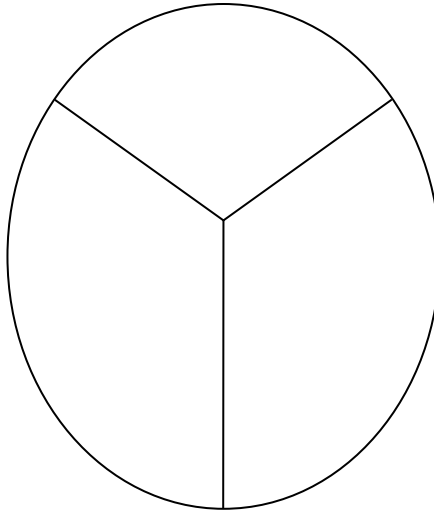




Brief description of delivery and perineal repair.  
 (Please mark ventouse position on diagram)



**EXTENT OF TEAR**

EPISIOTOMY / 1<sup>ST</sup> degree / 2<sup>ND</sup> degree / 3A / 3B / 3C / 4<sup>TH</sup> degree  
 (If 3<sup>rd</sup> or 4<sup>th</sup>, please complete proforma)

<b>SUTURE MATERIAL USED</b> 2/0 VICRYL (number.....) 3/0 VICRYL (number.....) OTHER?	<b>SUTURE TECHNIQUE</b> CONTINUOUS/INTERRUPTED SKIN CLOSED? YES/NO		<b>PR</b> YES / NO	<b>PV</b> YES / NO
<b>FOLEY CATHETER</b> YES NO REMOVE ..... (SHOULD REMAIN IN SITU FOR MIN OF 12HRS IF REGIONAL BLOCK USED)	<b>SWAB COUNT</b> PRE – REPAIR _____ POST – REPAIR _____		<b>ANTIBIOTICS</b> YES / NO (PRESCRIBE ON DRUG CHART)	<b>DALTEPARIN</b> YES / NO (PRESCRIBE ON DRUG CHART)
<b>PARACETAMOL                  1GM PR</b> YES / NO		<b>DICLOFENIC                  100MGS PR</b> YES / NO		

THIS PATIENT WILL REQUIRE FURTHER ANALGESIA.  
 IS THIS PRESCRIBED ON HER DRUG CHART? YES / NO