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FACULTY OF NURSING

Episiotomy



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Definition

- A surgically planned incision on the perineum and the posterior vaginal wall during the second stage of labour is called episiotomy.

Objective

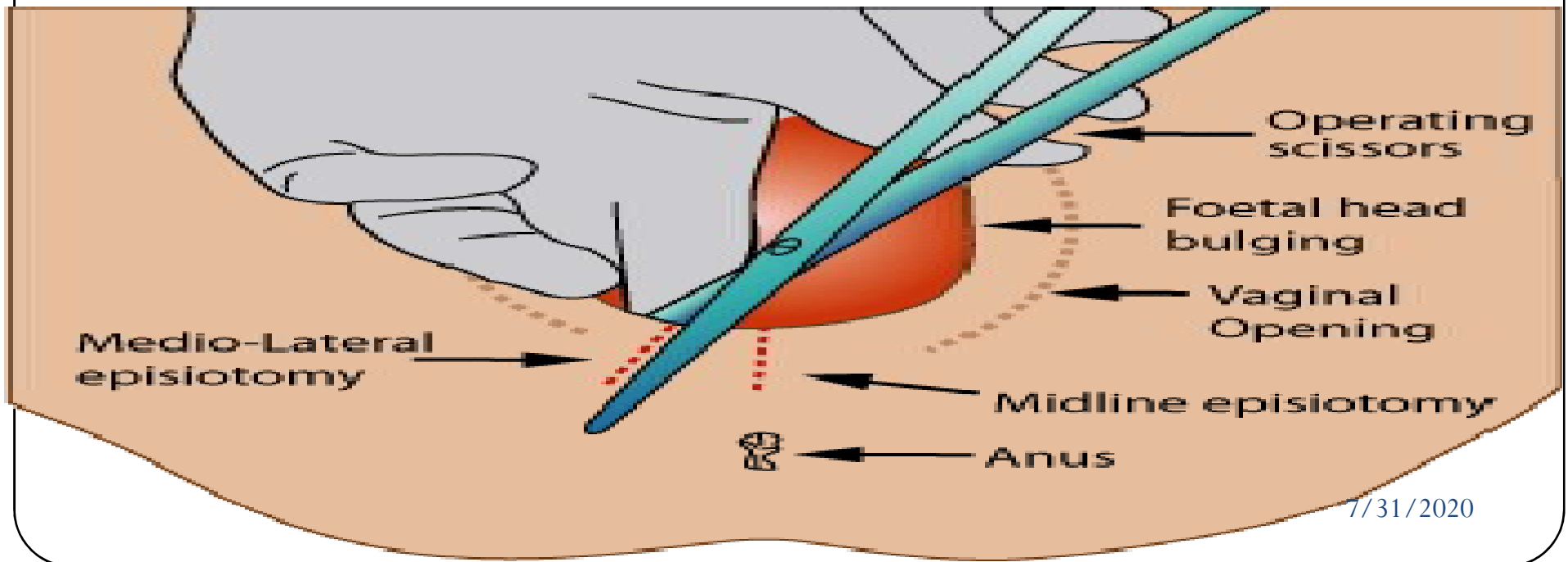
- To enlarge the vaginal introitus.
- To minimize over stretching.
- To reduce the stress and strain on fetal head.

Indications

- Anticipating (preventing) perineal tear specially in primigravida.
- Inelastic perineum or rigid perineum.
- Manipulative delivery forceps delivery, breech delivery, face delivery.
- To cut short the second stage of labour
- Fetal interest
 - a) Fetal distress
 - b) Premature baby
 - c) Breech delivery

Timing for the episiotomy

- Bulging thinned perineum during contraction just prior to the crowning is the ideal time .



Advantages

- **Maternal**

1. It repairs and heals better.
2. Preservers the strength of perineal floor.
3. laceration extended to rectum can be avoided.
4. Shortening of second stage is beneficial for mothers with cardio vascular, severe pre eclampsia and eclampsia patients.

- **Fetal**

1. To minimize intracranial injuries specially in pre mature babies.
2. Reducing fetal asphyxia and acidosis

TYPES

- **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).

- **MEDIAN:**

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

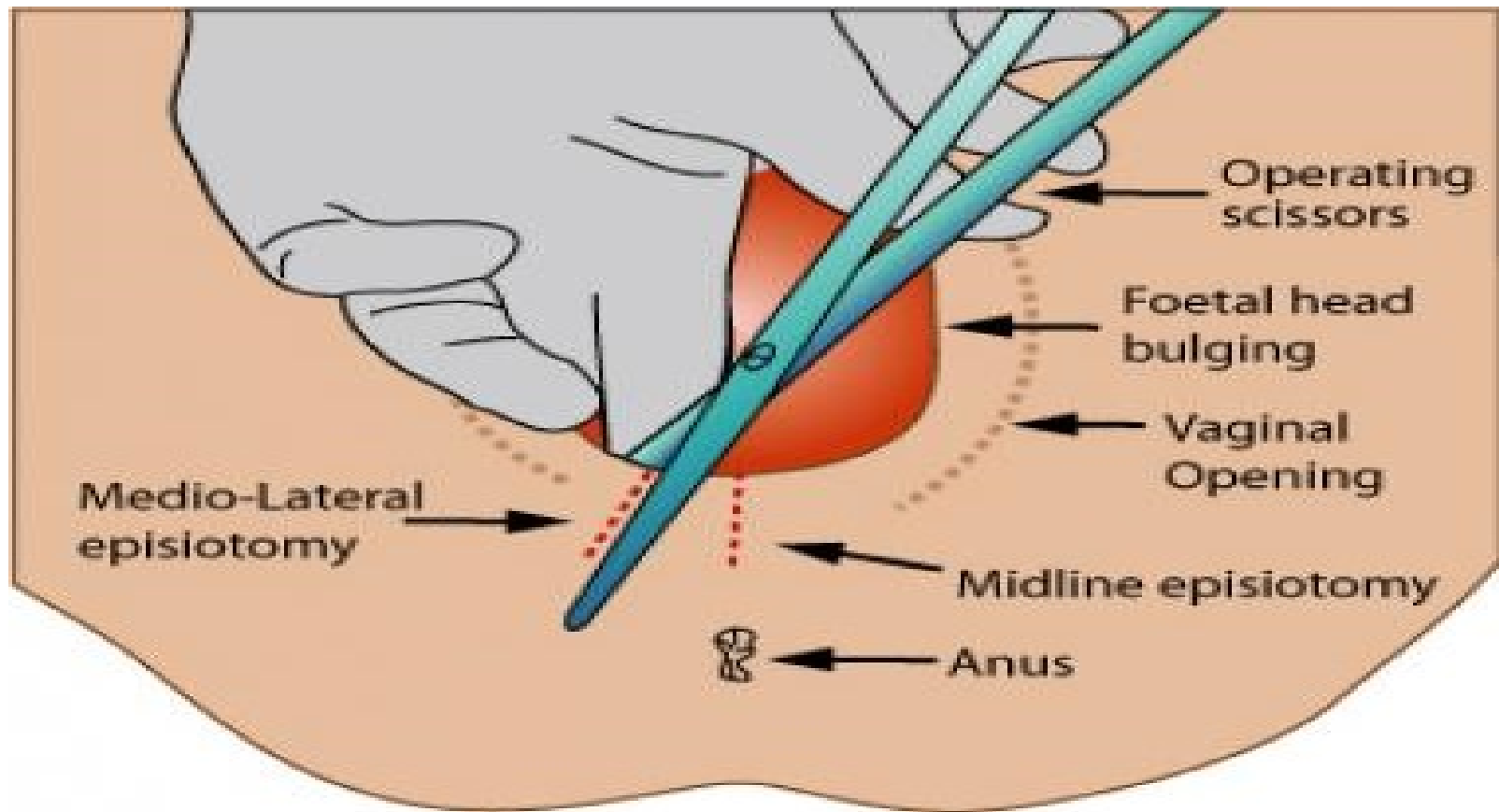
- **LATERAL:**

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.

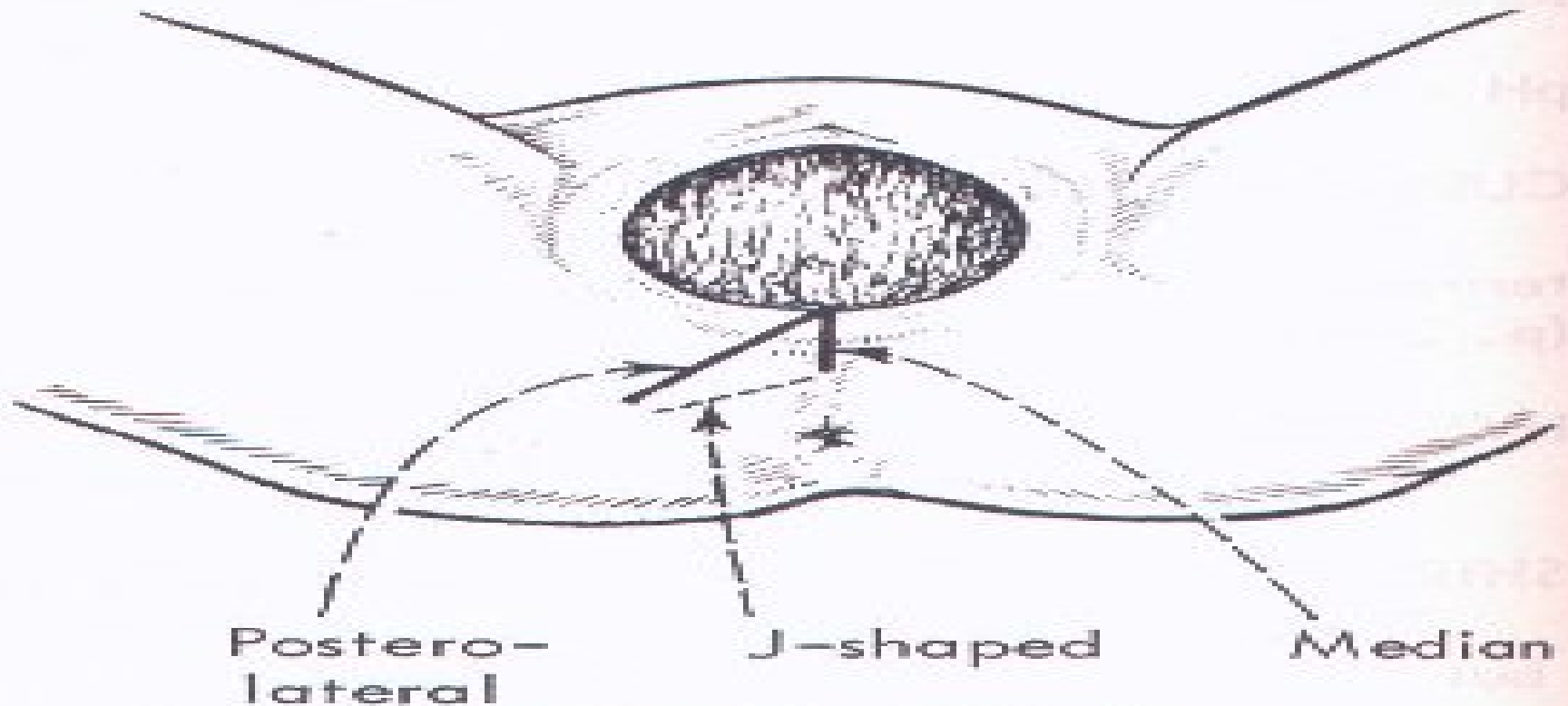
- **'J' SHAPED:**

The incision begins in the center of the fourchette and is directed posteriorly along the midline for about 1.5 cm and then directed downwards and outwards along 5 or 7 O'clock position to avoid the anal sphincter. Apposition is not perfect and the repaired wound tends to be puckered. This is also not done widely.

Medio lateral



Types- mediolateral, median,
lateral, J shape



Postero-
lateral

J-shaped

Median

Episiotomy incisions

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Steps of medio lateral episiotomy

- **Step 1**

Preliminaries

Local anesthesia

- **Step 2**

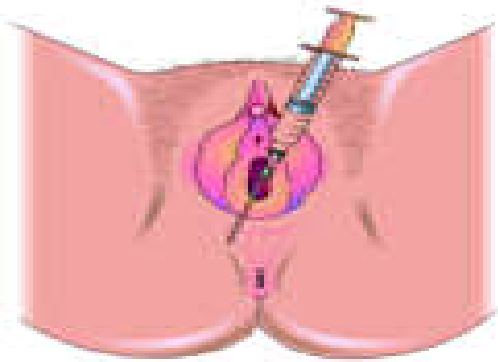
Incision

- **Step 3**

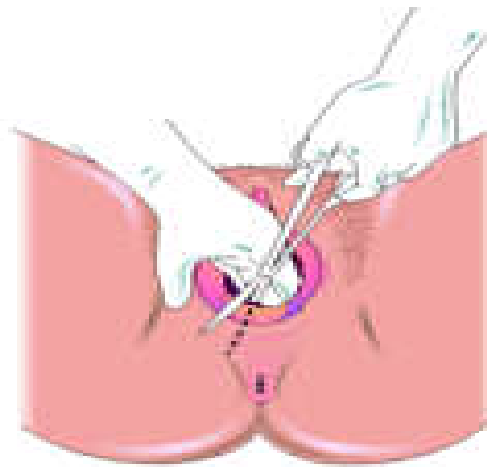
Timing of repair

preliminaries

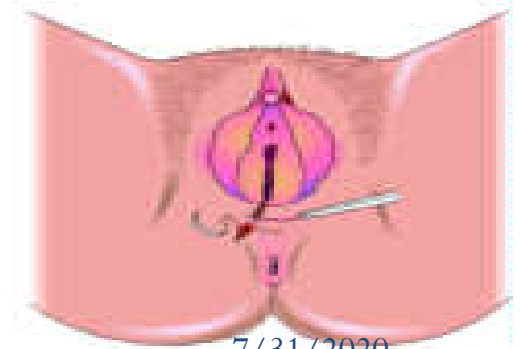
Repair and suturing



Injecting local anesthetic



Cutting the perineum



Closing the incision

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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.
 - Infiltrate beneath the vaginal mucosa, beneath the skin of the perineum and deeply into the perineal muscle.
- **Note: Aspirate (pull back on the plunger) to be sure that no vessel has been penetrated**

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
 - 3–4 cm of the baby's head is visible during a contraction.

Steps of episiotomy

- Wearing high-level disinfected gloves, 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

Relative merit of median and mediolateral episiotomy

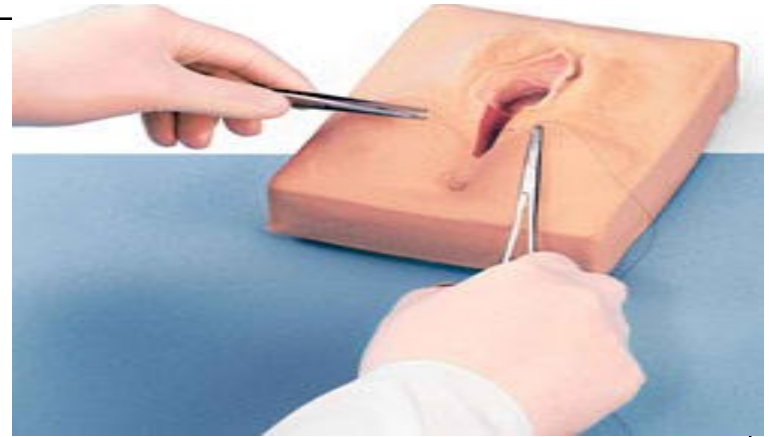
Median

- The muscles are not cut.
- Blood loss is least.
- Repair is easy
- Post operative comfort is maximum
- Healing is superior
- Wound disruption is rare
- Dyspareunia is rare

Medio-lateral

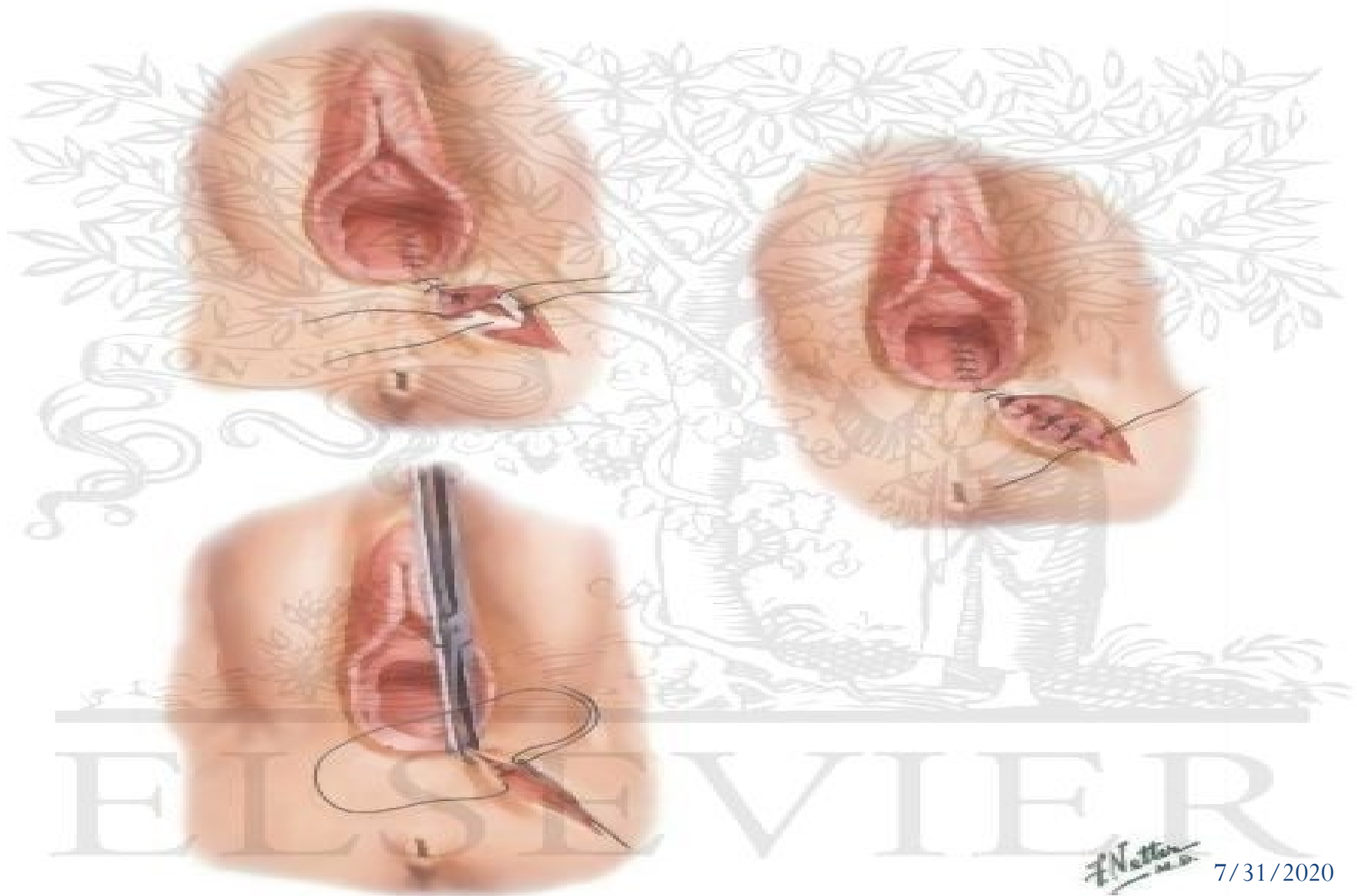
- Relatively safe from rectal involvement from extension.
- If necessary, the incision can be extended

Repairing or suturing



- Suturing is done in 3 layers in the following order
 - 1. Vaginal mucosa and sub mucosal tissues-**
Continuous locking suture with no. 0-1 chromic cat gut on a curved round body needle
 - 2. Perineal muscles-**interrupted suture of no. 0-1 chromic catgut on round body needle
 - 3. Skin and subcutaneous tissues-** Interrupted mattress suture no. 0-1 chromic catgut with cutting needle.

Suturing



Post operative care

- Dressing
- Comfort
- Ambulation
- Removal of sutures

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The typical **healing time** for an **episiotomy** is around 4 to 6 weeks depending on the size of the **incision** and the type of suture material used to close the **wound**.

<https://www.youtube.com/watch?v=PR88v5CS07g>

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THANKYOU



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