

OASI Workshop

Date	Friday 5 July 2024						
Time	12:30 – 17:30 plus 30 mins Pre-reading						
Audience	RANZCOG Fellows, Trainees, Associates (Procedural/Adv Procedural), Junior Doctors, Nurses and Midwives						
Facilitators	Professor Judith Goh +TBC						
Location/ Venue	Novotel Sunshine Coast Resort		Educational Activities (EA)	3			
Cost	\$550 AUD incl. GST	Activity duration (hrs) by CPD type	Performance Review (PR)	1			
Includes	Networking lunch, Afternoon Tea		Outcome Measurement (OM)	0			
Number of participants	30	Total duration of activity (hrs)		4			

This workshop is designed for medical professionals seeking to enhance their knowledge and skills in in the repair of third- and fourth-degree perineal tears using porcine anal sphincters. Perineal repair, a critical aspect of obstetric and gynaecological care and throughout this workshop, participants will engage in hands-on training, interactive discussions, and comprehensive demonstrations to develop a deep understanding of perineal anatomy, recognise different types of perineal trauma, and master the techniques for effective repair.

Learning outcomes

- 1. Describe the anatomy of the anorectum.
- 2. Discuss prevention and diagnosis of obstetric anal sphincter injury (OASI), incorporating references to national and international care bundles.
- 3. Demonstrate surgical management techniques for obstetric anal sphincter repair.
- 4. Explain the role of physiotherapy in the treatment of anal sphincter injuries.
- 5. Outline colorectal management strategies.
- 6. Perform identification and repair of obstetric anal injury using an animal model with confidence.

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Predisposing activity

Topic / activity	Duration	Delivery mode (e.g., pre-reading, case analysis, questionnaire)	Learning outcome(s) covered	CPD type EA, PR, OM and duration	If assessment of learning is included in this predisposing activity, provide a brief rationale of method chosen and how assessment measures the achievement of learning outcomes
Pre-reading	30 mins	Pre-reading	2,3,6	EA	
The Management of Third-					
and Fourth-Degree					
Perineal Tears (Green-top					
Guideline 29, 2015)					

Session plan

Time (am/pm)	Topic and activities	Presenter / facilitators name/s and qualifications	Duration		CPD type and duration EA, PR or OM mins/hours	Learning outcomes
12.15 – 12.30pm	Arrival and Registration					
12.30 – 13.30pm	Networking Lunch		60 min			
·	Introduction - Introduce daily schedule, facilitators, and learning objectives for the day.		10 min			
· ·	Obstetric Anal Sphincter Injury (OASI) Introductory Lectures	Prof Judith Goh RANZCOG Fellow and CU Subspecialist		Introductory lectures Lectures provide a structured platform for presenting essential information, theoretical concepts, and fundamental principles related to OASI.		1-Describe the anatomy of the anorectum. 2-Discuss prevention and diagnosis of obstetric anal sphincter injury (OASI), incorporating references to national and international care bundles.

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15.10 pm – 15.30 pm	Afternoon Tea		20 min	Lectures can cover theoretical concepts, aetiology, risk factors, identification, preventive strategies, and management strategies, providing a comprehensive overview.		4-Explain the role of physiotherapy in the treatment of anal sphincter injuries. 5-Outline colorectal management strategies.
		Prof Judith Goh RANZCOG Fellow and CU Subspecialist		these activities involve actively	EA 50 min + PR 60 min	3-Demonstrate surgical management techniques for obstetric anal sphincter repair. 6-Perform identification and repair of obstetric anal injury using a simulation model with confidence.
17.20 pm	Discussion, questions, and close Discussion sessions provide an opportunity to reinforce key learnings from the lectures and practical skills stations.		10 min	Discussion session allows participants to ask questions, seek elaboration on complex concepts, and address any confusion arising from the lectures or practical skills stations. Experienced practitioners/facilitators can share their insights, best practices, and practical tips for managing OASI effectively.		

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