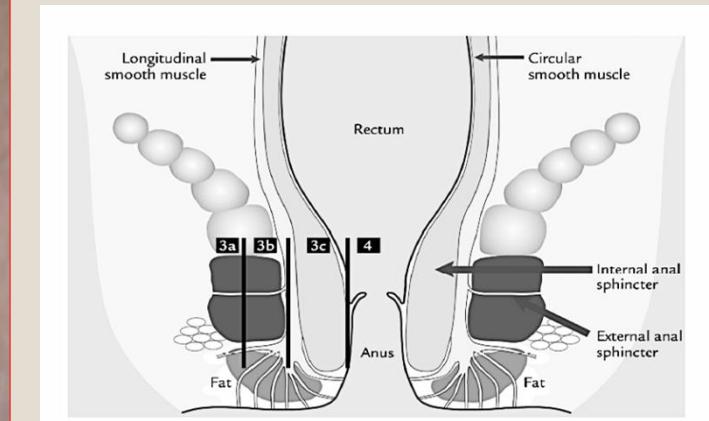


Derajat 4

Ruptur derajat tiga
dengan keterlibatan
mukosa rektum

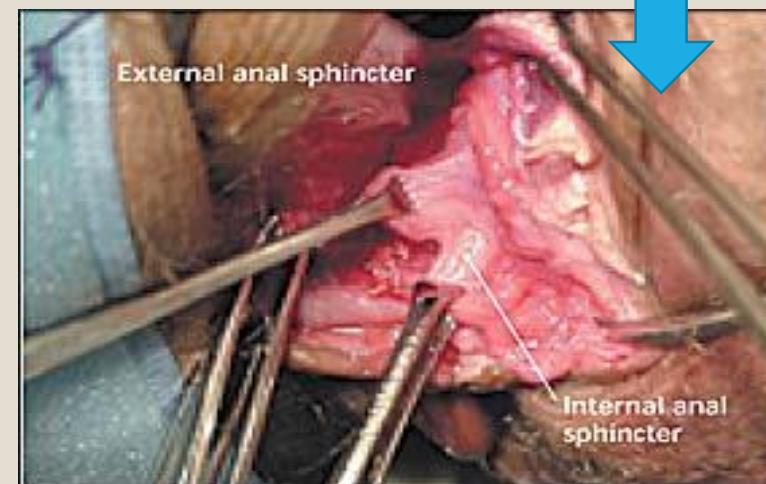
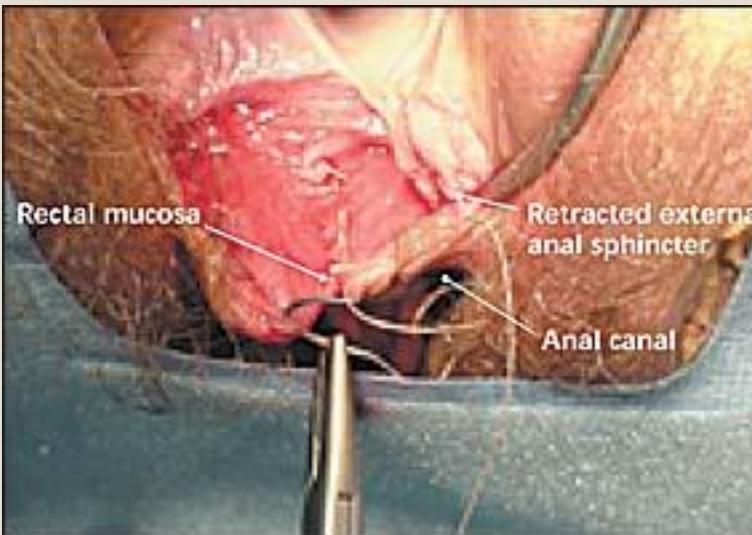
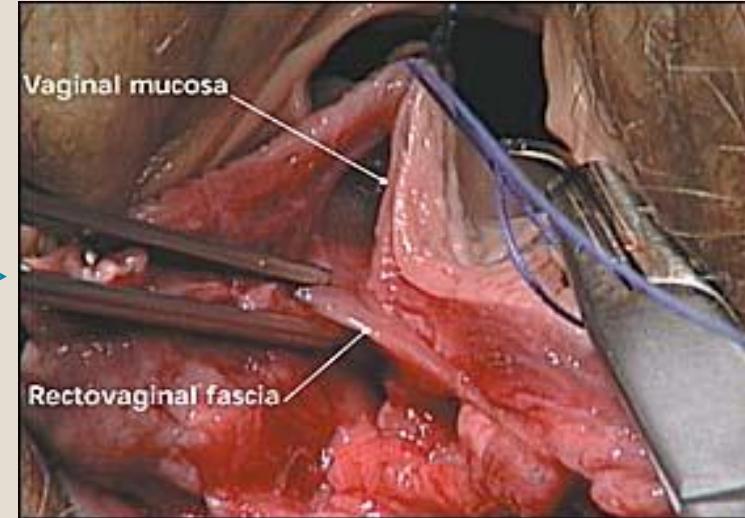
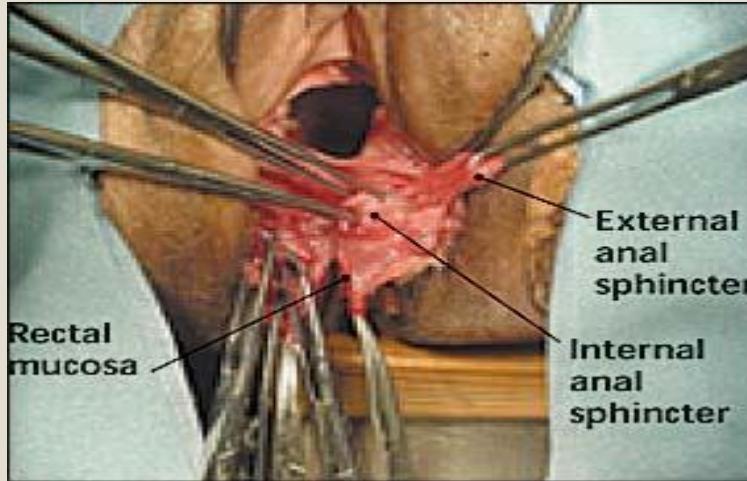


OASIS derajat 4 kronis,
tak terdiagnosa

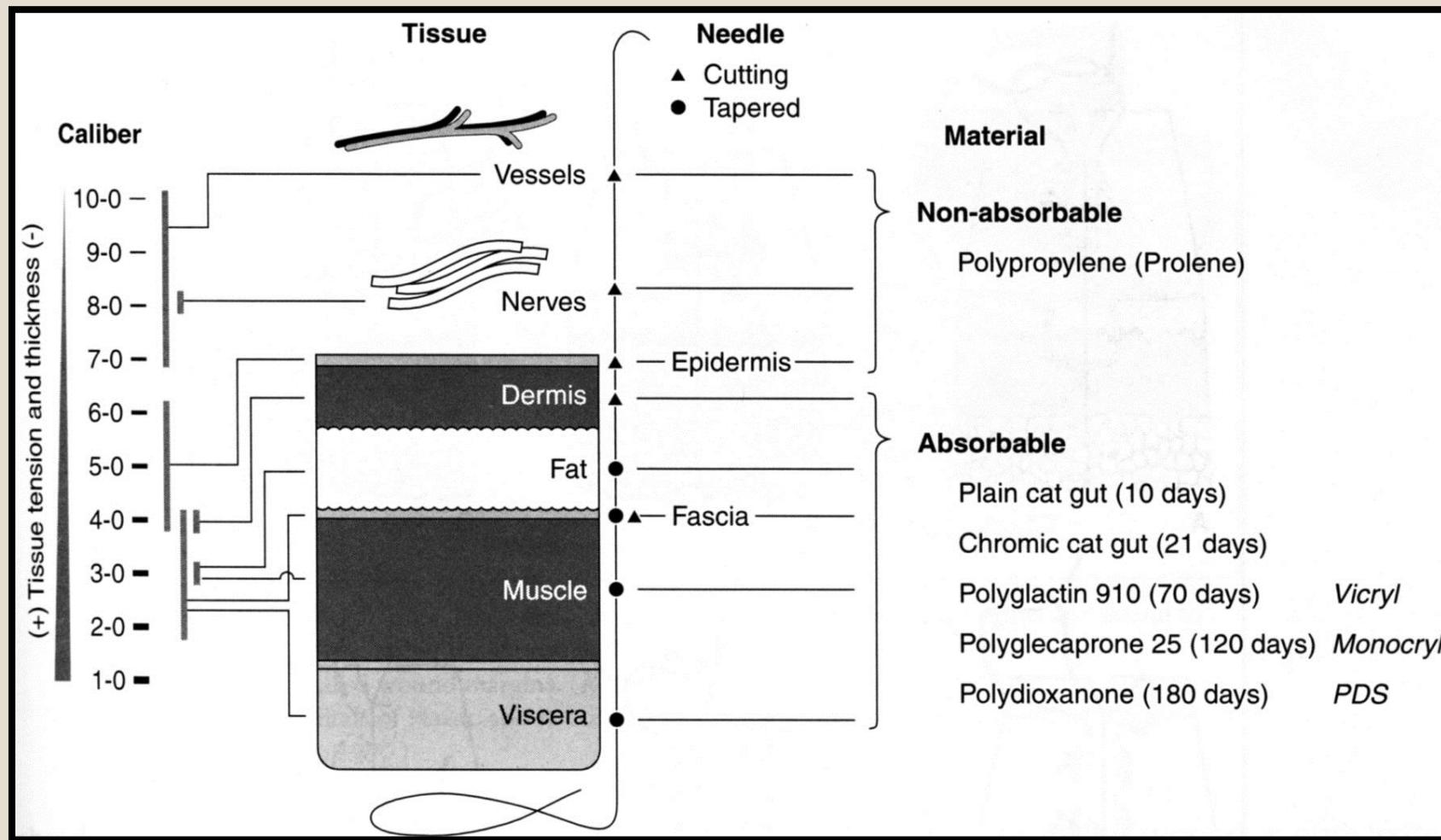


(Fernando,2006)

Identifikasi otot

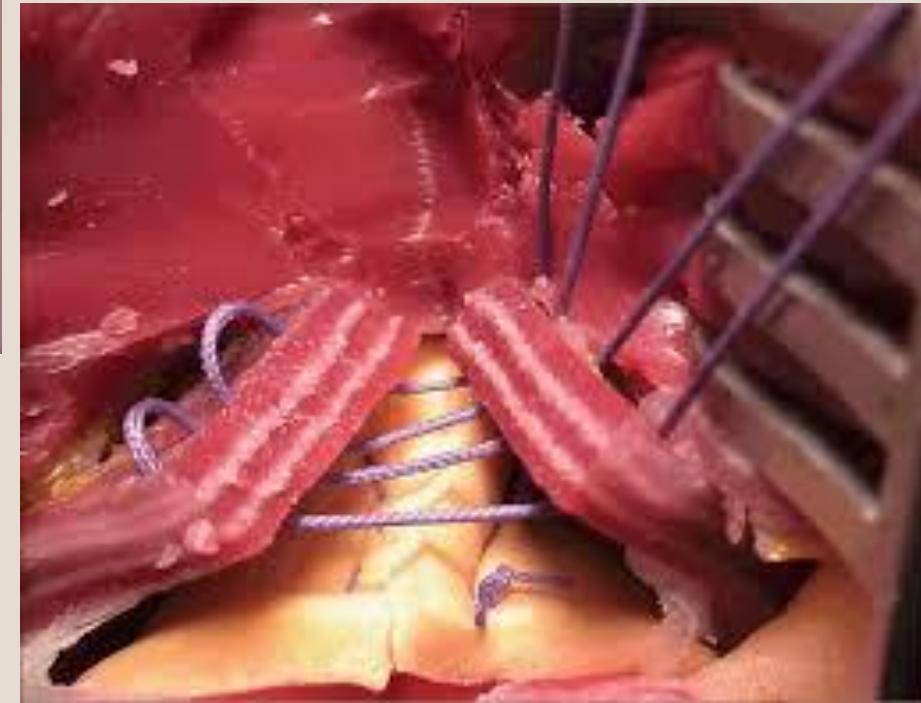
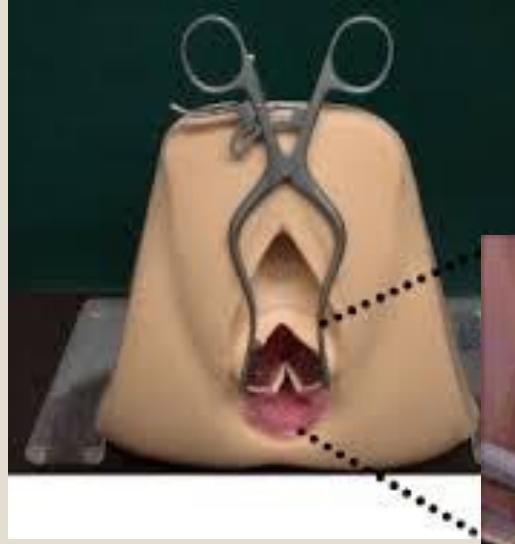


PEMILIHAN BENANG BERDASARKAN JARINGAN



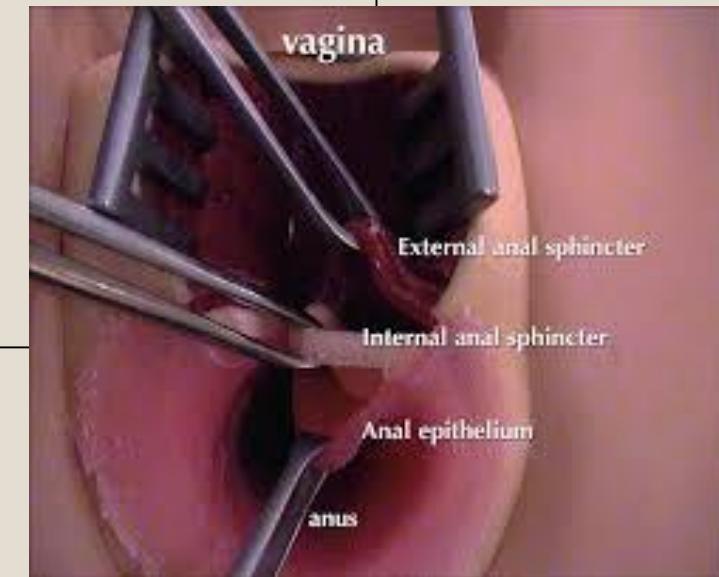
SUTURE	TYPES	TENSILE STRENGTH RETENTION <i>in vivo</i>	ABSORPTION RATE	TISSUE REACTION
Surgical Gut Suture	Chromic	Individual patient characteristics can affect rate of tensile strength loss	Absorbed by proteolytic enzymatic process.	Moderate
Coated rapid (polyglactin 910) Suture	Braided	Approximately 50% remains at 5 days. All tensile strength is lost at approximately 14 days.	Essentially complete between 42 days. Absorbed by hydrolysis	Minimal to moderate acute inflammatory reaction
Poliglicaprone 25 Suture	Monofilament	Approximately 50-60% (violet: 60-70%) remains at 1 week. Approximately 20-30% remains at 2 weeks. Lost within 3 weeks	Complete at 91-119 days. Absorbed by hydrolysis.	Minimal acute inflammatory reaction
Polyglactin 910 Suture	Braided	Approximately 75% remains at 2 weeks. Approximately 50% remains at 3 weeks, 25% at 4 weeks.	Essentially complete between 56-70 days. Absorbed by hydrolysis	Minimal acute inflammatory reaction
Polydioxanone Suture	Monofilament	Approximately 70% remains at 2 weeks. Approximately 50% remains at 4 weeks. Approximately 25% remains at 6 weeks	Minimal until about 90th day. Essentially complete within 6 months Absorbed by slow hydrolysis.	Slight reaction

Repair OASIS



MUKOSA ANOREKTAL

- Polyglactin 910 no. 3.0
- Jahitan *interrupted*, simpul intralumen anorektal
- Jahitan kontinyu



SFINGTER ANI INTERNA

- Polyglactin 910 no. 3.0
- Polydioxanone (PDS) no. 3.0

- Jahitan *interrupted*
 - Matras horisontal
 - Jelujur tak terkunci
 - Hindari *knot migration*

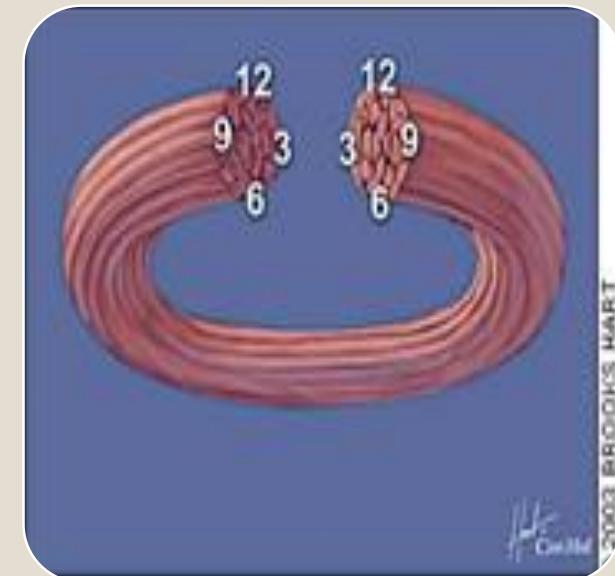
SFINGTER ANI EKSTERNA

- Polyglactin 910 no. 2.0
- Polydioxanone (PDS) no. 3.0

- 2 MACAM:
 - secara ujung ke ujung (*end to end*)
 - secara tumpang tindih (*overlapping*)
 - Bila robekan total → *end to end* atau *overlapping*
 - Bila robekan parsial → *end to end*
 - Hindari *knot migration*

Tehnik menjahit robekan sfingter ani eksterna secara ujung ke ujung (end to end)

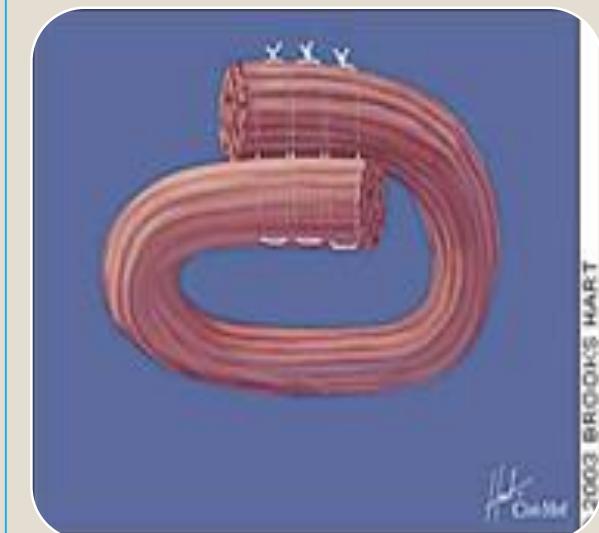
- teknik penjahitan untuk membawa ujung-ujung sfingter ani eksterna di kedua sisi, bersama-sama pada tiap kwadran (sesuai arah jam 12,3,6,9) menggunakan jahitan terputus pada kapsul dan otot
- Bila ketebalan otot sfingter ani eksterna tidak cukup untuk 4 penjahitan sesuai kwadran tersebut di atas, cukup dilakukan 3 penjahitan



(Sultan AH, Thakar R. Third and Fourth Degree Tears.
In: Perineal and Anal Sphincter Trauma. Springer-
Verlag London Limited; 2007)

Tehnik menjahit robekan sfingter ani eksterna secara tumpang tindih (overlapping)

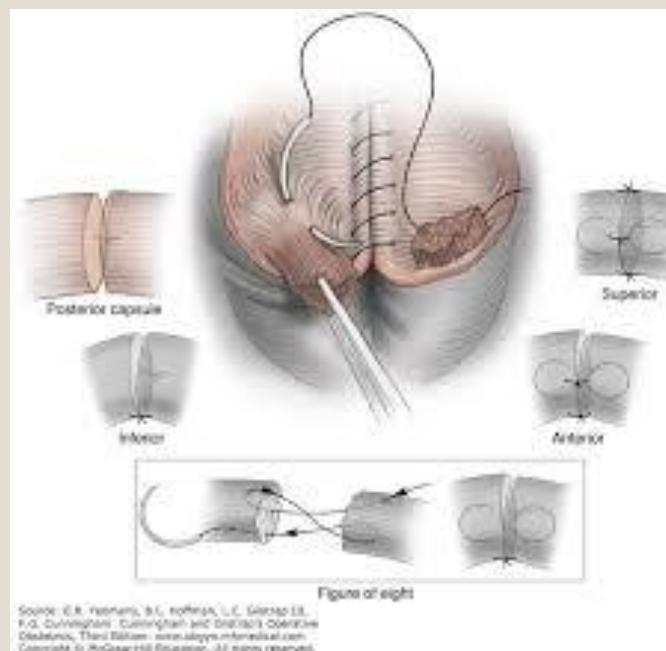
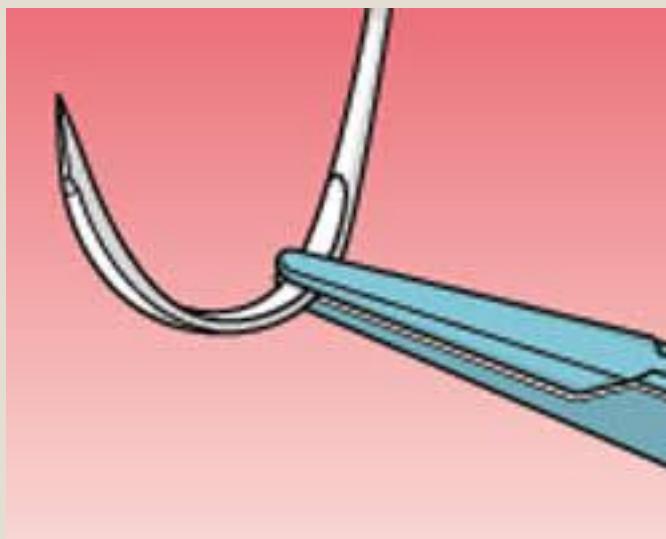
- Tehnik penjahitan yang membawa bersama-sama ujung sfingter ani eksterna dengan jahitan matras
 - lebih besar permukaan jaringan saling kontak
 - diseksi jaringan sekitar sfingter ani eksterna
 - Jahitan melalui lapisan superior dan inferior, kemudian melalui lapisan inferior dan superior
 - Sisi proksimal lapisan superior berada overlap pada sisi distal lapisan inferior (1-2cm)
 - Sesudah ketiga jahitan terpasang, masing-masing diikat dengan rapi tetapi tanpa strangulasi
 - Simpul ditempatkan pada bagian superior ujung sfingter yang overlap



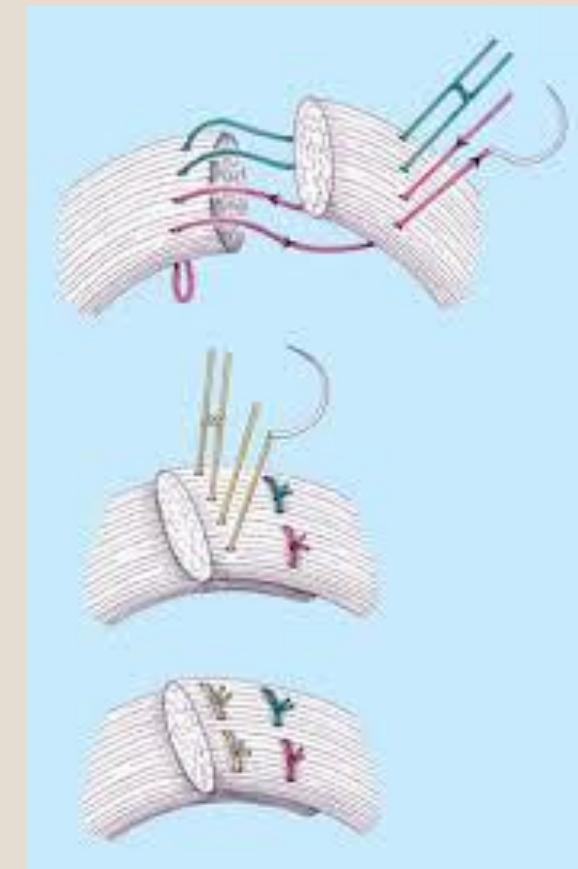
(Sultan AH, Thakar R. Third and Fourth Degree Tears. In: Perineal and Anal Sphincter Trauma. Springer-Verlag London Limited; 2007)

End-to-end vs overlapping technique (SAE muscle)

- Tidak berbeda bermakna dalam hal perineal pain, dyspareunia, flatus incontinence, faecal incontinence & kualitas hidup (12 bulan)
- Kejadian fecal urgency lebih rendah secara bermakna pada overlapping



Source: E.R. Hoffmann, B.C. Hoffman, L.C. Glantz ED, F.D. Cunningham. Cunningham and Cunningham's Operative Obstetrics, Third Edition. www.accessmedicine.com. Copyright © McGraw-Hill Education. All rights reserved.



OTOT-OTOT PERINEUM

- Polyglactin 910 no. 2.0
 - Jelujur tak terkunci
 - *Interrupted*

MUKOSA VAGINA, KULIT PERINEUM

- Polyglactin 910 no. 3.0 (absorpsi cepat)
- Polyglycolic no. 2.0
 - Jelujur tak terkunci
 - *Interrupted*
 - Subkutikuler

TERIMAKASIH

Management of pregnancy after OASIS

