

## Basic Skills Qualification Perineal Laceration Repair



### Evaluation Process

Prior to seeking BSQ certification, a resident should be confident in their skills. The "Basic Skills Qualification" is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

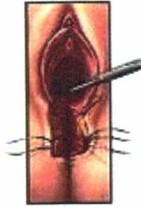
**Resident:** \_\_\_\_\_

|   | Competent | Needs Work |
|---|-----------|------------|
| Informed consent: Clearly communicates with the patient regarding need for repair and what to expect; informal consent obtained       |           |            |
| Assures adequate anesthesia, either through epidural anesthesia or local infiltration   |           |            |
| Thoroughly inspects the vaginal, cervical, and perineal area; rules out injury to anal sphincter or mucosa (involves help if present) |           |            |
| Selects the appropriate suture and instruments needed.<br>Demonstrates proper knot-tying technique and safe use of the needle         |           |            |
| Demonstrates appropriate re- approximation of tissues, with appropriate use of running, locking, and subcuticular suturing as needed. |           |            |
| Explains post-procedure expectations to patient regarding pain, sutures, healing  |           |            |

**Faculty:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## First and Second Degree Laceration Repair



### Evaluation Process

Prior to seeking BSQ certification, a resident should be confident in their skills. The “Basic Skills Qualification” is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

- Clearly communicates with the patient regarding need for repair and what to expect. Informal verbal consent obtained, as formal written consent is not required. Communicates appropriately with patient throughout the procedure as needed.
- Assures adequate anesthesia, either through epidural anesthesia or local infiltration of lidocaine or marcaine.
- Performs a thorough inspection of bleeding sites and area requiring repair, including cervix, vagina, perineum and rectum.
- Identifies any involvement of the anal sphincter or rectal mucosa and elicits assistance if needed.
- Is able to identify the anatomy and show the re-approximation needed.
- Selects the appropriate suture and instruments needed. Demonstrates proper knot-tying technique, and safe use of the needle.
- Identifies the apex and places an appropriate anchoring stitch. Closes the vaginal laceration in locking stitches for hemostasis, or running if preferred.
- Re-approximates the hymen, and closes any deep space in the perineum.
- On the perineum, performs subcuticular stitches so that there is proper cosmesis and limited areas for suture to irritate patient. Buries the final stitch appropriately.
- After the procedure, explains to the patient what she can expect for pain, healing, and complications to watch for (hematoma, infection, bleeding, discharge). Answer any questions the patient has.