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

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

By

Mamdouh Abdel Gawwad Mohamed Rashwan

M.B..B.CH.

South vally University (2001)
Residant of Obstetrics and Gynecology
Sohag General Hospital

Under Supervision of

Prof. Hassan Awwad Byoumy

Professor of Obstetrics and Gynecology Faculty of Medicine- Ain Shams University

Dr. Amgad Alsaid Abou-Gamrah

Assistant Professor of Obstetrics and Gynecology Faculty of Medicine-Ain Shams University

Dr. Wessam Magdy Abuelghar

Assistant Professor of Obstetrics and Gynecology Faculty of Medicine- Ain Shams University

Faculty of Medicine Ain shams University

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كلية الطب- جامعة عين شمس

الدكتور/ أمجد السعيد أبو جمرة

أستاذ مساعد التوليد وأمراض النساء

كلية الطب- جامعة عين شمس

الدكتور/ وسام مجدي أبوالغار

أستاذ مساعد التوليد وأمراض النساء

كلية الطب- جامعة عين شمس

كلية الطبب جامعة عين شمس ٢٠١٤



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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

: National Institute for Health and Care

NICE Excellence

NS

: Non-significant

OASIS : Obstetric anal sphincter injuries

PDS : Polydioxanone

PG: primigravida

🕏 List of Abbreviations 🗷

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

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



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).