



## Essentials of Episiotomy Care

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### ABSTRACT

*Sometimes the baby's head cannot fit through the vaginal opening. In this instance, an episiotomy helps your doctor deliver your baby. It's crucial to do a surgical incision as opposed to let the tissue torn. Your doctor will often perform an episiotomy, a cut (incision) through the perineum, the region between your vaginal entrance and your anus. Your vaginal opening will be made bigger during this surgery to prepare for childbirth. According to numerous writers, up to 50% to 60% of women who give birth vaginally in the United States will experience an episiotomy. It is typically recommended in cases of foetal discomfort, breech presentation, or perineal tear risk. Although it may take many weeks, most women recover without any issues. You don't need to remove the sutures since your body will naturally absorb them. When you're ready, you can resume regular tasks like light office work or housecleaning. During the postpartum healing process, taking appropriate care of episiotomy sutures will reduce the chance of infection and can aid in pain management. Using a covered ice pack for the first day or two, especially if the incision is still swollen and red, can frequently lessen this discomfort. This area's skin is delicate. To avoid straining the sutures, pat the area dry rather than wiping it. In order to maintain adequate healing and prevent re-injury to the region, patients should refrain from using tampons or douches throughout the postpartum period. Patients should be advised to refrain from sexual activity until the episiotomy has been thoroughly healed and re-evaluated. After delivery, this might take up to four to six weeks. Your doctor may suggest Kegel exercises to assist restore muscle tone around the perineum if you are dealing with problems like incontinence or persistent discomfort. At your 6-week postpartum check-up, your sutures will normally be examined. An episiotomy may result in infection, as with any surgical operations. If you become infected, call your doctor or visit the emergency department.*

*Key words: Episiotomy, Management, Self-Care, Prevention*

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### INTRODUCTION

During labour, a doctor or midwife may occasionally need to perform an episiotomy, or cut, in the region between the vagina and anus (perineum). A vaginal episiotomy widens the entrance, which makes it easier for the baby to pass through [1]. The overall rate of episiotomies in India was 40.6%, with midwives doing them at a lower rate (21.4%) than faculty (33.3%) and private care providers (56.6 percent). A woman's perineum may occasionally tear as the baby is delivered. When a baby needs to be delivered fast or a major tear needs to be avoided, an episiotomy may help [2].

### What Causes an Episiotomy Might be required? [3]

An episiotomy might be performed, according to the National Institute for Health and Care Excellence (NICE), in the following settings:

- If your baby has foetal distress, in which the baby's heart rate changes before birth.
- In a breech presentation, the infant is delivered bottom- or feet-first
- needing forceps or a vacuum (ventouse)
- risk of a tear to the birth canal; in prolonged labour and are now exhausted
- with a serious medical condition, such as cardiac disease

According to research, an episiotomy in some births, especially those involving forceps delivery, may avoid tears that damage the anal muscle as well as anal sphincter.

### The Procedure for an Episiotomy [4]

Typically, an episiotomy is a quick process. To make the region around the vagina painless, a local anaesthetic is used. If you've previously received an epidural, you can top it off before the incision is done. A minor diagonal cut directed down and out to one side from the rear of the vagina by the doctor or midwife will be made whenever it is possible. After the baby is born, the cut is repaired using dissolvable sutures.

### **Immediate Management of Episiotomy**

After your baby is born, episiotomy cuts are often treated within an hour. The wound may initially bleed quite a bit, but with pressure and sutures, this should cease. Check to see if a suture was accidentally inserted through the rectal wall by inserting your finger into the rectum. Check to see if the uterus is properly contracted. Make sure the patient is comfortable before removing her from the lithotomy position.

### **After Episiotomy Healing [5]**

#### **Managing Pain**

- Following an episiotomy, discomfort is typical.
- Painkillers like paracetamol can aid with pain relief and are safe to use while nursing.
- Ibuprofen is also regarded to be safe to use while you are nursing, but see your doctor first.
- Because it can be transferred to your infant through breast milk, aspirin is not advised.
- If you're unsure about what painkillers to take, ask your midwife for advice.
- The healing process may be aided by exposing the stitches to the open air.
- When you need to sit, use a pillow or padded ring
- When you urinate, spray warm water, possibly with a squeeze bottle, on your perineum.
- Use an ice pack to cool the area or cover it with a cold witch hazel pad.
- Sit for about five minutes in a shallow bath of warm or chilly water, depending on what seems more calming to you, making sure the affected area is completely submerged.
- Consult your doctor about a numbing spray or cream if necessary.

#### **While Using the Restroom**

- To avoid infection, keep the wound and its area clean.
- After using the restroom, clean your vaginal area with warm water.
- Instead of sitting on the toilet, you might discover that kneeling over it lessens the stinging when you urinate.
- Sometimes it helpful to keep a clean pad on the wound and gently press while you're pooing. This may assist in releasing pressure from the cut.
- Make sure to gently wipe from front to back when wiping your bottom to lessen the chance of tissue around the wound being infected with bacteria from your anus.
- Using laxatives may assist if you discover that pooling hurts a lot.

#### **To Avoid Infection**

- Keep an eye out for any indications of infection, such as red, swollen skin, discharge of pus or liquid from the cut, persistent discomfort, or an odd odour.
- The potential infection-related symptoms should be reported to a doctor as soon as possible so they can ensure you receive any necessary care.

#### **Episiotomy Recovery Exercises**

- Pelvic floor exercises will lessen strain on the cut and adjacent tissue by strengthening the muscles around the vagina and anus that can aid with healing.
- Squeezing the muscles around your vagina and anus during pelvic floor exercises simulates stopping yourself from going to the bathroom or farting.
- The exercises can be demonstrated by a midwife.

#### **Seeking Follow Up Care [6]**

At your 6-week postpartum check-up, you will normally have your stitches examined. In addition to letting you know when you can start having sex again, your doctor or midwife can offer advice on how to handle incontinence or any other postpartum problems you might be struggling with at this appointment.

#### **After Episiotomy Self-care [7]**

- Applying ice to the area for the first 24 hours after delivery reduces discomfort and oedema.
- Take a warm bath, but hold off until 24 hours have passed since giving birth. Before each bath, make sure the bathtub has been disinfected.
- Use pain medication, such as ibuprofen.
- Take sitz baths several times per day, where you sit in water that covers your vulvar area.
- You should also wait 24 hours after giving birth before taking a sitz bath.
- Instead of stepping into the bathtub, you can choose to sit in tubs that will fit on the toilet's rim.
- Alternate pads every two to four hours.
- Keep the area next to the sutures dry and clean. After taking a bath, pat the area dry with a fresh towel.
- After using the restroom, sprinkle some warm water on the area and wipe it dry with a fresh towel or baby wipe. Use only toilet paper.
- Consume plenty of water and stool softeners. Constipation will be avoided as a result.

- Consuming a lot of fibre also helps. Your doctor may make recommendations for foods that are high in fibre.
- Perform Kegel workouts for five minutes, clench the muscles you use to hold in pee. Do this throughout the day 10 times.

#### **When to Contact a Physician**

- If your pain worsens.
- Four or more days pass without you having a bowel movement.
- A blood clot the size of a walnut that you pass.
- You have an odorous discharge.
- The wound appears to open up.

#### **COMPLICATION**

After an episiotomy, a number of problems can occur, such as painful sex, infection, huge tear from the incision that may extend into the anus, and more. Bleeding and an accumulation of blood in the perineal tissues, or perineal hematoma.

#### **How long does it take for an episiotomy to heal? [9]**

The speed of your recovery will ultimately rely on how effectively you care for your vaginal sutures. Like any wound, repaired vaginal lacerations or episiotomies take a while to heal. The stitches often dissolve in three to seven days. Be patient and let the repair six weeks to heal. During this time, you can anticipate several weeks of stiffness and tenderness. You can get an infection if your vaginal repair isn't healing properly.

#### **Signs of Infection in After-Birth Stitches [10]**

**Foul Smell:** You may develop an infection if your stitches have a foul odour or green, infected-looking discharge that is fresh. One of the first indications that you should see a doctor is this.

**Redness:** A further warning sign of infection is excessive redness or swelling in the vaginal or perineal region. You should contact your doctor if there is "significant oedema in the region."

**Severe Pain:** If the hospital determined that your vaginal exam was normal before discharge, your sutures hurt – like, a lot. However, you should contact your doctor's office if you get home in excruciating pain that is not soothed by the painkillers you were given.

**Broken and Gaps in Episiotomy stitches:** you should constantly check your stitches to make sure there are no gaps or breaks. To make sure they're healing properly, you'll need to use a mirror so you can have a good look down there. If you're searching for indications that the sutures are genuinely dissolving, you could experience worsening pain in the lower vagina or notice a stitch come out while you urinate or pass stool. Patients occasionally report hearing a pop where they feel like a split occurred and then seeing a change in their discharge as a result.

**Increased Body Temperature:** According to Jacobsen, having a fever is a definite indicator that your wound hasn't fully recovered despite therapy. You should consult a doctor right away because this might be another indication of an infection. You should keep an eye out for any infection-related symptoms, such as recently developing fevers (>100.4 [degrees Fahrenheit]).

**Faecal Incontinence:** If you have to rush to the bathroom to relieve yourself or if you pass faeces when you pass gas, your wound may be more serious than you thought and sutures may not be sufficient. By definition, a fourth-degree rip can affect your rectum. The muscles in your pelvic floor hold the uterus, bladder, small intestine, and rectum in place.

#### **How to Avoid a Perineal Tear**

- **Get Ready to Push:** Aim for more deliberate pushing during the pushing stage of the second stage of labour. Allowing your tissue time to stretch and make room for the baby by softly and gradually ejecting the baby. Your medical professional will provide advice.
- **Warm up Your Perineum:** During the second stage of labour, applying a warm cloth to the perineum might be beneficial.
- **Massage of the Pelvis:** Your doctor may place two fingers of a gloved hand that has been lubricated just into your vagina during the second stage of labour and move them side to side while applying light downward pressure. Before labour begins, your doctor may also advise you to receive a perineal massage at home near the conclusion of your third trimester.
- **Position during Delivery:** Several delivery positions may lessen the possibility of a vaginal tear during childbirth. Instead of reclining flat when giving birth, deliver in an upright position. You might get assistance from your healthcare practitioner in choosing a secure and safe birth position.

## CONCLUSION

Even though episiotomies are infrequent, there are still situations where your doctor thinks that it's the most beneficial option. Perineal tears and episiotomies are difficult to avoid since so much of it is out of your control. To assist prevent ripping, several medical professionals advise extending your perineum when pregnant. In the weeks before birth, massaging your perineal tissue (the region between the vaginal opening and anus) may lessen your risk of tearing or having an episiotomy. Depending on the severity of the episiotomy, healing might take longer or less than a month. Natural tears often take the same amount of time to heal. During your postpartum recovery, taking appropriate care of your episiotomy stitches will reduce the chance of infection and can help manage pain. The mother and the provider share equal responsibility for caring for the episiotomy.

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