EPISIOTOMY

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Introduction

Episiotomy is a surgical incision made over the perineum and vulva during delivery to increase the space available at the perineum in order to facilitate delivery of the fetus.

ADVANTAGES

1) May prevent 3rd and 4th degree perineal tear

2) May facilitate delivery

3) A neat surgical incision is easier to repair than a ragged tear

INDICATION FOR EPISIOTOMY

Assisted breech delivery

Face to pubis

Macrosomia

Shoulder dystocia

Forceps and vacuum

Rigid perinium

TYPES AND PROCEDURES

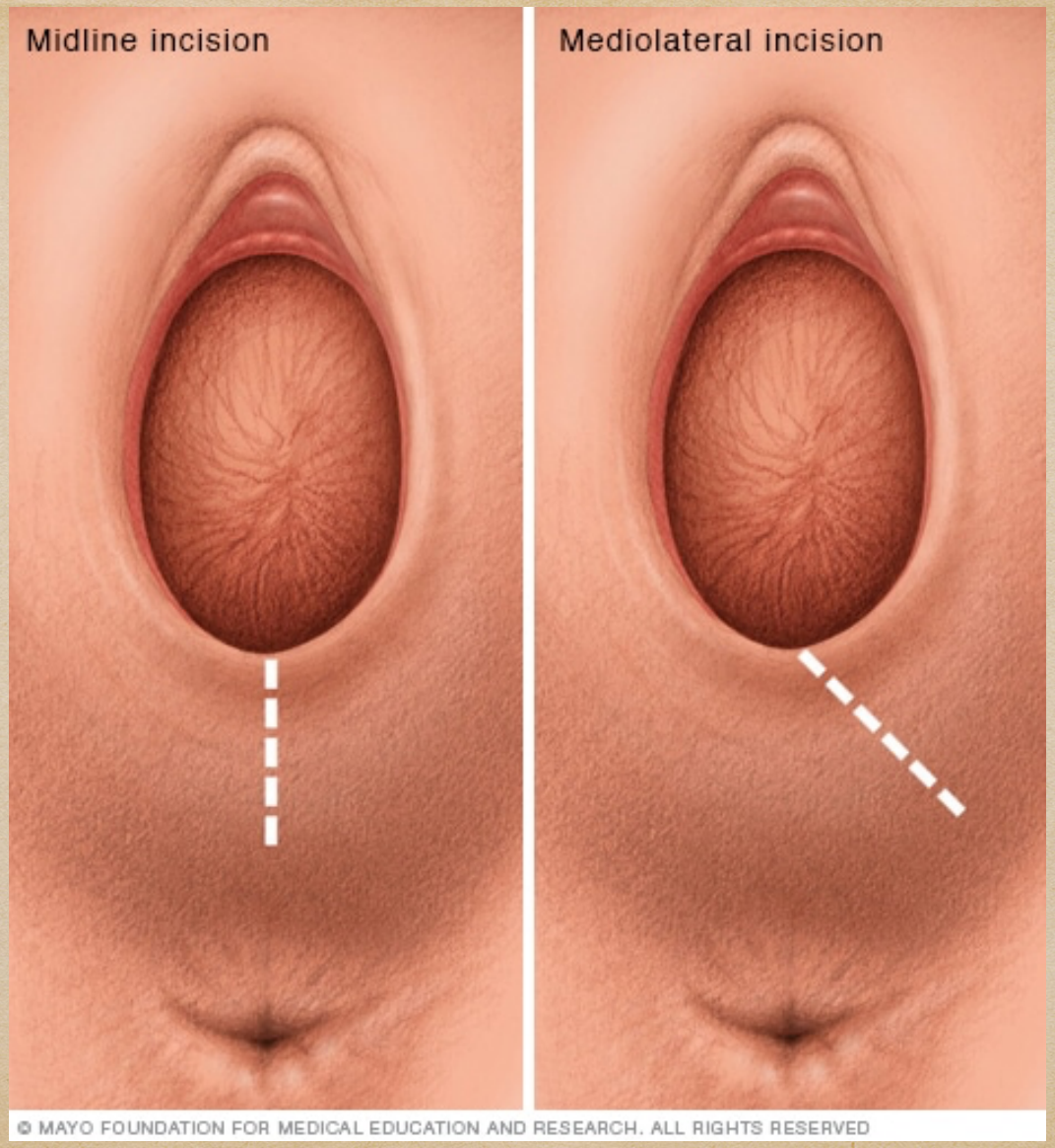
1) Midline and mediolateral episiotomy are the two types. Commonly a right mediolateral episiotomy is performed, and ensure that the angle is 60 degree away from midline

2) Local anaesthetic is infiltered at the site of episiotomy if the women is not having an epidural

3) Index and middle fingers are inserted between fetal scalp and perinium to protect fetal scalp

the cut should start at the midline of the posterior fourchette

The cut should be directly down for median and at an angle of 60 degree for Mediolateral episiotomy


Midline incision
Mediolateral incision
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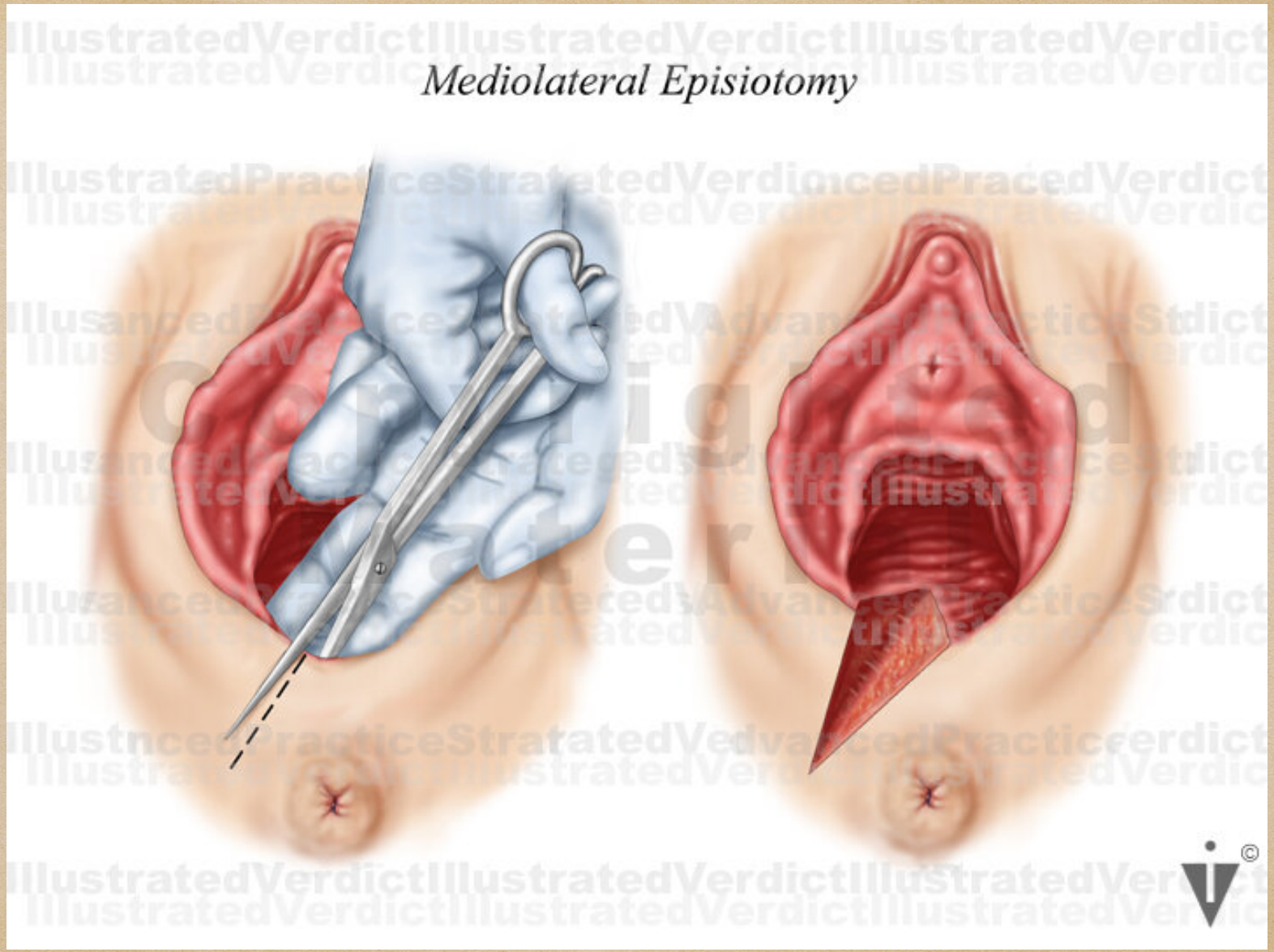
Mediolateral Episiotomy

Table 52.2 Structures cut in mediolateral episiotomy (Fig. 52.3)

- Posterior vaginal wall
- Superficial transverse perineal muscle
- Bulbospongiosus muscle
- Deep transverse perineal muscle
- Fibres of levator ani
- Fascia overlying the muscles
- Subcutaneous tissue
- Skin

Comparison of midline and medio-lateral episiotomies

Characteristic	Midline	Mediolateral
Surgical repair	Easy	More dfficult
Faulty healing	Rare	More common
Postoperative pain	Minimal	Common
Anatomical results	Excellent	Occasionally faulty
Blood loss	less	More
Dyspareunia	Rare	Occasional
Extension	Common	Uncommon

SURGICAL REPAIR

1) Repair is done soon after the placenta is delivered and uterus is contracted

2) 1-0 or 2-0 sutures can be used for the routine episiotomy. The apex is identified (which is a very important step) and secured, using continuous suture vaginal mucosa is sutured

3) vaginal and rectal examination is done to rule out 3 rd and 4th degree perineal tear

Table 52.3 Complications of episiotomy

Immediate	Late
■ Traumatic postpartum haemorrhage ■ Haematoma formation ■ Extension to a complete perineal tear ■ Postpartum pain	■ Infection ■ Wound breakdown ■ Rectovaginal fistula ■ Dyspareunia ■ Scar endometriosis

THANK YOU