

New technique to prevent anal sphincter lesions due to episiotomy during child delivery

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New minimally invasive method provides the obstetrician, any time before child delivery, with the outline of the anal sphincter innervation so that episiotomy can be ruled out or planned and guided to minimize sphincter damage.

More information: DOI: [10.1007/s00192-014-2375-0](https://doi.org/10.1007/s00192-014-2375-0)

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Results of a 10-year long multinational research project on Technologies for Anal Sphincter analysis and Incontinence (TASI) are available in: Corrado Cescon, Diego Riva, Vita Zafesta, Kristina Drusany-Stari?, Konstantinos Martsidis, Olexander Protsepko, Kaven Baessler, Roberto Merletti Effect of vaginal delivery on the external anal sphincter muscle innervation pattern evaluated by multichannel surface EMG: results of the multicentre study TASI-2 *International Urogynecology Journal*.

Episiotomy is a controversial surgical procedure performed during child delivery. It consists in an oblique cut of the perineum, tangential to the anal sphincter muscle, to facilitate birth and avoid spontaneous lacerations that are more difficult to suture. Its application ranges from 8% of vaginal births in Scandinavian Countries to 40-50% in Mediterranean countries, to 80-90% in Latin America and East European Countries. Depending on the innervation modality of the individual sphincter muscle, episiotomy might damage its innervation and weaken its voluntary control possibly resulting in fecal incontinence at later times. Preliminary knowledge of the individual sphincter innervation modality, made available by the technique developed at Politecnico di Torino, Italy, partially within a European Project, provides the obstetrician with the information needed to decide if and how episiotomy should be performed and evaluate the risks involved. The system has been tested on 250 women (82 receiving episiotomy) in 10 EU [countries](#).

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