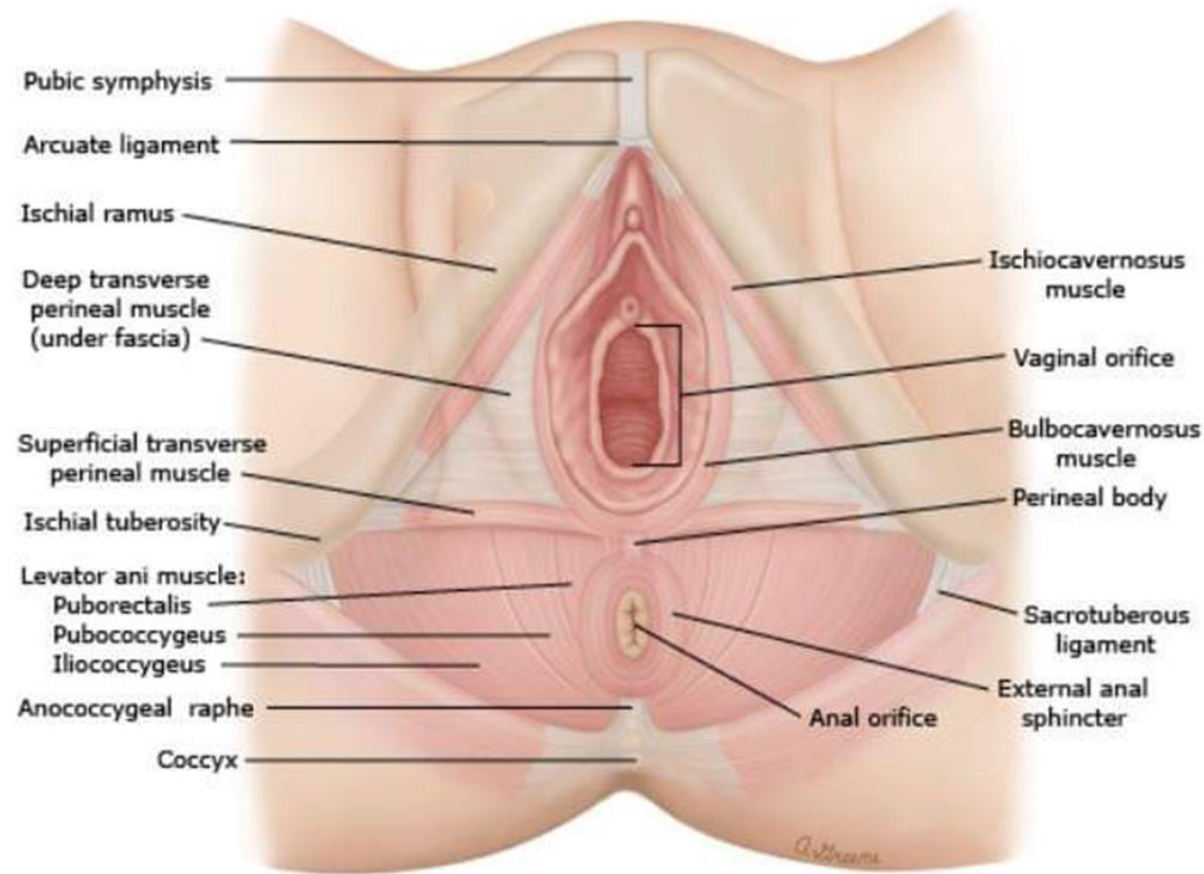


Episiotomy

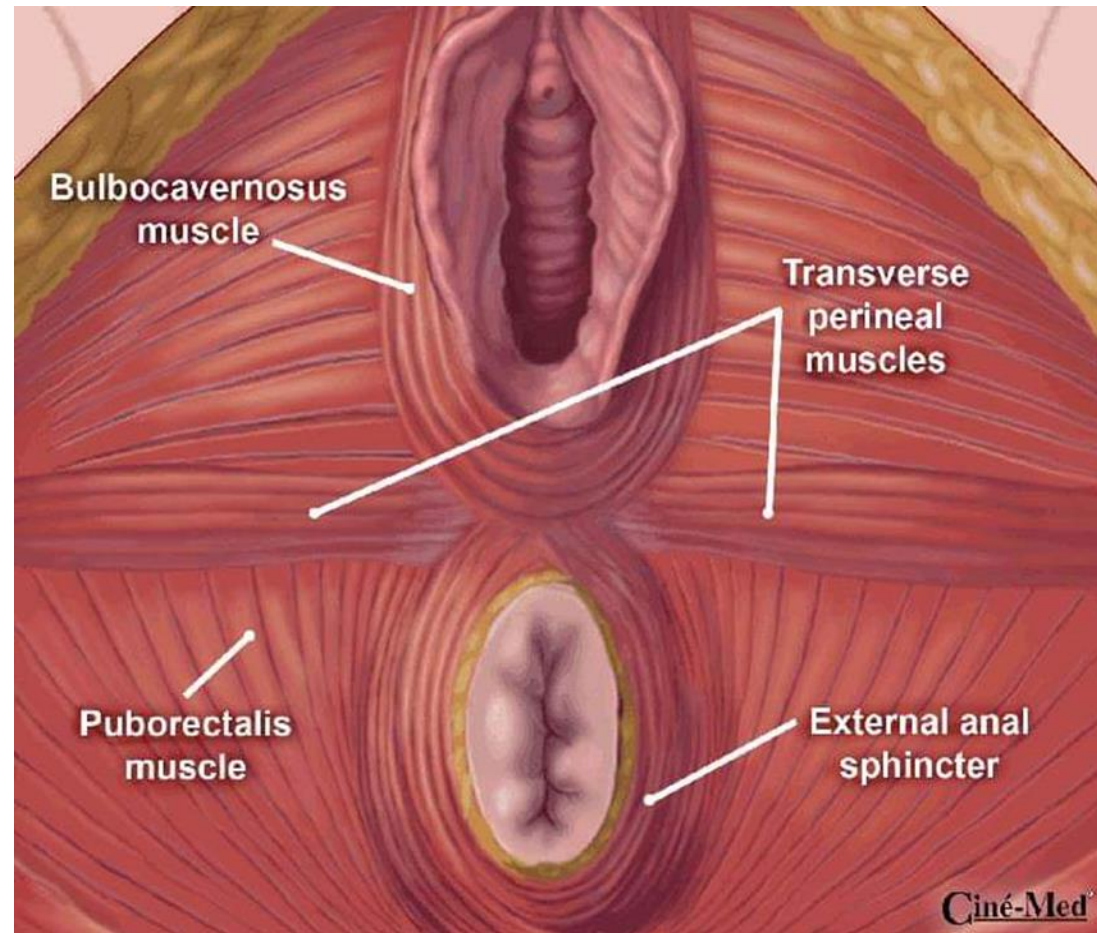
Dr Amal Barakat,MD

July/2024

Anatomy of the perineum



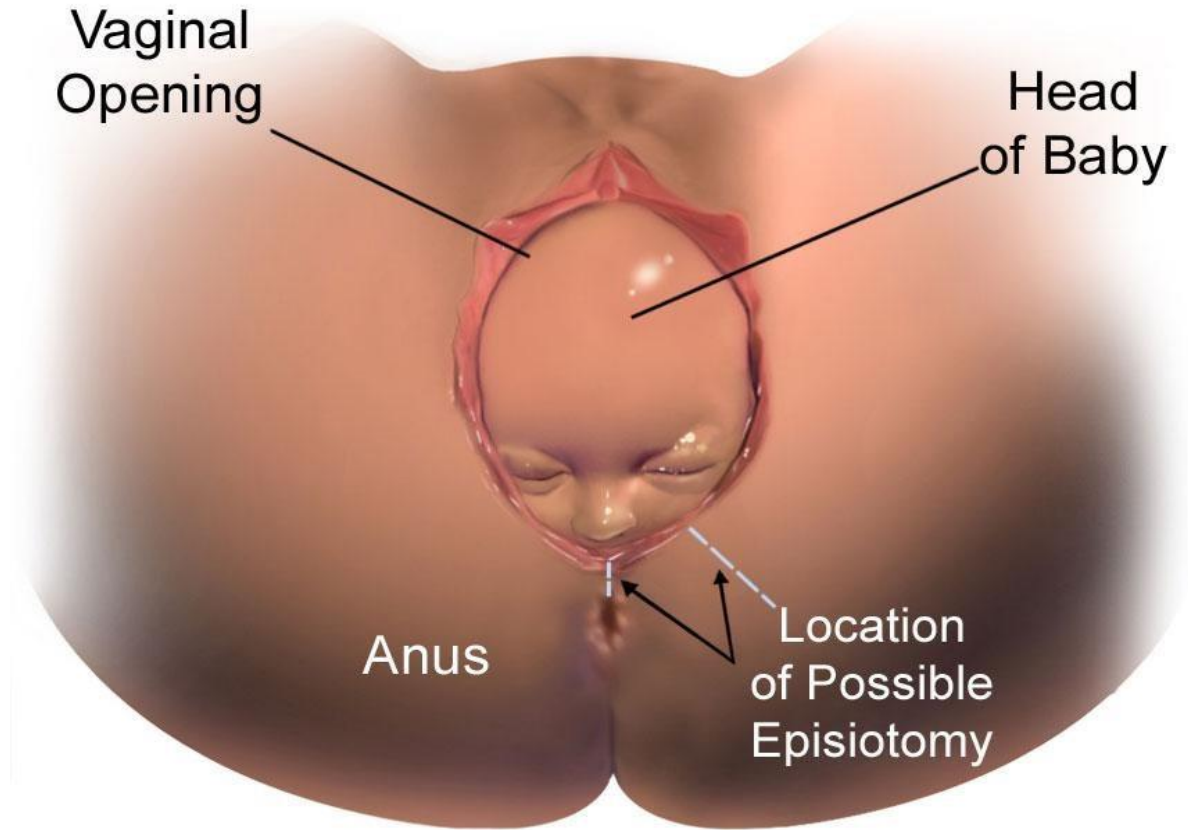
Anatomy of the perineum



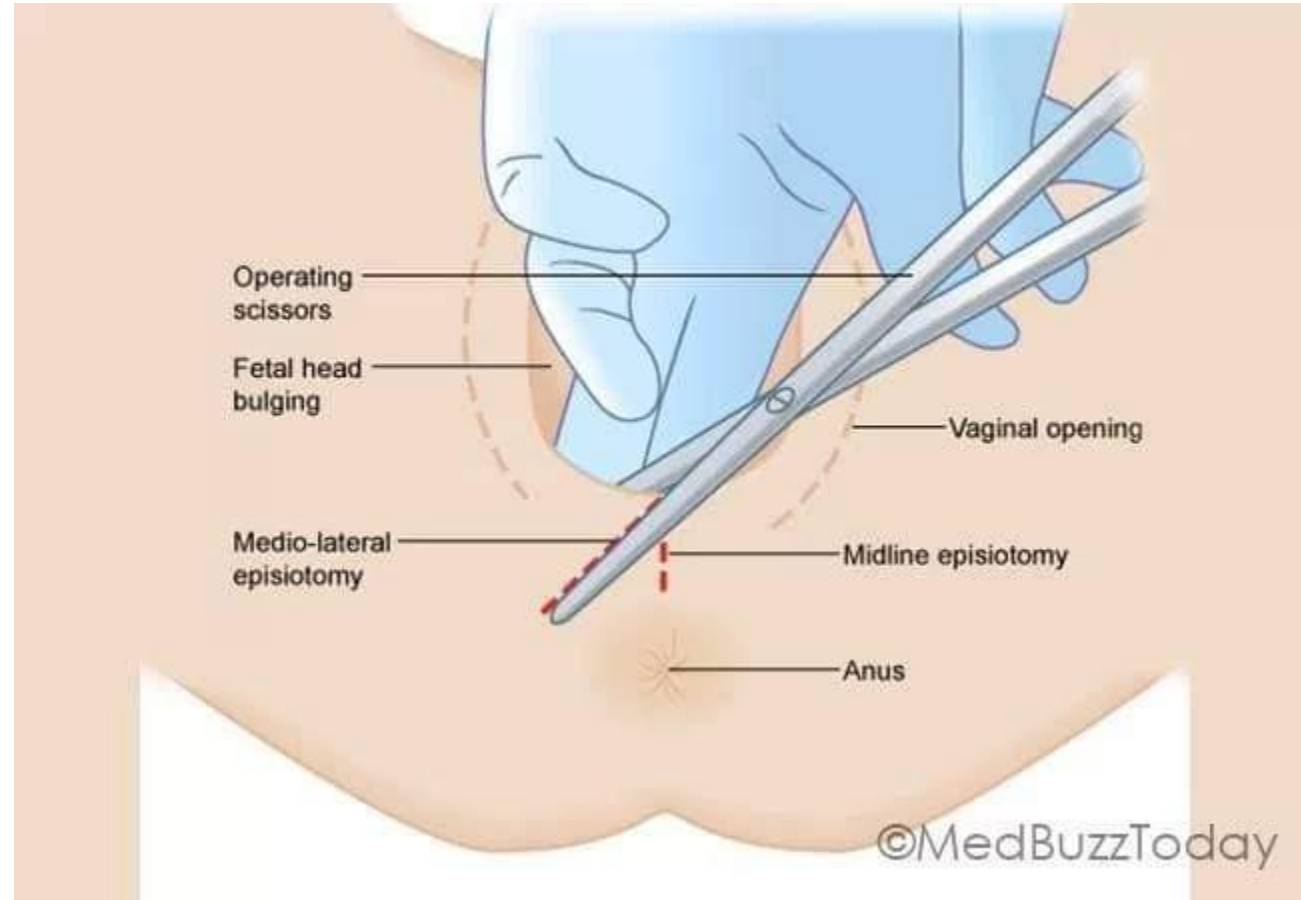
Definition of Episiotomy

- Episiotomy, also known as perineotomy, is a planned surgical incision of the perineum and the posterior vaginal wall performed in selective cases by a midwife or obstetrician under local anesthesia.
- Episiotomy is usually performed during second stage of labor at the time of crowning to widen the vaginal opening to facilitate the delivery of the fetus.

Timing: done at the crowning of the head



Timing: done at the crowning of the head



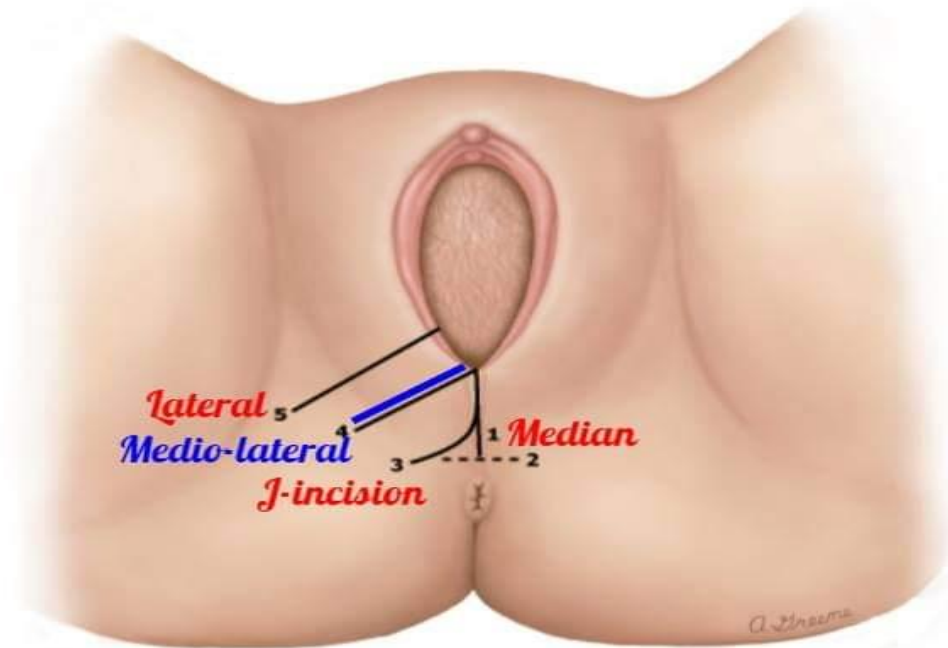
❖ Types of Episiotomy:

Lateral

Medio-lateral (the commonest)

J- incision

Median



Midline & Mediolateral Episiotomy

Characteristic	Type of Episiotomy	
	Midline	Mediolateral
Surgical repair	Easy	More difficult
Faulty healing	Rare	More common
Postoperative pain	Minimal	Common
Anatomical results	Excellent	Occasionally faulty
Blood loss	Less	More
Dyspareunia	Rare	Occasional
Extensions	Common	Uncommon

Midline & Mediolateral Episiotomy

Relative merits and demerits of median and medio-lateral episiotomy

	Median	Medio-lateral
Merits	<ul style="list-style-type: none">➤ 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	<ul style="list-style-type: none">➤ relative safety from rectal involvement from extension.➤ If necessary, the incision can be extended.
Demerits	<ul style="list-style-type: none">➤ Extension, if occurs, may involve the rectum.➤ Not suitable for manipulative delivery or in abnormal presentation or position. As such, its use is selective.	<ul style="list-style-type: none">➤ Apposition of the tissues is not so good.➤ Blood loss is little more,➤ Post operative discomfort is more➤ Relative increased incidence of wound disruption➤ Dyspareunia is comparatively more

Common Indications

- Rigid perineum (old Primigravida)
- Macrosomia
- Instrumental delivery
- Face to pubis delivery (OP)) or Face delivery.
- Breach presentation
- Shoulder Dystocia
- Previous perineal reconstructive surgery

Short-term benefits of the episiotomy

- Ease of repair compared to a spontaneous perineal laceration.
- Reduction in the duration of the second stage of labor.
- Reduction of third- or fourth-degree lacerations

Long-term benefits

- Reduction of trauma to the pelvic floor muscles, that reduces pelvic organ prolapse and perhaps urinary incontinence.

Fetal Benefits

- It minimizes intracranial injuries especially in premature babies and after-coming head of the breach.
- Reduction of the risk of shoulder dystocia

Perineal Lacerations

- **First degree perineal tear**
- **Second degree perineal tear (Episiotomy)**
- **Third degree perineal tear (reaching the anus)**
- **Fourth degree perineal tear (reaching the rectum)**



perineal lacerations

First degree perineal tear

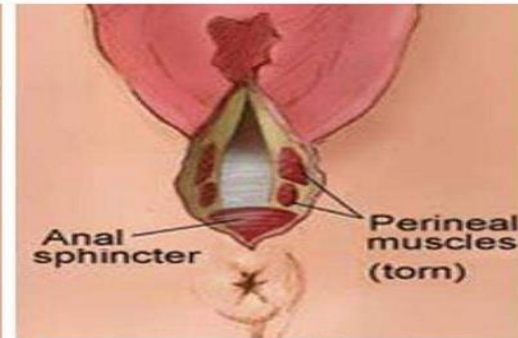
Second degree perineal tear (Episiotomy)

Third degree perineal tear

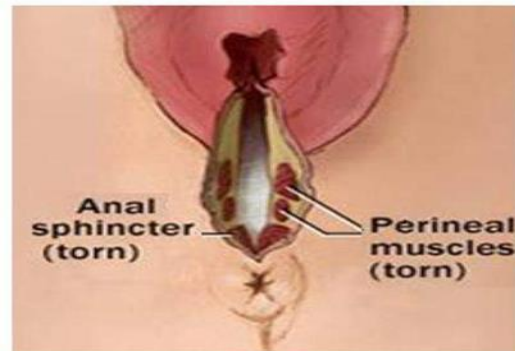
Fourth degree perineal tear



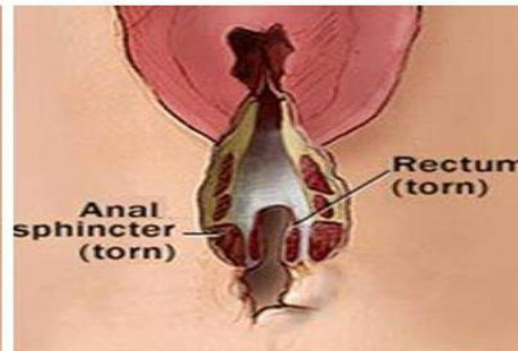
First Degree Perineal Tear



Second Degree Perineal Tear



Third Degree perineal tear



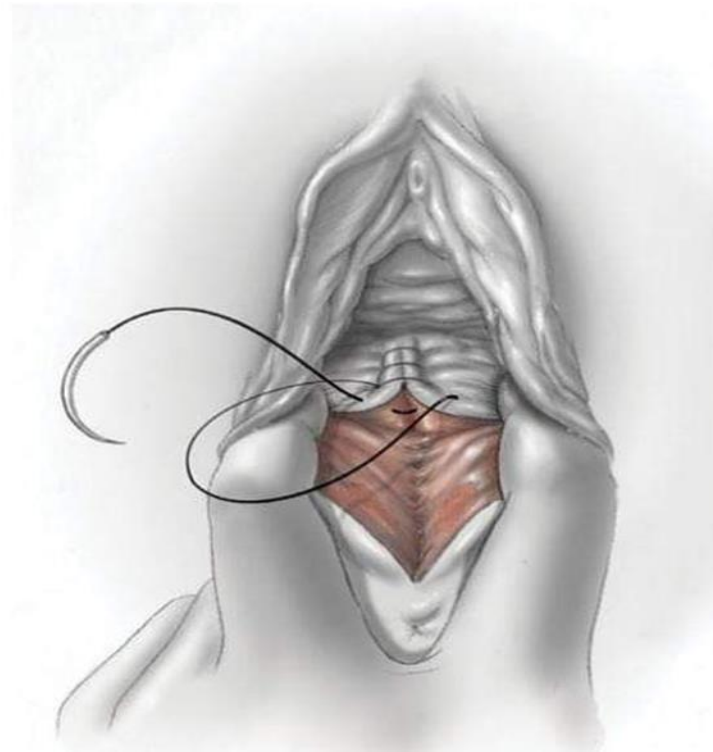
Fourth Degree Perineal Tear

Repair of the episiotomy

- The repair is done soon after expulsion of the placenta, with good hemostasis and good obliteration to the dead space in the following order:
 1. Vaginal mucosa and submucosal tissue
 2. Perineal muscles
 3. Skin and subcutaneous tissues

Repair of the episiotomy

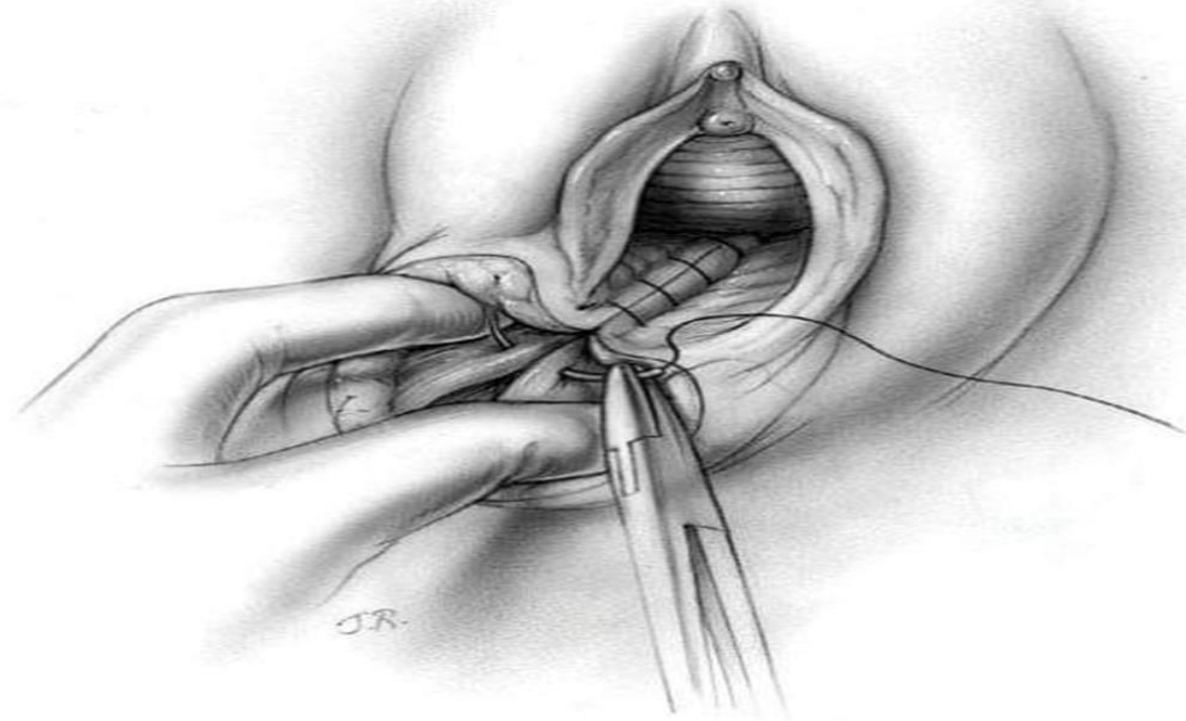
(Vaginal mucosa and submucosal tissue)



Repair of the episiotomy (Perineal muscles)



Repair of the episiotomy (Skin and subcutaneous tissues)



Complications of Episiotomy

❖ EARLY:

- Excessive Bleeding
- Extension of the incision which may reach the anal sphincter or the rectum.
- Vulval Hematoma
- Infection
- Wound dehiscence & Breakdown

• LATE:

- Dyspareunia
- Recto-vaginal fistula
- Necrotizing Fasciitis (in immunocompromised or diabetic patients, very rare)
- Scar endometriosis (rare)

Vulval Hematoma



VULVAL HEMATOMA

Postoperative care

- Pudendal nerve blockade can aid relief of perineal pain postoperatively.
- Locally applied ice packs help reduce swelling and allay discomfort
- Analgesics: Morphine, NSAID

- **Thank You**
- **July 2024**