

# EPISIOTOMY

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# DEFINITION

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An **episiotomy** also known as **perineotomy**, is a planned, surgical incision on the perineum and the posterior vaginal wall during second stage of labor.



# OBJECTIVES

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- To enlarge the vaginal intritus
- To minimise over stretching and rupture of the perineal muscles



# INDICATIONS

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- Inelastic (rigid) perineum
- Anticipating perineal tear
- Operative delivery
- Previous perineal surgery

# TIMING OF THE EPISIOTOMY

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- Bulging thinned perineum during contraction just prior to crowning is the ideal time





# ADVANTAGES



## MATERNAL

- Clear and controlled incision-easy to repair
- Reduction in second stage of labour
- Reduction of trauma to pelvic floor muscles

## FETAL

- To minimise intracranial injuries

# TYPES OF EPISIOTOMY

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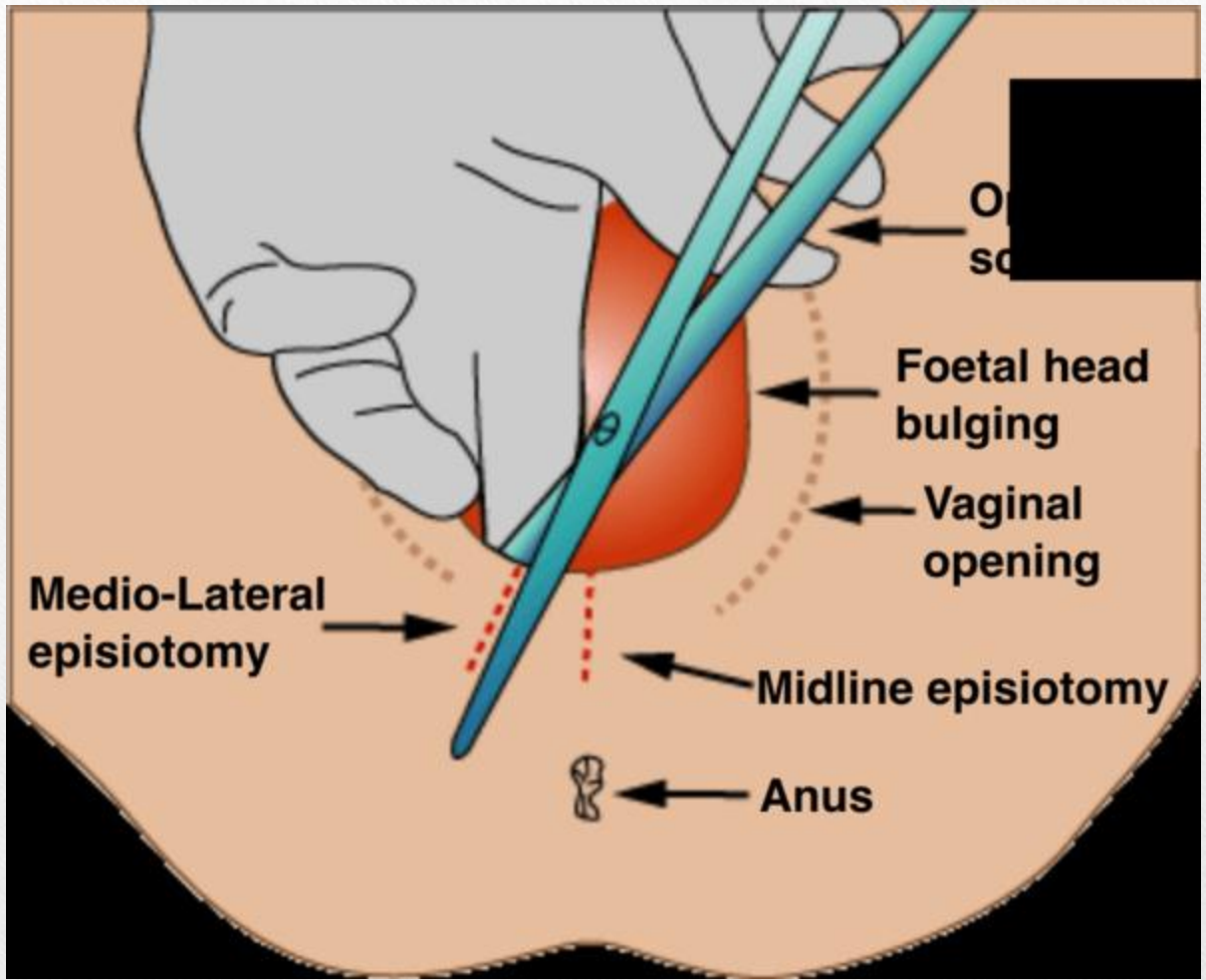
**MEDIOLATERAL**

**MEDIAN**

**LATERAL**

**J SHAPED**







# ADVANTAGES AND DISADVANTAGES OF MEDIAN AND MEDIOLATERAL EPISIOTOMY

	MEDIAN	MEDIO LATERAL
Advantages	<ol style="list-style-type: none"> <li>1. Muscles are not cut</li> <li>2. Less blood loss</li> <li>3. Repair is easy</li> <li>4. Comfort</li> <li>5. Fast healing</li> <li>6. Dyspareunia is rare</li> </ol>	<ol style="list-style-type: none"> <li>1. Safety from retctal involvement</li> <li>2. If necessary incision can be extended</li> </ol>
Dis Advantages	<ol style="list-style-type: none"> <li>1. Extension may involve rectum</li> <li>2. Not suitable for manipulative delivery</li> </ol>	<ol style="list-style-type: none"> <li>1. Muscles are cut</li> <li>2. More blood loss</li> <li>3. Repair is difficult</li> <li>4. Less Comfort</li> <li>5. Delayed healing</li> <li>6. Dyspareunia is more</li> </ol>

# STEPS OF MEDIOLATERAL EPISIOTOMY

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Preliminaries

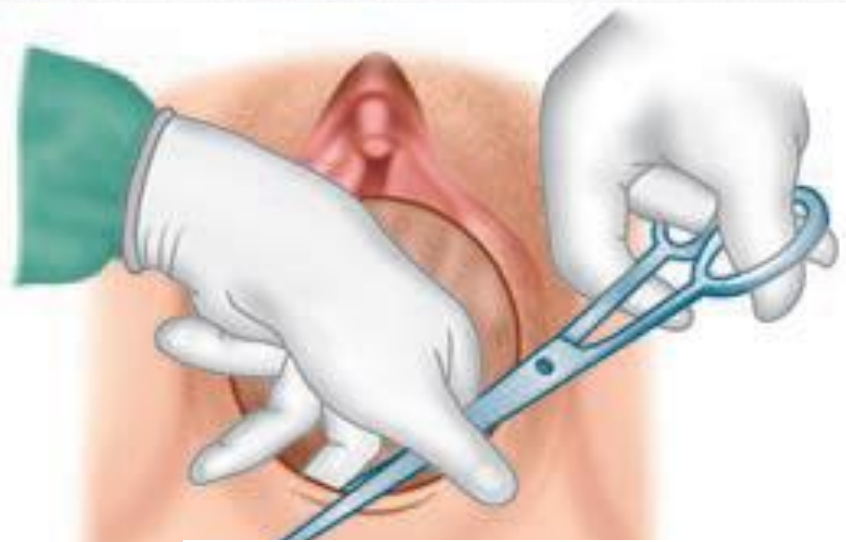


Incision



Repair





# STRUCTURES CUT

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Posterior vaginal wall

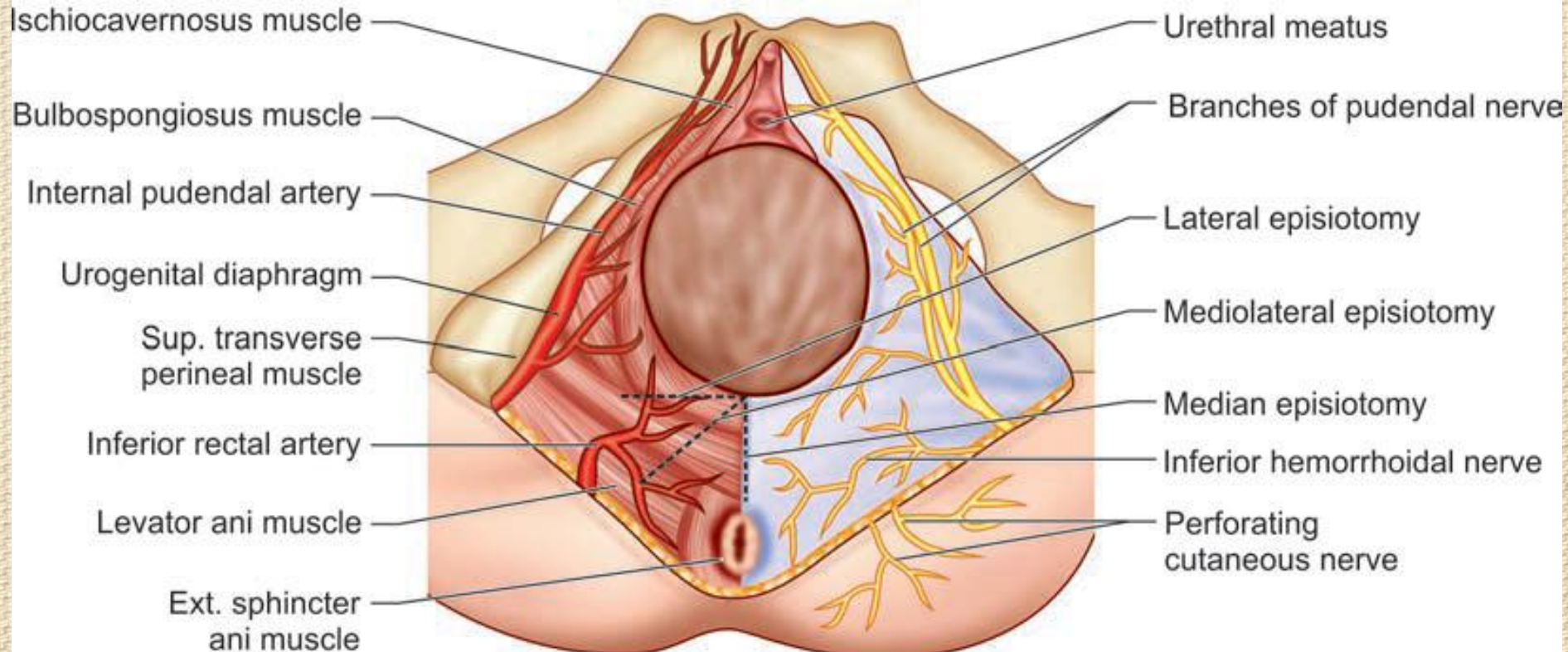
Superficial and deep transverse muscle

Facia covering those muscles

Transverse perineal branches of pudental vessels and nerves

Subcutaneous tissue and skin





# REPAIR

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- The patient is draped properly and repair should be done under strict aseptic precautions.
- A vaginal pack may be inserted and is placed high up.
- Do not forget to remove the pack after the repair is completed.





# Episiotomy Instruments Set of 20 pcs



# REPAIR

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Vaginal  
mucosa and  
submucosal  
tissues



Perineal  
muscles



Skin and  
subcutaneous  
tissues



# REPAIR

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- The vaginal mucosa is sutured first. The first suture is placed at or just above the **apex of the tear**.
- Thereafter, the vaginal walls are apposed by interrupted sutures from above downwards till the fourchette is reached.







# POST OPERATIVE CARE

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DRESSING

COMFORT

AMBULATION

SUTURE REMOVAL



# COMPLICATION

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## IMMEDIATE

- Extension of the incision
- Vulval hematoma
- Infection
- Wound dehiscence

## REMOTE

- Dyspareunia
- Chance of perineal lacerations