SNS COLLEGE OF ALLIED HEALTH SCIENCES

SNS Kalvi Nagar, Coimbatore - 35

Affiliated to Dr MGR Medical University, Chennai

DEPARTMENT OF PHYSICIAN ASSIATANT

COURSE NAME:SURGERY ,OBSTERTICS& gYNECOLOGY

II YEAR

UNIT 2

TOPIC 1:EPISIOTOMY/ PERINOTOMY

Case

A 29 Years old female patient presented with the obstetric score G1, P0, L0 having moderate uterine contractions , FHS is 100 /mt. PV examination done and the cervix is 6 cm Dilated. How will you prepare the women For vaginal delivery ?

OBJECTIVES

- At the end of this session the students will be able to,

- define episiotomy
- list out the common indication of episiotomy
- enlist the advantages of episiotomy
- explain the types of episiotomy
- enumerate about steps of episiotomy
- discuss the treatment of episiotomy
- identify the complication of episiotomy

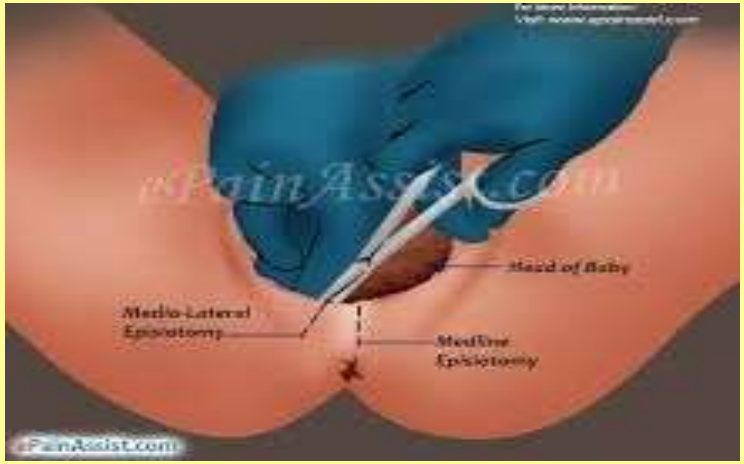
MEANING

- The word Episiotomy derived from the Greek word
- Episeion- Vulval area
- Tome- To cut
- Ambrose was the First person made Episiotomy

DEFINITION

A surgically planned incision on the perineum and the posterior vaginal wall during the second stage of labor.

D.C DUTTA



DEFFINITION

- A surgical insicion of the perinium or Posterior vaginal wall, generally done by a midwife 0r obstetrician during the second stage of labour to enlarge the vulval outlet for the baby to pass through.

OBJECTIVES

- To enlarge the vaginal introitus so as to facilitate easy & safe delivery of the fetus.
- To minimize over stretching and rupture of the perineal muscles and fascia
- To reduce the stress and strain on the fetal head
- To shorten the second stage of labour.

INDICATIONS

- **INDICATIONS**
  - **In elastic (rigid) perineum**
  - **Anticipating perineal tear**
  - **Operative delivery**
  - **Previous perineal surgery**

- **COMMON INDICATIONS**
  - **threatened perineal injury in primigravidae**
  - **rigid perineum**
  - **forceps, breech, occipito posterior or face delivery.**
  - **Large Size baby**
  - **Preterm baby.**
  - **Foetal Distress**

ADVANTAGES

- MATERNAL:
- Incision is easy to repair
- Reduction in second stage of labour
- Reduction of Trauma to the pelvic muscles
- FETAL ADVANTAGES:
- It minimize intracranial injury in preterm babies.

TIMING OF EPISIOTOMY

- Bulging thinned perineum during contraction just prior to crowning (when 3–4 cm of head is visible)
- During forceps delivery, it is made after the application of blades.
- If done early, –the blood loss will be more.
- If done late, –it fails to prevent the invisible lacerations of the perineal body

ASSESSMENT

- Define Episiotomy?
- Mention the indications of episiotomy?

ADVANTAGES

- **Maternal**

➢ **A clear and controlled incision is easy to repair and heals better**

➢ **Reduction in the duration of second stage**

➢ **Reduce the trauma to muscles**

- **Fetal**

➢ **It minimizes intracranial injuries**

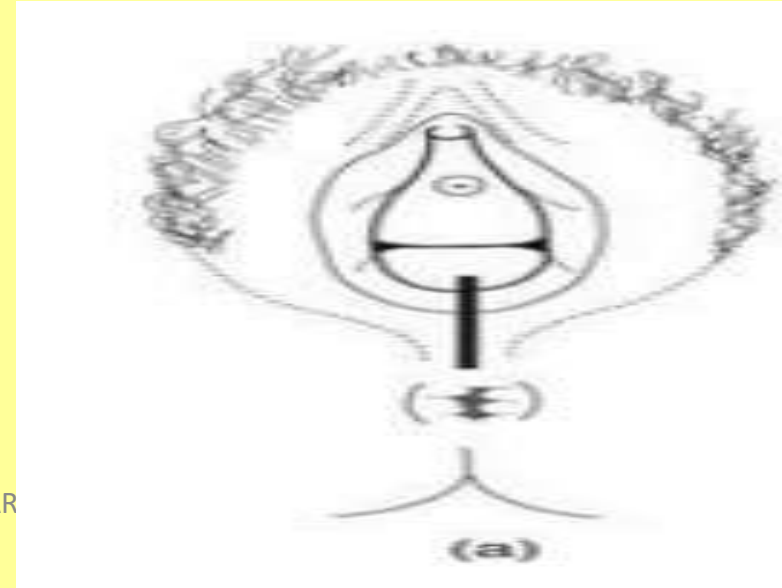
TYPES OF EPISIOTOMY

- **MEDIOLATERAL:**
- **The incision is made downwards and outwards from the midpoint of the fourchette either to the right or to the left. It is directed diagonally in a straight line which runs about 2.5 cm away from the anus (midpoint between anus and ischial tuberosity).**

Types cont…

- **MEDIAN:**

  The incision commences from the center of the fourchette and extends posteriorly along the midline for about 2.5 cm.



Types cont..

- **LATERAL:**
  - **The incision starts from about 1 cm away from the center of the fourchette and extends laterally. It has got many drawbacks including chance of injury to the Bartholin's duct. It is totally condemned.**

Types cont…

- **J' SHAPED:The incision begins in the center of the fourchette and is directed**

Assessment 2

- What are the types of episiotomy ?
- Brief about the advantages & disadvantages of each?

STEPS OF MEDIOLATERAL EPISIOTOMY

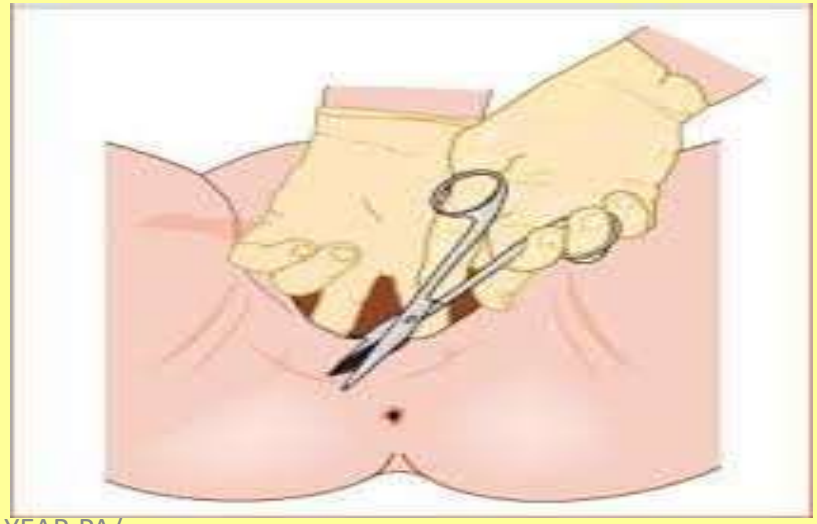
- **STEP I Preliminaries**
  - **The perineum is thoroughly swabbed with antiseptic (povidone-iodine) lotion and draped properly. Local anesthesia**
  - **The perineum, in the line of proposed incision is infiltrated with 10 mL of 1% solution of lignocaine**

STEPS OF MEDIOLATERAL EPISIOTOMY

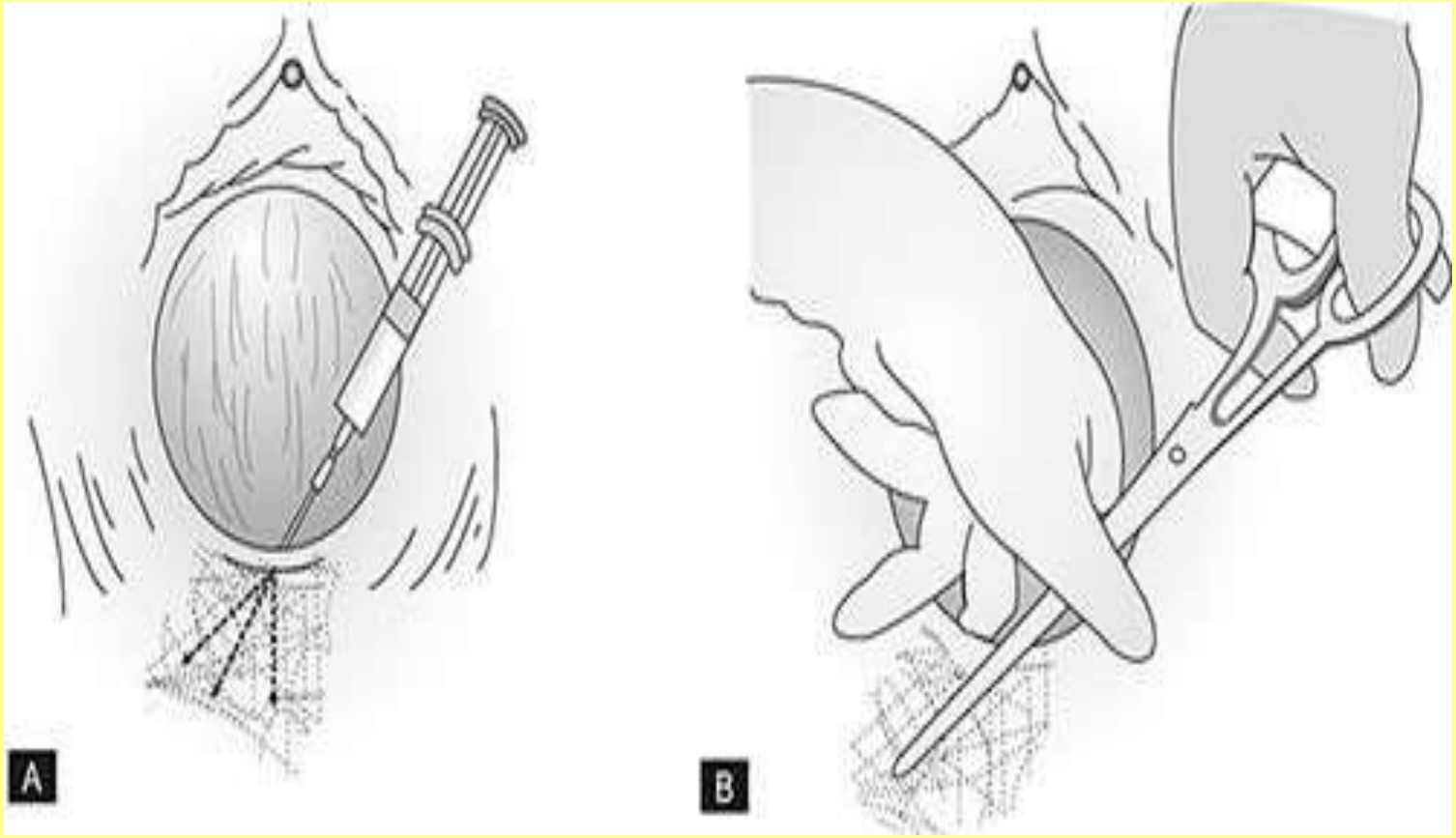
- **STEP II**
  - **Incision**
  - **Two fingers are placed in the vagina between the presenting part and the posterior vaginal wall.**

STEPS OF MEDIOLATERAL EPISIOTOMY

- **The incision is made by a curved or straight blunt pointed sharp scissors (scalpel may also be used)**
- **One blade of which is placed inside, in between the fingers and the posterior vaginal wall and the other on the skin.**



STEPS OF MEDIOLATERAL EPISIOTOMY



STEPS OF MEDIOLATERAL EPISIOTOMY

- The incision should be made at the height of an uterine contraction when an accurate idea of the extent of incision can be better judged from the stretched perineum.
- Deliberate cut should be made starting from the center of the fourchette extending laterally either to the right or to the left.
- It is directed diagonally in a straight line which runs about 2.5 cm away from the anus.

STEPS OF MEDIOLATERAL EPISIOTOMY

- The incision ought to be adequate to serve the purpose for which it is needed,
- The bleeding is usually not sufficient to use artery forceps unless the operation is done too early or the

Structures cut are…

- **Posterior vaginal wall**
- **Superficial and deep transverse perineal muscles, bulbospongiosus and part of levator ani**
- **Fascia covering those muscles**
- **Transverse perineal branches of pudendal vessels and nerves**
- **Subcutaneous tissue and skin**

- **STEP III TIMING OF REPAIR**

➢ **The repair is done soon after expulsion of placenta.**

➢ **If repair is done prior to that, disruption of the wound is inevitable, if subsequent manual removal or exploration of the genital tract is needed.**

➢ **Oozing during this period should be controlled by pressure with a sterile gauze swab and bleeding by the artery forceps.**

Early repair prevents sepsis and eliminates the patient's prolonged apprehension of "stitches".

REPAIR STEPS -PRELIMINARIES

- **Lithotomy position.**
- **A good light source**
- **Cleansed with antiseptic solution.**
- **Blood clots are removed from the vagina and the wound area.**
- **The patient is draped properly and repair should be done under strict aseptic precautions.**
- **If the repair field is obscured by oozing of blood from above, a vaginal pack may be inserted and is placed high up.**

Most common suture types

- Polyglactin 910 suture: Coated vicryl, VicrylRAPIDE
- Polyglycoloc acid: Sail.Dixon II
- Traditional sutures:Catgut, Chromoc Catgut(10%)

PRINCIPLES OF SUTURING

- Close all dead space, ensure hemostasis & prevent infection
- Handle Tissue gently using Non toothed forceps
- Use minimal amount of suture materials and do not over tighten the sutures
- Cotton balls must not be used
- Following repair , a rectal examination should be done to ensure that no suture material has been inserted through the rectal mucosa.
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Assessment 3

- 1. Recall the steps of Episiotomy?

REPAIRING OF EPISIOTOMY

- **The principles to be followed are:**

(1)perfect hemostasis

(2)to obliterate the dead space and

(3)suture without tension.

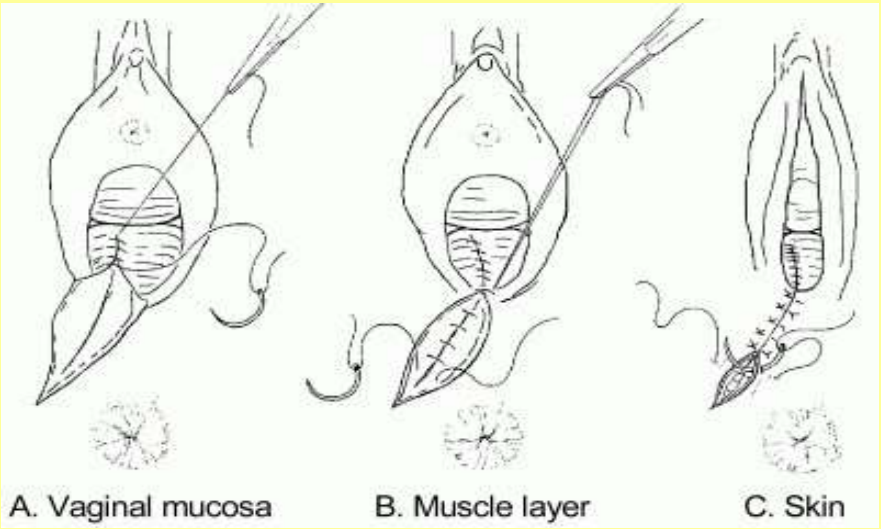
LAYERS OF REPAIRING

- **The repair is to be done in the following order:**

(1) Vaginal mucosa and submucosal tissues

(2) Perineal muscles

(3) Skin and subcutaneous



STEPS-REPAIRING

- **The vaginal mucosa is sutured first.**
  - **The first suture is placed at or just above the apex of the tear.**
  - **Thereafter, the vaginal walls are apposed by interrupted sutures with polyglycolic acid suture (Dexon) or No. “0” chromic catgut, from above downwards till the fourchette is reached.**
  - **The suture should include the deep tissues to obliterate the dead space.**

- **A continuous suture may cause puckering and shortening of the posterior vaginal wall.**
- **Care should be taken not to injure the rectum.**

POST OPERATIVE CARE

- **Dressing**
- **Comfort**
- **MgSo4 compression**
- **Infrared heat**
- **Ice pack –**
- **Analgesic (ibuprofen)**
- **Ambulance**
- **Removal of stitches –Non-absorbable (6th day)**

Assessment 4

- Mention about Repairing of episiotomy?

TREATMENT

- **To facilitate drainage of pus**
- **Local dressing with antiseptic powder or ointment**
- **MgSO4 compression or application of infrared heat to the area to reduce edema and pain**
- **Systemic antibiotic (IV).**
- **Wound dehiscence**

TREATMENT

- **. Injury to anal sphincter causing incontinence of flatus or feces. Rectovaginal fistula and rarely.**
- **Necrotizing fasciitis (rare) in a woman who is diabetic or immunocompromised**

COMPLICATIONS

- Extension of the incision to involve the rectum.
- Vulval hematoma
- Infection
  a) throbbing pain on the perineum
  b) rise in temperature
  c) the wound area looks moist, red and swollen and
  d) offensive discharge

COMPLICATIONS

REMOTE COMPLICATIONS

- **Dyspareunia**
- **Chance of perineal lacerations in subsequent labor**
- **Scar endometriosis (rare)**

ASSESSMENT SCALE

- R - Redness
- E - Edema
- E - Ecchymosis
- D -Discharge
- A - Approximation of edges

HEALTH EDUCATION

- Eat a diet rich high in fibre& fluids to prevent Constipation
- Perinieal hygiene
- Change the sanitary pads atleast every 4 hours to prevent infection.
- Always keep the wound clean &dry
- Kegel exercise

Reference:

- DC Dutta-Text book of Obstetrics
- Myles Text book of Midwifery
- Annama Jacob –Text book of Midwifery & Gynecology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