Relation between Episiotomy and Risk of Perineal Lacerations in a Subsequent Vaginal Delivery

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In obstetrics and gynecology

By

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بسم الله الرحمن الرحيم

سبحانك لا علم لنا إلا ما علمتنا إنك

أنت العليم الحكيم

صدق الله العظيم

سورة البقرة الآية٣٢

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Contents:

Abbreviations

(χ^2) …….. Chi square

I.B.W ……..Infant birth weight.

I.P.I ……..Inter pregnancy interval.

P value…….. probability.

SD ……. Standard deviation.

SPSS…….. Statistical Package for the Social Science

List of tables

Review: **page**

Result:

List of figures:

Review:

page

Results:.

Abstract

Episiotomy is an intentional surgical incision of the perineum after informed consent with the aim of increasing the soft tissue outlet dimensions to help with childbirth.

It is not advocated for every delivery and the rate of episiotomy depends on the philosophy and judgment of the caregiver.

Episiotomy is advocated when anterior tears with bleeding or multiple perineal tears appear. When there is fetal distress it is carried out to expedite delivery.

It facilitates instrumental vaginal deliveries although the need for an episiotomy is less with ventouse deliveries and a distensible perineum. If the delivery process is delayed and it is thought to be due to a rigid perineum an episiotomy may facilitate delivery.

Whenever there are vaginal manipulations needed such as in some assisted breech deliveries and in cases of shoulder dystocia an episiotomy may be useful, Those women who had a previous pelvic floor or perineal surgery may also benefit by an episiotomy.

Keywords:

Relation between Episiotomy
Risk of Perineal Lacerations
Subsequent Vaginal Delivery

introduction

Introduction:

Despite a recent decrease in episiotomy rates in the world , it remains one of the most likely surgical procedures a woman will undergo during her lifetime ***(Weber AM et al, 1997).***

The episiotomy, a surgical incision in the perineum made to enlarge the vaginal opening and facilitate delivery, was originally introduced as a method assumed to improve maternal and neonatal outcomes and rapidly became a part of standard obstetric care ***(Banta D et al, 1983).***

However, since the 1980s, routine use of episiotomy has been challenged, based on the lack of evidence of benefits of the procedure ***(Thacker SB et al,1983)*** and the publication of multiple studies reporting increased blood loss at delivery, perineal scar breakdown and infection, postpartum pelvic pain, and dyspareunia. ***(Carroli G. et al, 2000).***

Recent studies have also demonstrated increased incidence of third- and fourth-degree lacerations associated with the use of midline episiotomy. ***(Klein MC, et al, 1994).***

The resulting damage to the internal and external anal sphincters can lead to devastating long-term sequelae, including fecal incontinence and rectovaginal fistulae. ***(Haadem K , et al, 1987).***

INTRODUCTION:

Among reported benefits of episiotomy, some clinicians have claimed that meticulous repair of a surgical episiotomy yields improved wound healing when compared with an unpredictable spontaneous laceration. ***(Carroli G, et al, 2000).***

This assertion, however, has not been substantiated by empiric evidence. ***(Eason E, et al, 2000).***

This raises the following concern; not only is there no proven benefit to episiotomy, but the suggestion is that this procedure may result in weakened tissue, more susceptible to injury in a subsequent delivery. ***(Fitzgerald MP,et al, 2007).***

Although episiotomy is a well-established risk factor for third- and fourth-degree perineal laceration through extension of the surgical incision at the time of delivery, there are very limited data on the effect of episiotomy on the risk of obstetric laceration in subsequent deliveries. ***(Dandolu V et al, 2005).***

Aim of the work

Aim of the work:

The primary goal of our study is to examine the relationship between episiotomy without extension in the first vaginal delivery and risk of spontaneous obstetric laceration in a subsequent delivery.

Review of literature