# Continuous versus interrupted sutures for repair of episiotomy or second-degree perineal tears: A randomised controlled trial

*Thesis*

***Submitted for the Partial Fulfillment of Master Degree in Obstetrics and Gynecology***

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# مقارنـــة بين إصـــلاح شـــق الفوهـــة الفرجيـــة بطريقة الخياطة المستمرة وطريقة الخياطة المتقطعة تجربـــة عشوائيـــة

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# List of Abbreviations

| | | |
|---|---|---|
| **1st stage** | **:** | First stage |
| **2nd stage** | **:** | Second stage |
| **BMI** | **:** | Body mass index |
| **CBC** | **:** | Complete blood count |
| **CC** | **:** | Chromic catgut |
| **CKT** | **:** | Continuous Knotless Suturing Technique |
| **CM** | **:** | Centimeter |
| **Dr.** | **:** | Doctor |
| **EAS** | **:** | external anal sphincter |
| **FHR** | **:** | Fetal heart rate |
| **FI** | **:** | Fecal incontinence |
| **Fig** | **:** | Figure |
| **HS** | **:** | Highly significant |
| **IAS** | **:** | Internal anal sphincter |
| **IT** | **:** | Interrupted Suture Technique |
| **MLE** | **:** | mediolateral episiotomy |
| **NICE** | **:** | National Institute for Health and Care Excellence |
| **NS** | **:** | Non-significant |
| **OASIS** | **:** | Obstetric anal sphincter injuries |
| **PDS** | **:** | Polydioxanone |
| **PG** | **:** | primigravida |

| | | |
|---|---|---|
| **RCOG** | **:** | Royal College of Obstetricians and Gynecologists |
| **S** | **:** | Significant |
| **SD** | **:** | Standard Deviation |
| **UI** | **:** | Urinary incontinence |
| **UK** | **:** | United Kingdom |
| **US** | **:** | United States |
| **USA** | **:** | United States Of America |
| **VAS** | **:** | Visual analogue scales |
| **X** | **:** | Mean |

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# Continuous Versus Interrupted Sutures Technique For Repair Of Episiotomy: A randomized Trial

*By*

**Mamdouh Abdel Gawwad Mohamed** M.B.,B.CH.(2001)

**Aim of the work:**

To compare the continuous versus interrupted sutures as regard the time taken in the repair, perineal pain (at 48 h, 10 days and three months) postpartum, the need for analgesia up to 48 hours after delivery, amount of blood loss during the repair measured by counting surgical gauze used, drapes around the patient, and amount of blood in the suction container if present, length of threads used by centimeters, wound dehiscence and infection and the need for resuturing.

**Methods:**

one hundred seventy pregnant women underwent episiotomy in the second stage of labor in **Ain Shams University Maternity Hospital** were chosen to participate in the study after obtaining a written consent and divided into 2 groups, group: A was repaired by interrupted suturing technique and include **85** pregnant women while the group: B was repaired by continuous suture technique and include another 85 pregnant women.

**Results:**

The results showed that a statistically significant difference could be detected between continuous and interrupted groups as regard the time taken in the repair, pain at 48 and ten days postpartum, need for analgesia, length of threads used by cm, amount of blood loss during the repair that it was higher in interrupted group compared to continuous group.

**Conclusion:**

The use of a continuous knotless technique for perineal repair is associated with less **time of wound suturing, length of threads used by cm, perineal pain at 48 hours and 10 days postpartum,** need for analgesia and lower VAS scores than techniques with interrupted sutures.



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**Mamdouh Abdel Gawwad Mohamed**


## To

*Family for their warm affection, patience, encouragement, and for always being there when I needed them*

## To

*My Wife who always support me,*

# Introduction

Perineal trauma affects a vast amount of women both nationally and internationally with more than 350,000 women in the UK per year needing stitches to facilitate healing of a spontaneous tear or episiotomy ***(Lynn et al., 2012).***

Approximately 70% of women who have a vaginal birth will experience some degree of damage to the perineum, due to a tear or cut (episiotomy), and will need stitches. This damage may result in perineal pain during the two weeks after the birth, and some women experience long-term pain and discomfort during sexual intercourse ***(Kettle et al., 2010).***

Episiotomy is a surgical incision through the perineal tissue that is designed to enlarge the vulval outlet during the second stage of delivery and to minimize the risk of severe spontaneous, maternal trauma and to expedite the birth when there is evidence of fetal compromise ***(Kettle et al., 2010).***

And to facilitate birth or to prevent perineal tears. Although it is one of the most commonly performed surgical procedures during delivery, there is extensive disagreement about the necessity and benefits of this procedure ***(Rajiv et al., 2010).***