

PATIENT LABEL

3RD AND 4TH DEGREE TEAR PROFORM

OBSTETRICIAN	PRINT NAMES		ANAESTHETIST
DATE			TIME
EXTENT OF TEAR 3A / 3B / 3C / 4TH	REPAIR SHOULD BE CARRIED OUT IN THEATRES YES / NO	IF REPAIR NOT CARRIED OUT IN THEATRE PLEASE STATE REASON WHY.	
REPAIR WAS CARRIED OUT UNDER EITHER REGIONAL OR GENERAL ANAESTHESIA YES / NO	IF NO PLEASE STATE WHY		
TECHNIQUE OF REPAIR OVERLAPPING / END-TO-END		RECTAL MUCOSA, IF DAMAGED SHOULD BE REPAIRED WITH EITHER A CONTINUOUS OR INTERRUPTED 3/0 VICRYL STITCH. CONTINUOUS / INTERRUPTED / OTHER	
ANAL SPHINCTER REPAIR 2/0 PDS 3/0 PDS OTHER		IF OTHER WHAT AND WHY	
DIET, HYGIENE AND PELVIC FLOOR EXERCISES DISCUSSED YES / NO		FOLEYS CATHETER INSERTED YES / NO REMOVE WHEN.....(GUIDELINE 24 HRS)	
NEEDLES AND SWABS COUNTED No.OF SWABS PRE _____ POST _____		LAXATIVES 10MLS BD LACTULOSE AND BD FYBOGEL YES / NO	
PR YES / NO	PV YES / NO	PROPHYLACTIC ANTIBIOTICS (5/7 ORAL AUGMENTIN) YES / NO (PLEASE PRESCRIBE ALL MEDICATION ON DRUG CHART)	