# Steps of episiotomy

Provide emotional support and encouragement.

Use local infiltration with lignocaine.

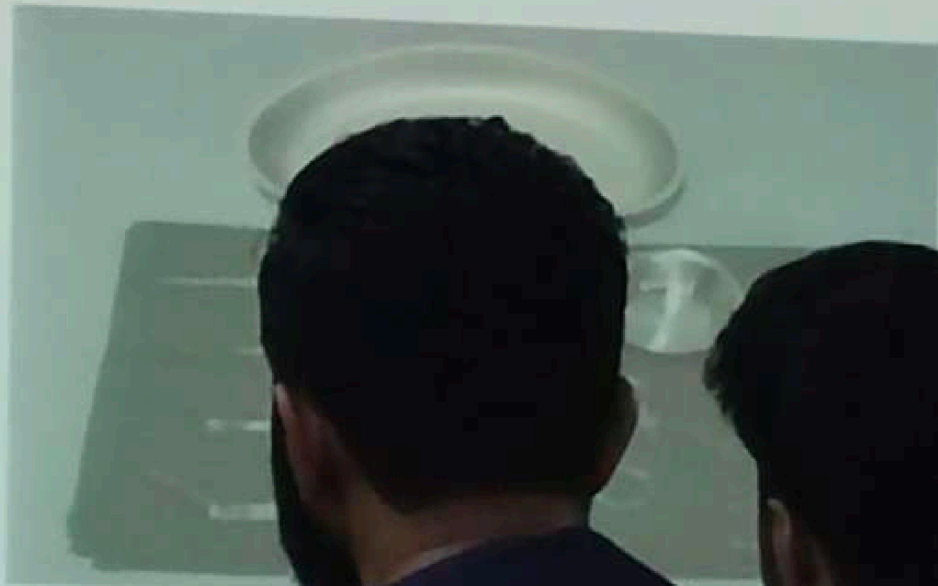
Make sure there are no known allergies to lignocaine or related drugs.

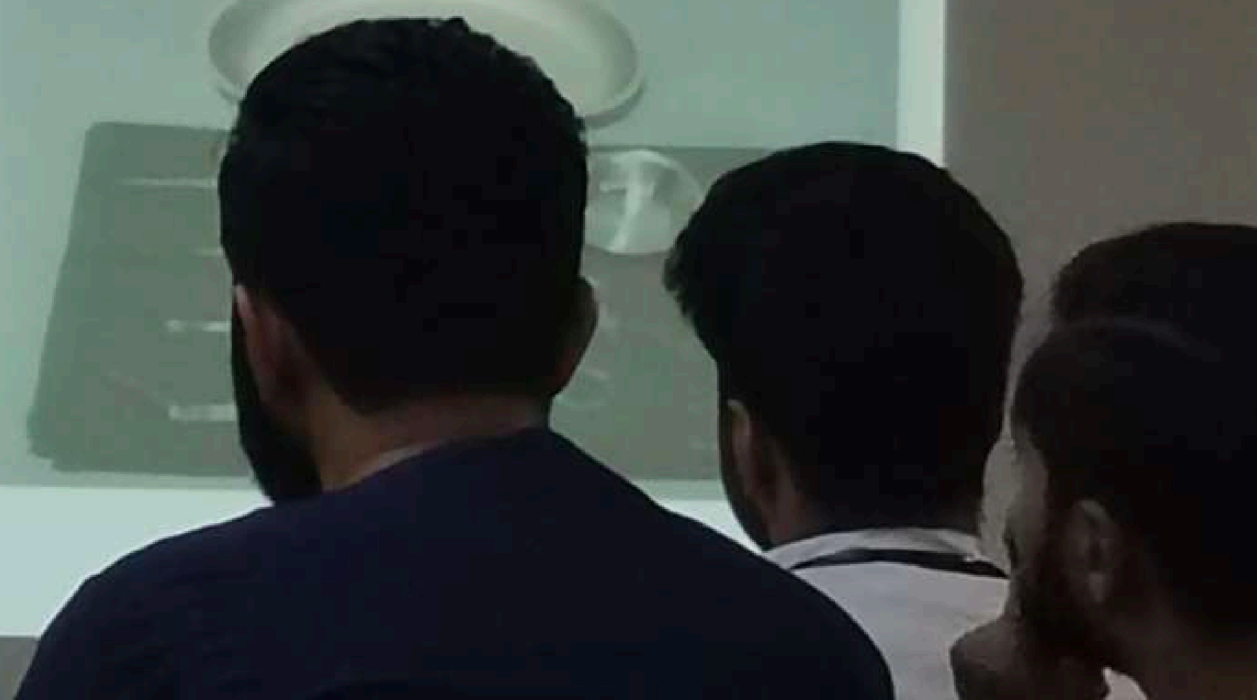
Wearing sterile gloves

Infiltrate beneath the vaginal m[illegible]neath the skin of the perineum and [illegible]he perineal muscle.

# Equipment's

- Sterile drape
- Sterile gown and gloves
- Gauze swabs and tampon
- Needle holder
- Sponge holder
- Scissors





# Preliminaries

The patient is placed in lithotomy position

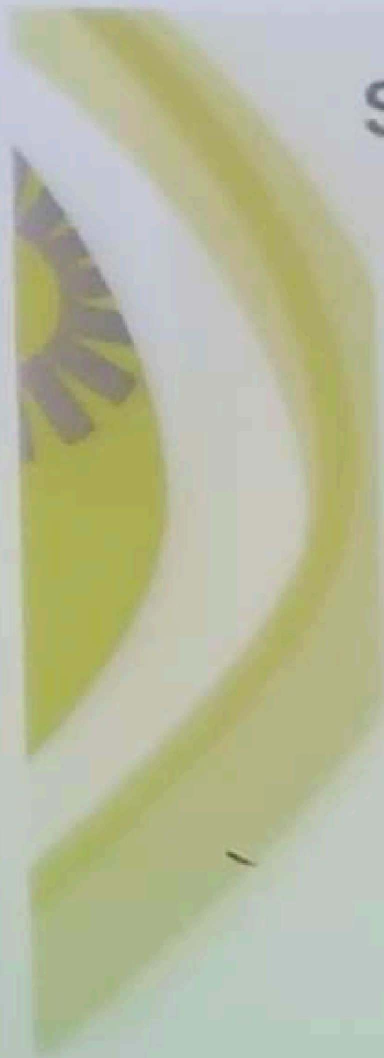
The perineum is thoroughly swabbed with antiseptic lotion

Draped properly

A good light source from behind is neede[illegible] find the apex first.

Incision line- Infiltrated with 10 ml of 1% lignocaine solution.

Aspirate (pull back on the plunger) to be sure that no vessel has been



## Steps of episiotomy

Wait 2 minutes and then pinch the incision site with forceps.

Wait to perform episiotomy until the perineum is thinned out and baby's head is visible during contraction.

Place two fingers between the baby's head and the perineum.

Use scissors to cut the perineum about 3– 4 cm in the mediolateral direction

Use scissors to cut 2–3 cm up the middle of the posterior vagina.

Control the baby's head and shoulders as they deliver.

Carefully examine for extensions a [illegible] rs and repair

# Repair of episiotomy

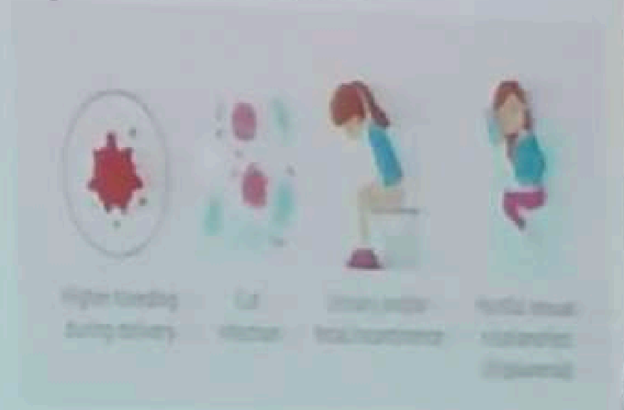
Close the vaginal mucosa using absorbable suture, continuous 1-0 suture

Start the repair about 1 cm above the apex (top) of the episiotomy.

Continue the suture to the level of the vaginal opening.`

# Long term Complications

Dyspareunia



Incontinence of urine

Incontinence of flatus or faeces.

The risks are highest with OASI(Obstetric Anal Sphincter Injury), especially if an anal sphincter injury has been missed

# Perineal tears

85% will have some degree of perineal trauma and 60–70% will require suturing after vaginal delivery

Perineal tears are classified as first, second, third or fourth degree

Perineal tears occur more commonly with prolonged labour, especially in the second stag with big babies and in instrumental delivery

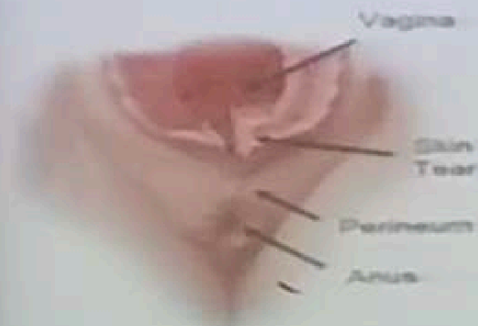
Third- and fourth-degree tears are grouped together and termed obstetric anal sphincter injuries (OASI).

Generally , external anal sphincter incompetence causes faecal urgency,

Internal anal sphincter incompetence causes faecal incontinence.

# First-degree tears

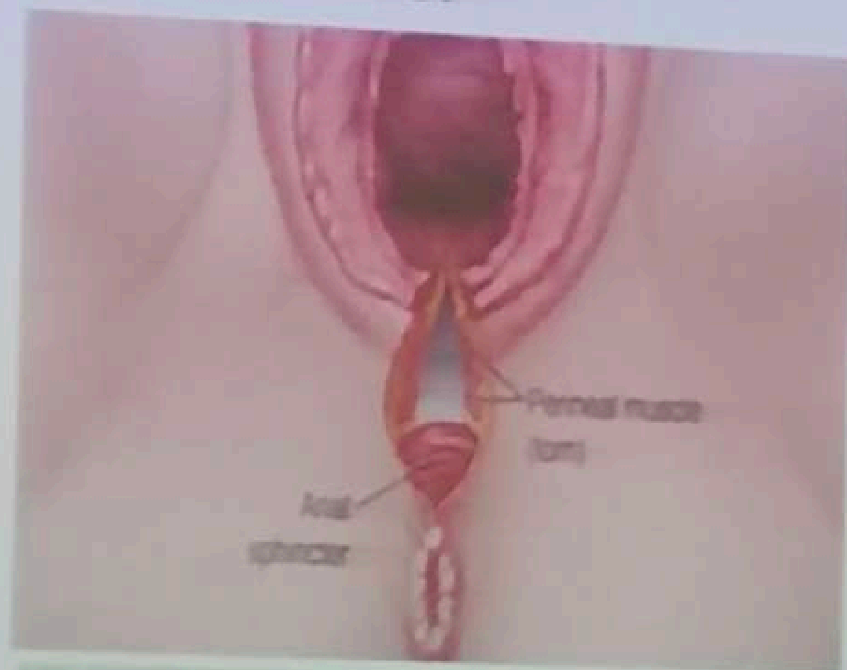
First-degree tears or minor lacerations with minimal or no bleeding may not require surgical repair

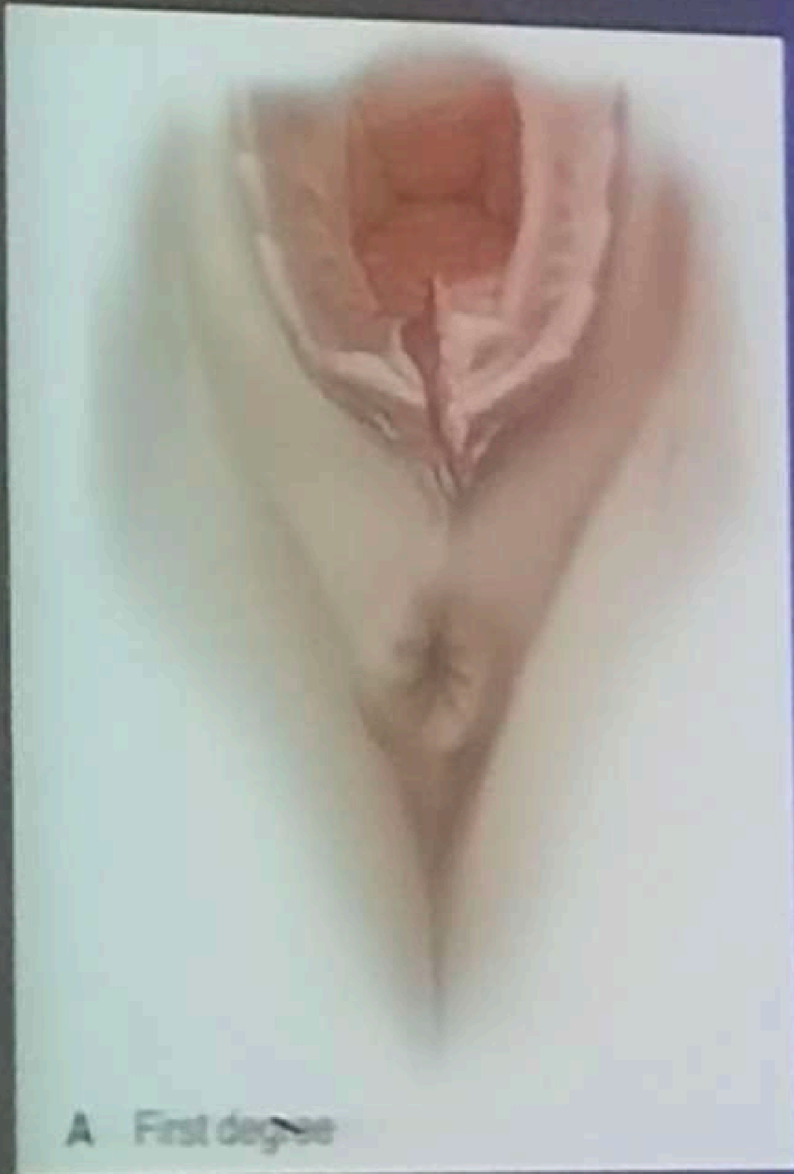


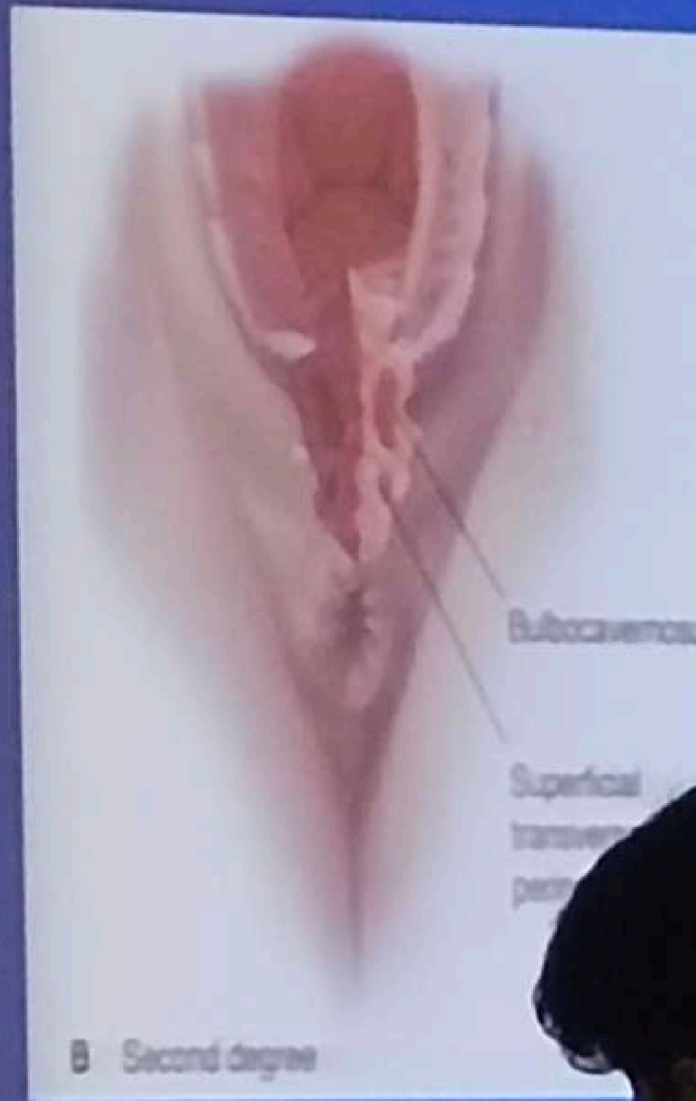

1st Degree Perineal Tear
Vaginal and perineal skin are torn,
but the perineal muscles are intact.

# Second degree tear

Second-degree tears involve the skin and muscle of the perineum and might extend deep into the vagina. Second-degree tears require stitches and heal within a few weeks.




A First degree

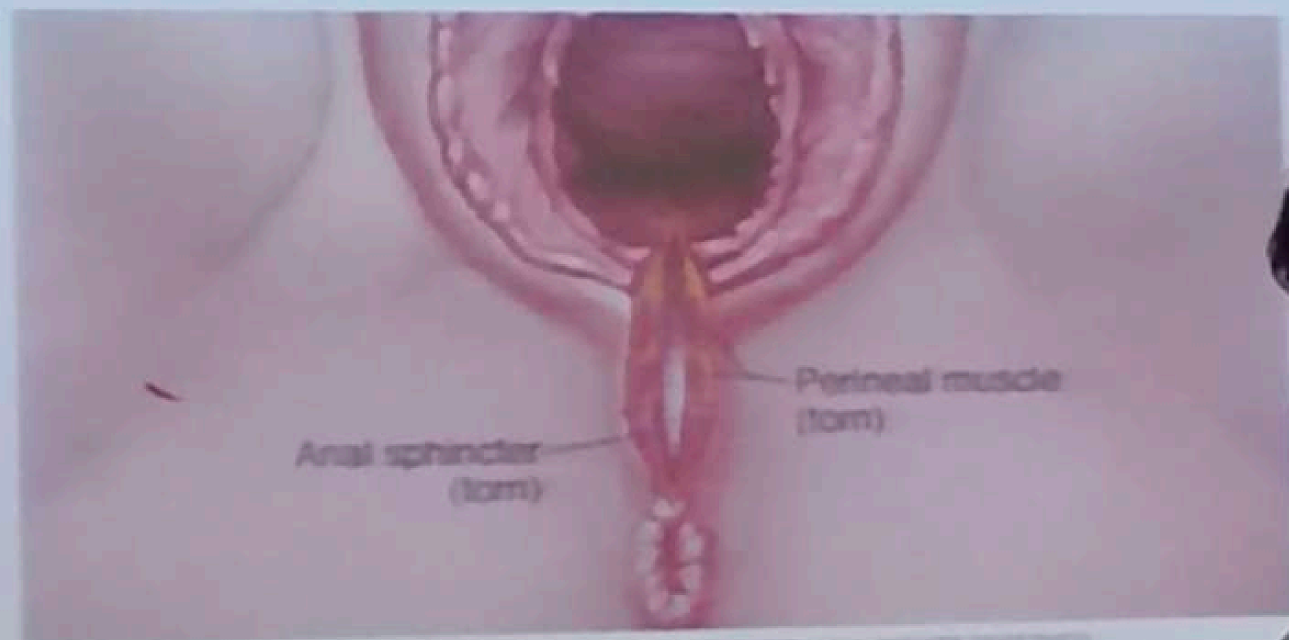


B Second degree

# 3rd-degree vaginal tear

Third-degree tears extend into the muscle that surrounds the anus (anal sphincter).

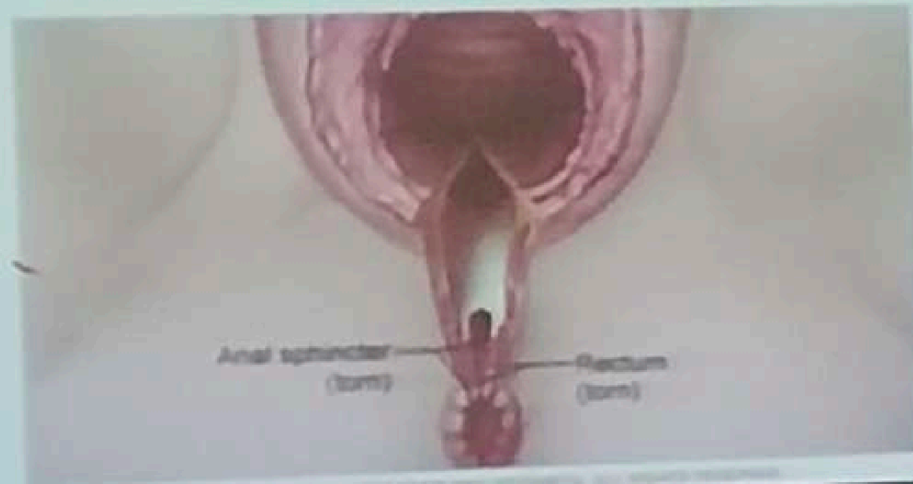
These tears require repair with anesthesia in an operating room .

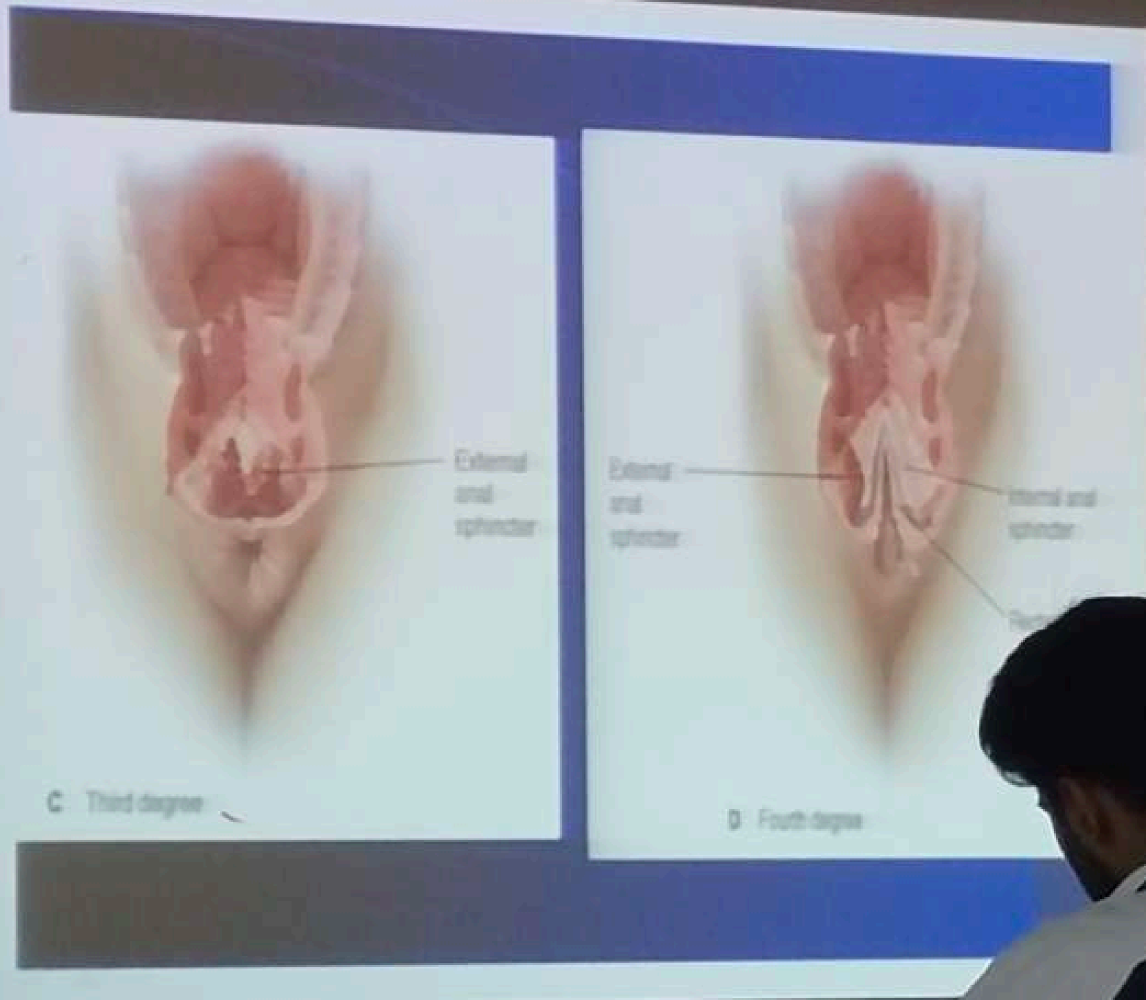


# 4th-degree vaginal tear

They extend through the anal sphincter and into the mucous membrane that lines the rectum (rectal mucosa).

Fourth-degree tears require repair with anaesthesia in an operating room.




External
anal
sphincter
C Third degree
External
anal
sphincter
Internal anal
sphincter
D Fourth degree

| | |
|---|---|
| First degree | Injury to perineal skin only |
| Second degree | Injury to perineum involving muscles but not anal sphincter |
| Third degree | Injury to perineum involving the anal sphincter complex |
| IIIa | <50% of EAS torn |
| IIIb | >50% of EAS torn |
| IIIc | Both the EAS and IAS torn |
| Fourth degree | Fourth-degree lacerations inv the perineal fascia and muscl both the EAS and the IAS, an the rectal mucosa |

EAS: external anal sphincter; IAS: internal anal sph

# Perineal Tear Repair.(OASI)

Repair of third- and fourth-degree tears should be performed or directly supervised by a trained practitioner.

Adequate analgesia , either a regional or general anaesthetic as

Local infiltration does not allow relaxation of th

sphincter enough to allow a satisfactory repair.

# Perineal Tear Repair (OASI)

Good light

Assistant

Repair of the rectal mucosa performed first

The torn external sphincter is then repaired.

The muscle is correctly approximated with long-acting sutures so that the muscle is given adequate time to heal.

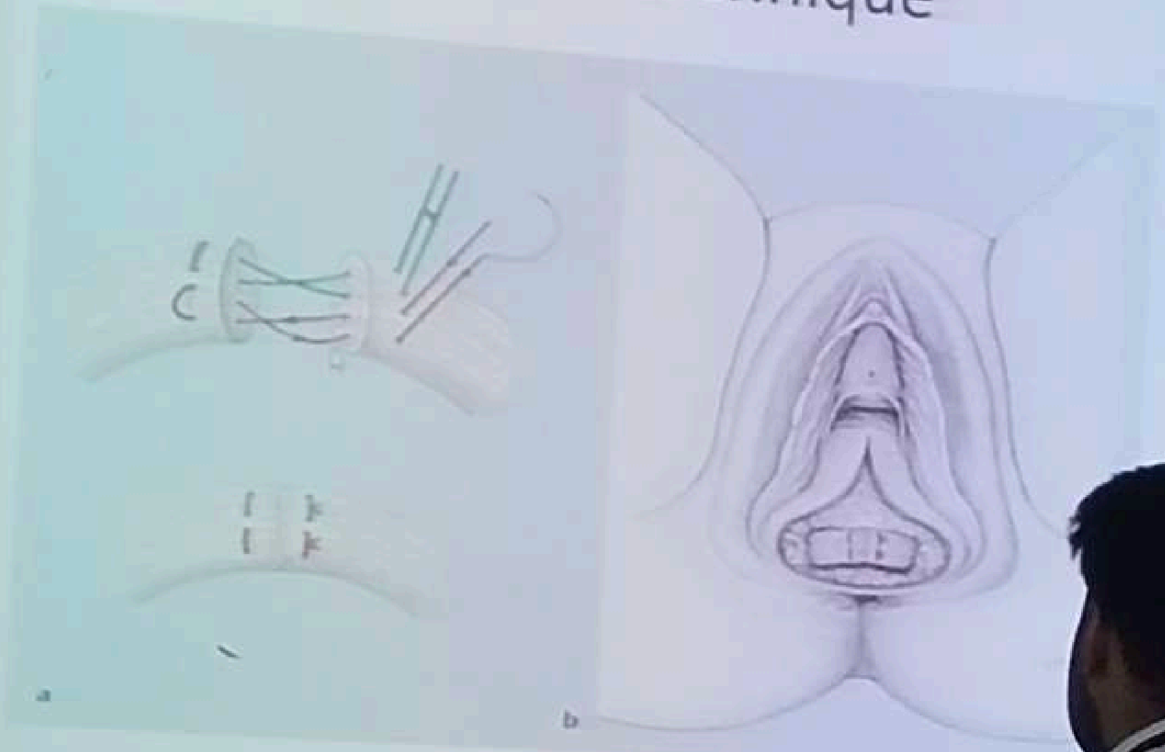
# OASI

Two types of repair end-to-end repair and overlap technique.

The remainder of the perineal repair is as for second-degree trauma.

A gentle vaginal examination should be performed to check for any missed tears and to ensure that good apposition has been achieved.

# End to end technique



# OASI

A rectal examination should be performed to confirm that the sphincter feels intact and to ensure that no sutures have been placed through the rectal mucosa.

If sutures are felt in the rectum they must
removed and replaced.

# OASI

The pad or tampon should be removed

Careful count of swabs, instruments and needles should be completed and documented in the records, alongside the operation note and postoperative instructions.

# Aftercare

Lactulose (laxative) and a bulking agent, such as Fybogel, are recommended for 5–10 days.

Woman should remain in hospital until she has had a first bowel motion.

An oral broad-spectrum antibiotic should b prescribed for 5–7 days to reduce the risk o infection`

# Aftercare

Regular oral analgesia should also be prescribed.

All women who have sustained a third- or fourth-degree tear should be offered follow-up in the postnatal period.

A team approach in a specialist clinic and physiotherapy

# Follow up

At 6–12 weeks, a full evaluation of the degree of symptoms is done.

This must include careful questioning with regard to faecal and urinary symptoms and advice in relation to future pregnancy and delivery.

Asymptomatic women should be advised the risk of recurrence in a future pregnanc 8% and vaginal delivery is safe.

# Follow up

Symptomatic women should be offered investigation including endoanal ultrasound and manometry.

Women with ongoing troublesome pelvic symptoms should be offered an elective caesarean section.

# MCQ

What is an episiotomy?

A A cut made to widen the birth canal.

B A medication given for pain during childbirth.

C A cut made to make baby smaller.

D An injection given to numb the perine