Episiotomy and repair

Ina S. Irabon, MD, FPOGS, FPSRM, FPSGE

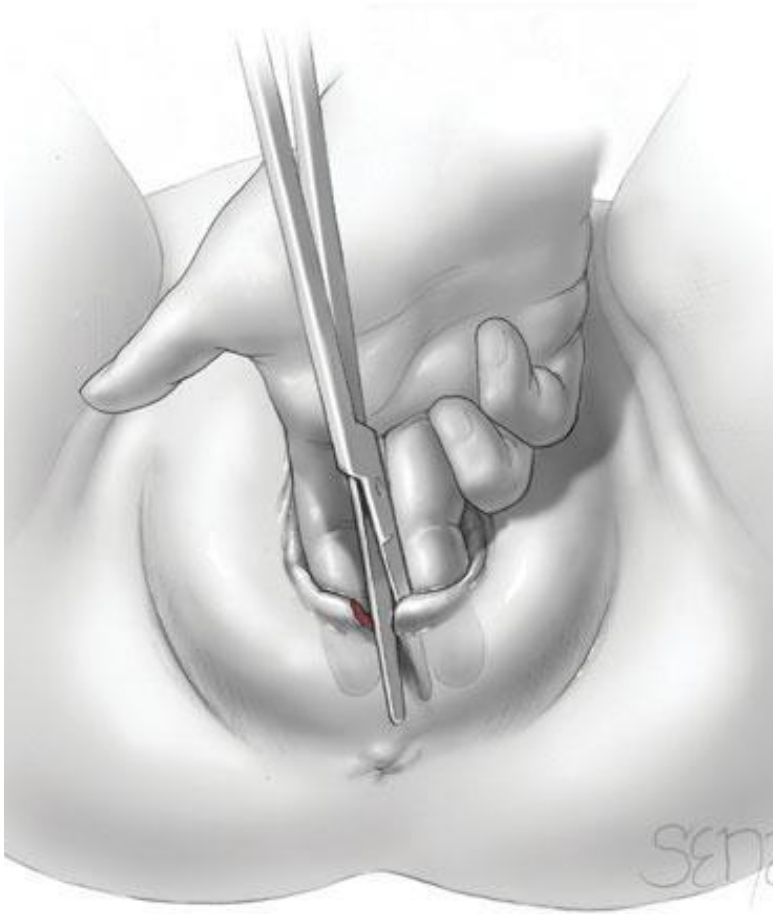
Obstetrics and Gynecology

Reproductive Endocrinology and Infertility
Laparoscopy and Hysteroscopy

Reference

- Cunningham FG, Leveno KJ, Bloom SL, Spong CY, Dashe JS, Hoffman BL, Casey BM, Sheffield JS (eds).William's Obstetrics 24th edition (2014); chapter 27

Midline vs Mediolateral episiotomy



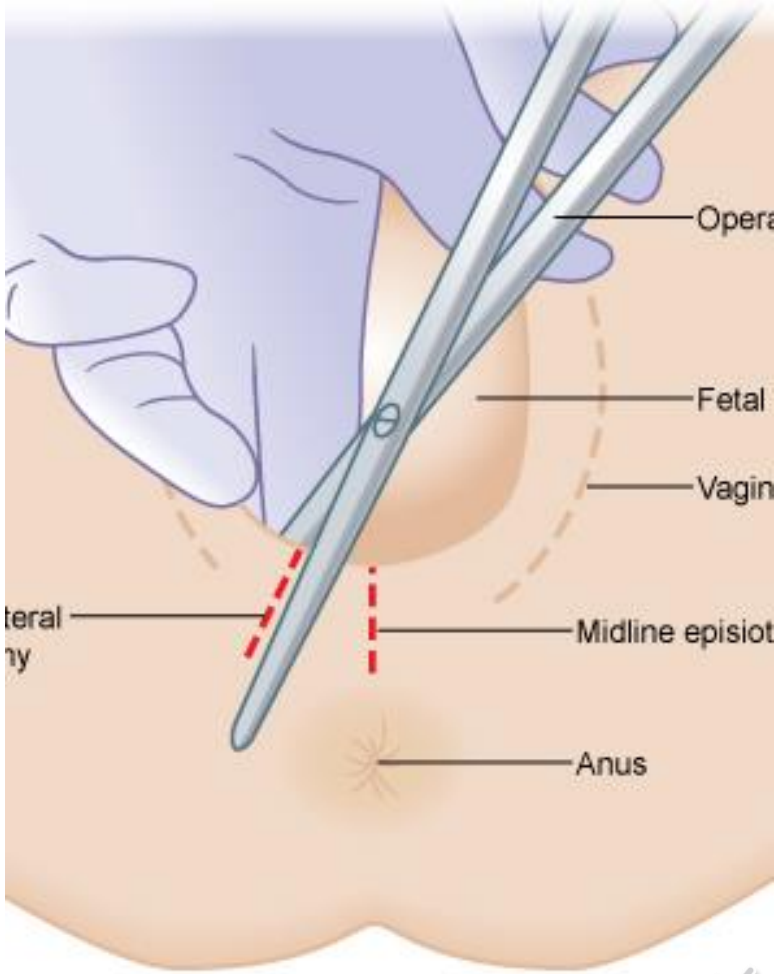
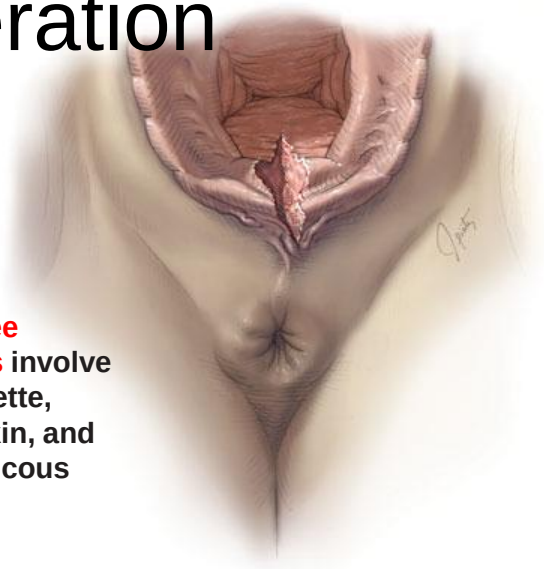


TABLE 27-2. Midline versus Mediolateral Episiotomy

Characteristic	Type of Episiotomy	
	Midline	Mediolateral
Surgical repair	Easy	More difficult
Faulty healing	Rare	More common
Postoperative pain	Minimal	Common
Anatomical results	Excellent	Occasionally faulty
Blood loss	Less	More
Dyspareunia	Rare	Occasional
Extensions	Common	Uncommon

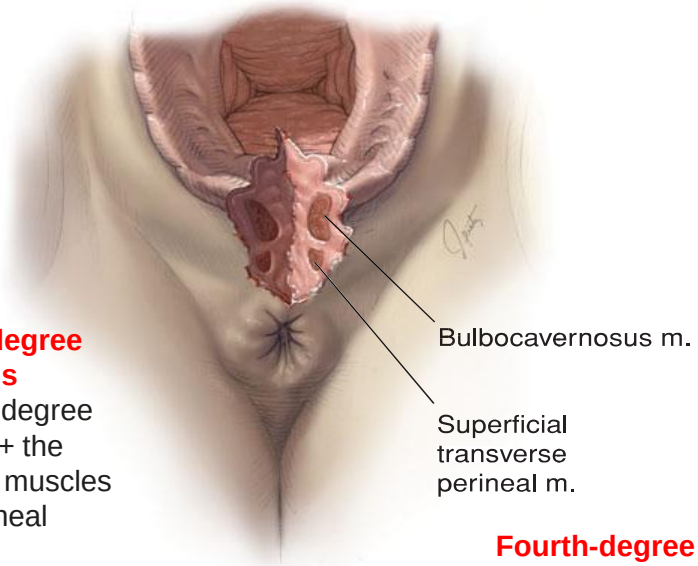
Degrees of laceration

First-degree lacerations involve the fourchette, perineal skin, and vaginal mucous membrane



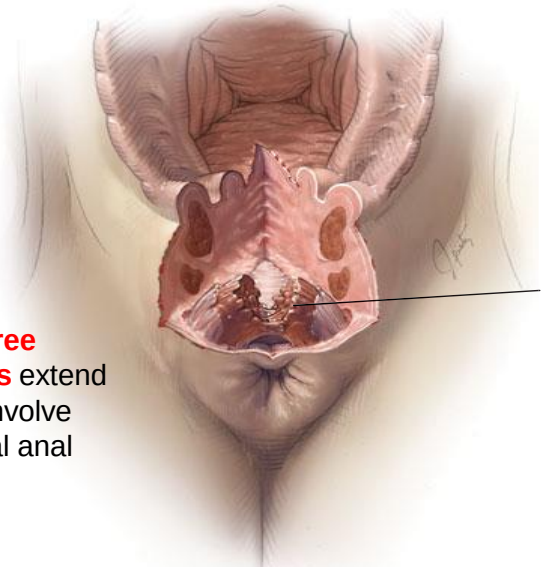
A First degree

Second- degree lacerations involve 1st degree laceration + the fascia and muscles of the perineal body



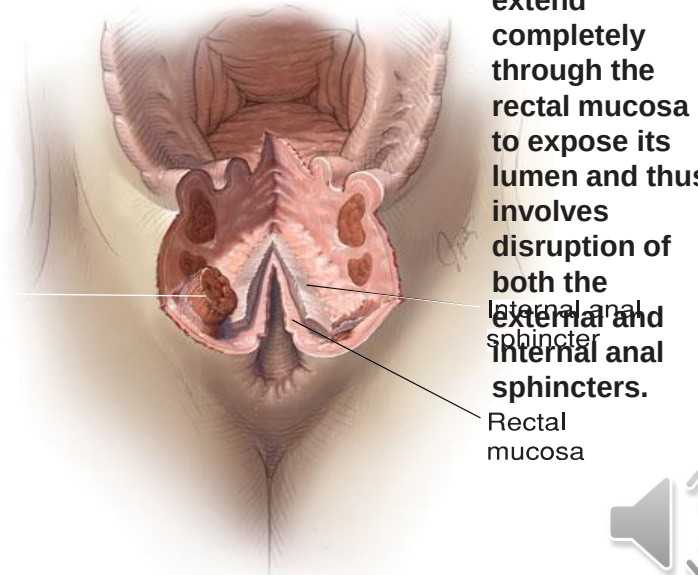
B Second degree

Third-degree lacerations extend farther to involve the external anal sphincter.



C Third degree

Fourth-degree lacerations extend completely through the rectal mucosa to expose its lumen and thus involves disruption of both the external and internal anal sphincters.



D Fourth degree

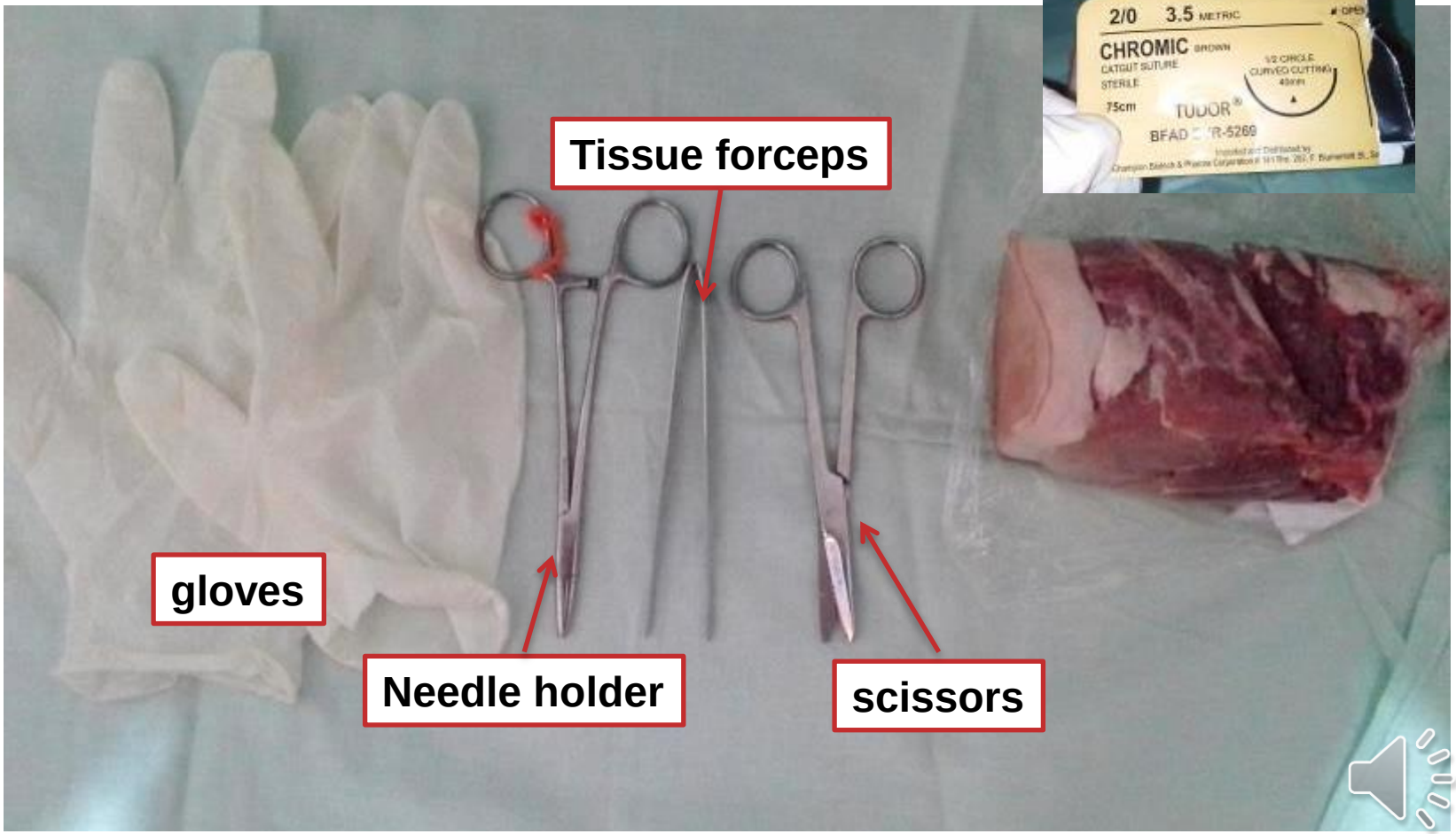
- Goals of episiorrhaphy:

hemostasis and anatomical restoration without excessive suturing

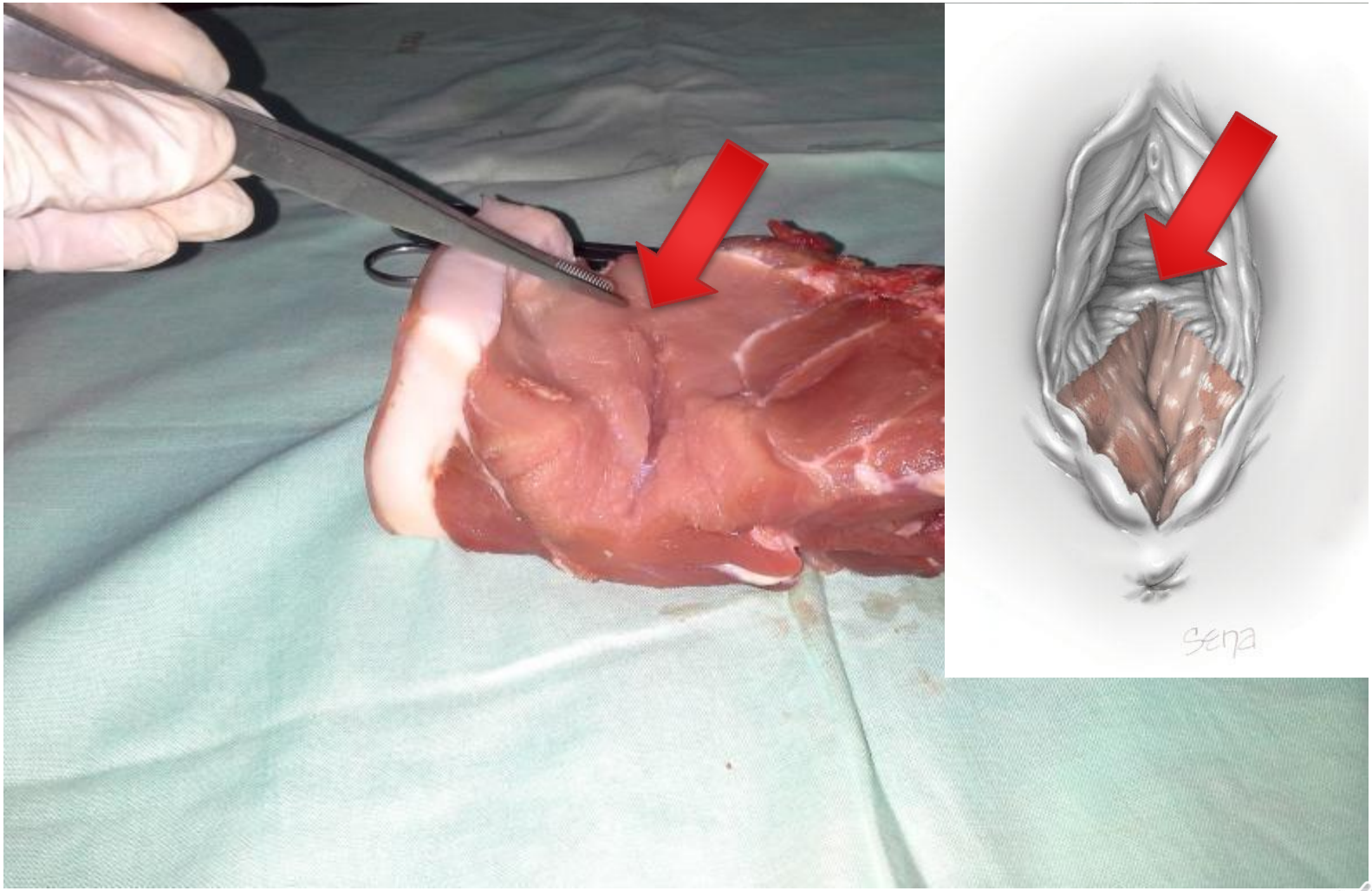
STEPS IN DOING A SECOND DEGREE EPISIORRAPHY

Step 1

- Prepare instruments needed



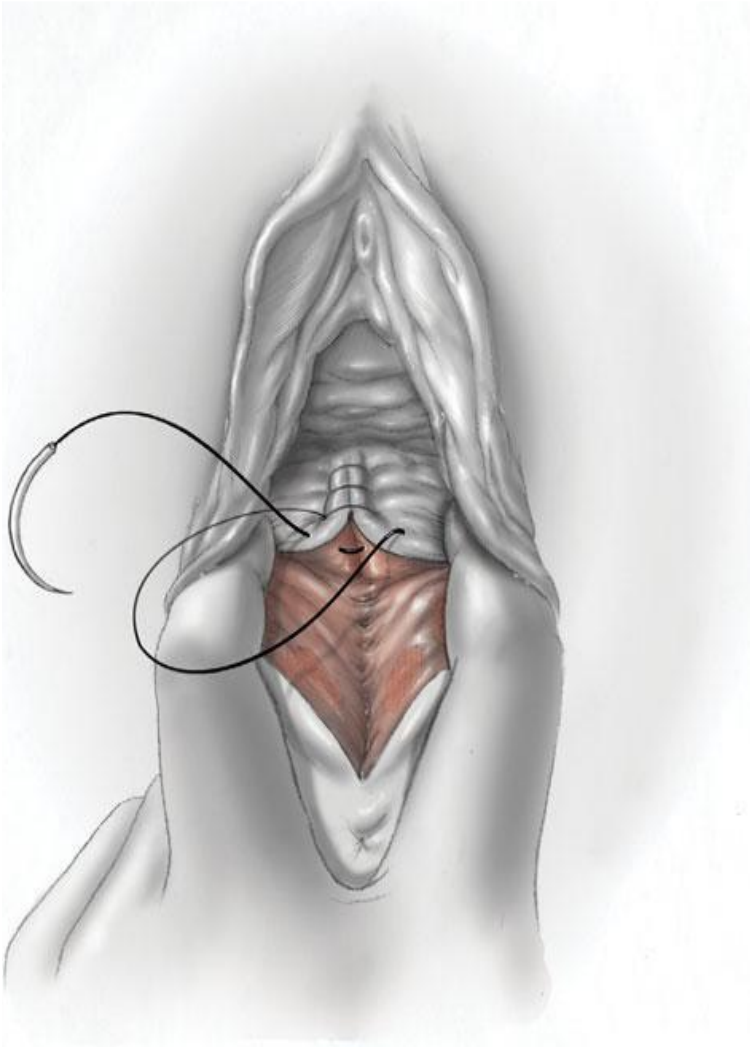
Step 2: Identify angle of episiorraphy

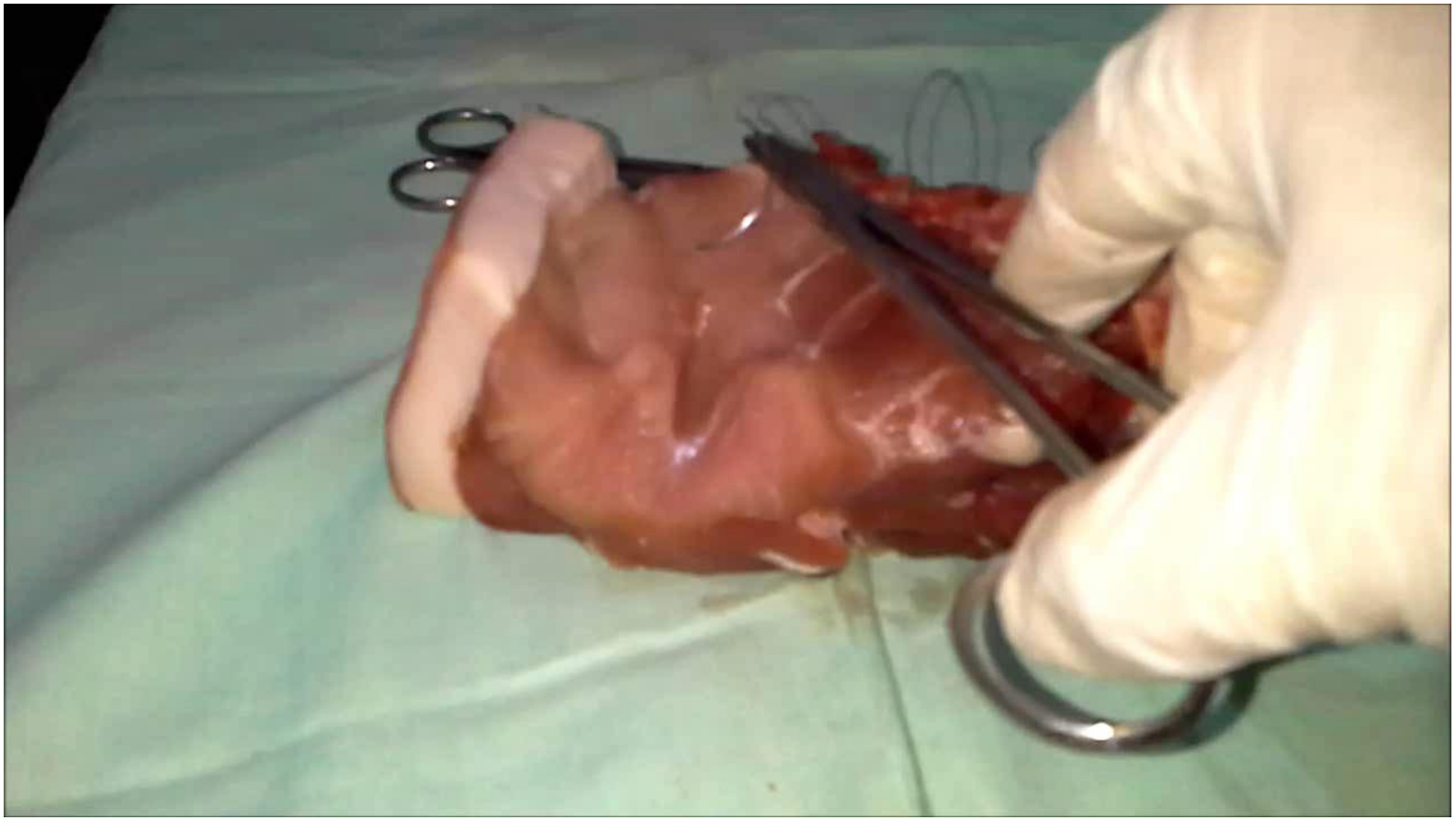


Steps 3 and 4

3. Suture the vaginal mucosa starting 1 cm above angle

4. Reapproximate the vaginal mucosa, submucosa and cut margins of the hymenal ring by continuous suture/ continuous interlocking

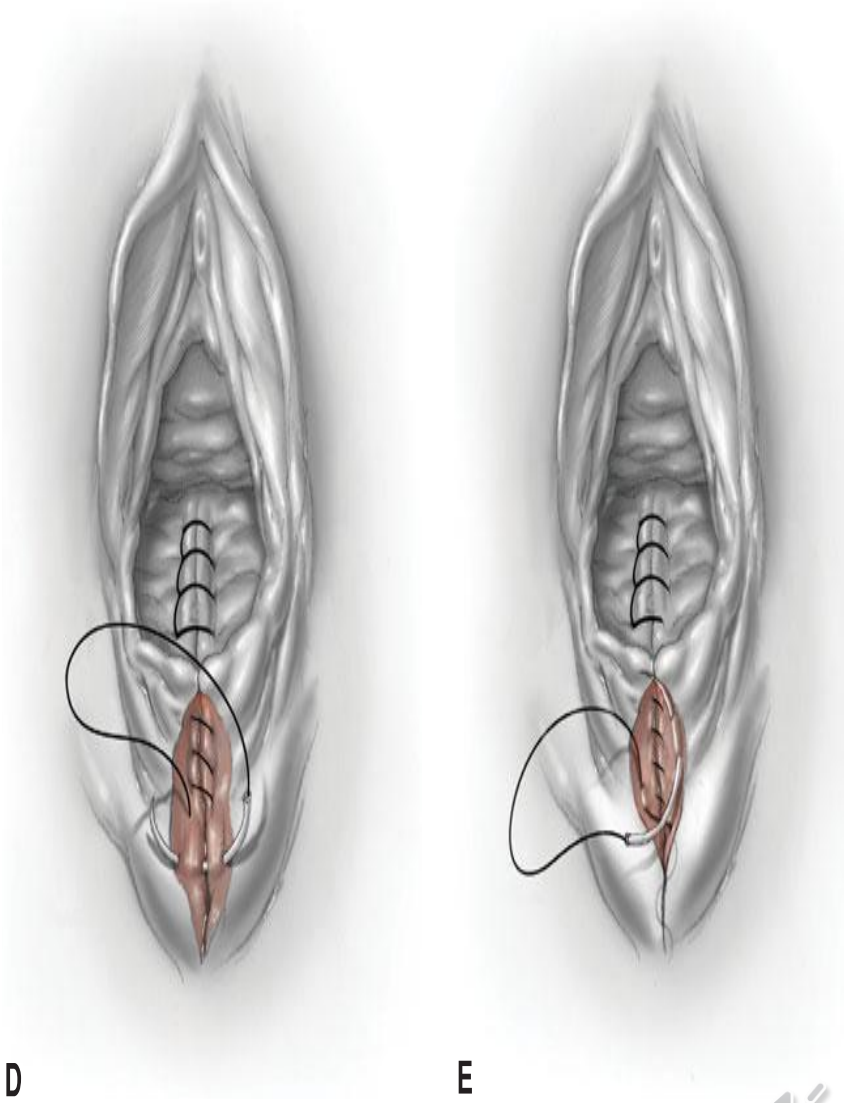


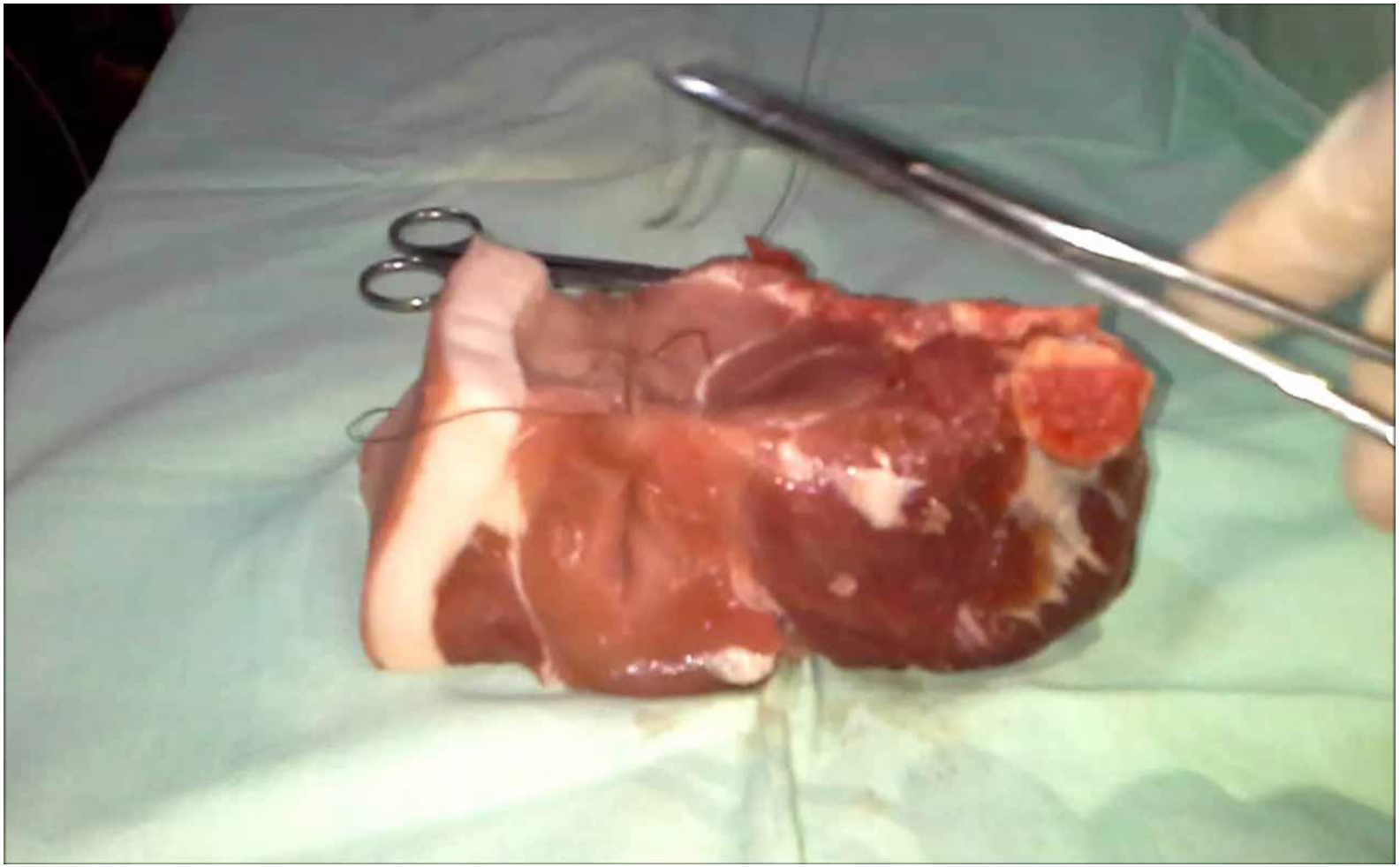


Steps 5 and 6

5. Place 3-4 interrupted sutures (or continuous stitches) in the fascia/muscle of incised perineum

6. Reapproximate skin by using subcuticular stitch

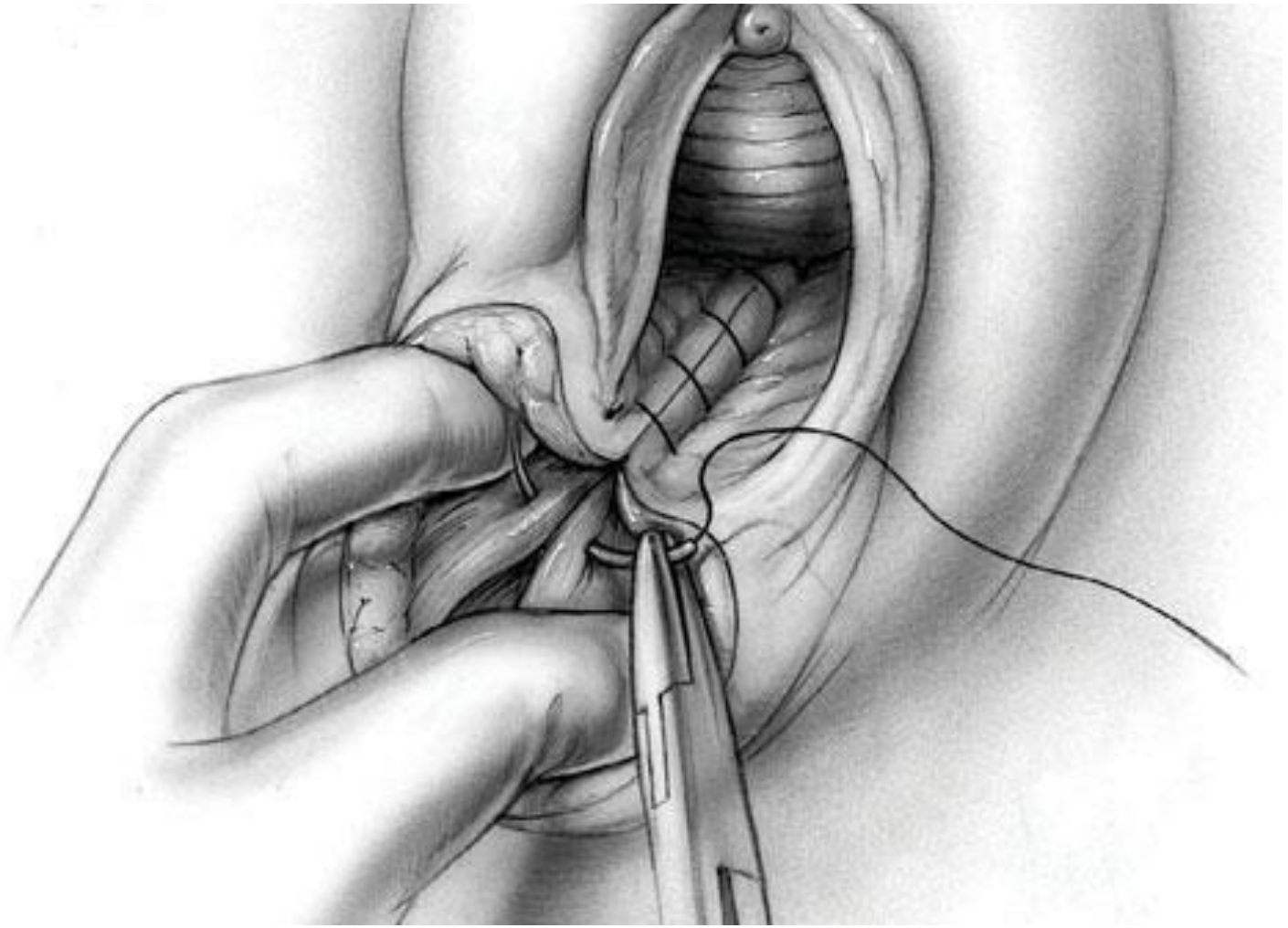




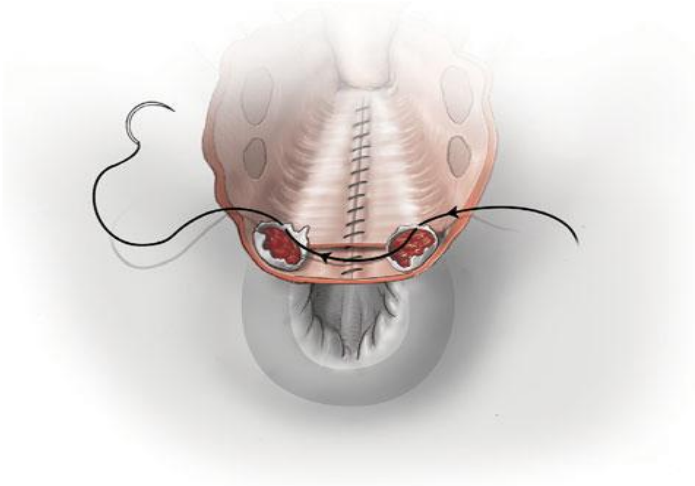
Steps 7 and 8

7. Check for hemostasis
8. Perform rectal exam by checking integrity of repair and presence of sutures breaching the rectal mucosa

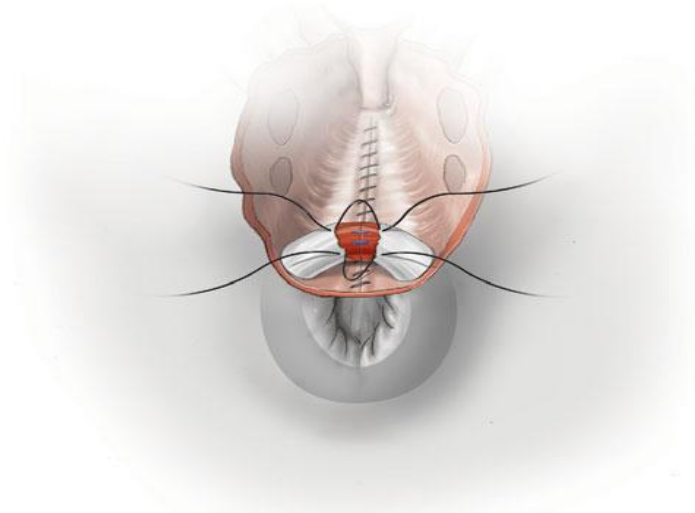
2nd degree repair (mediolateral)

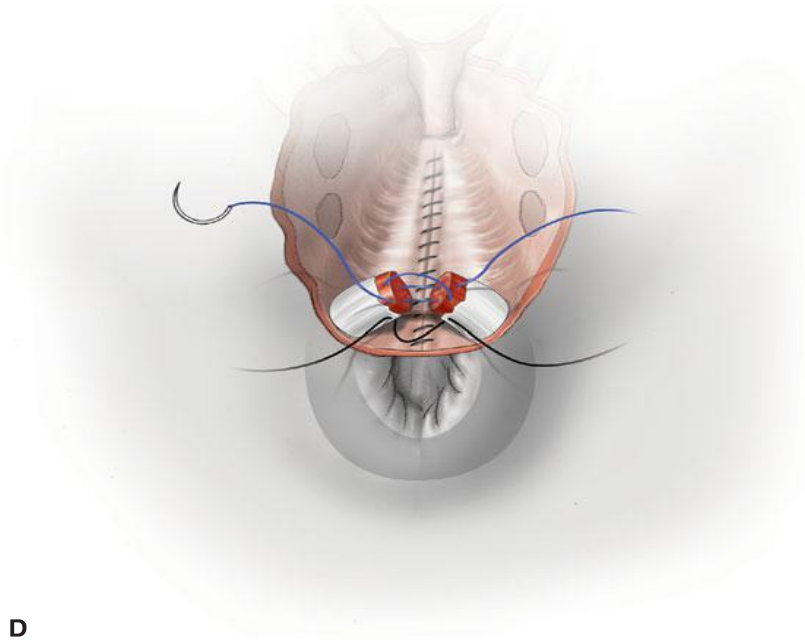


3rd degree repair



C

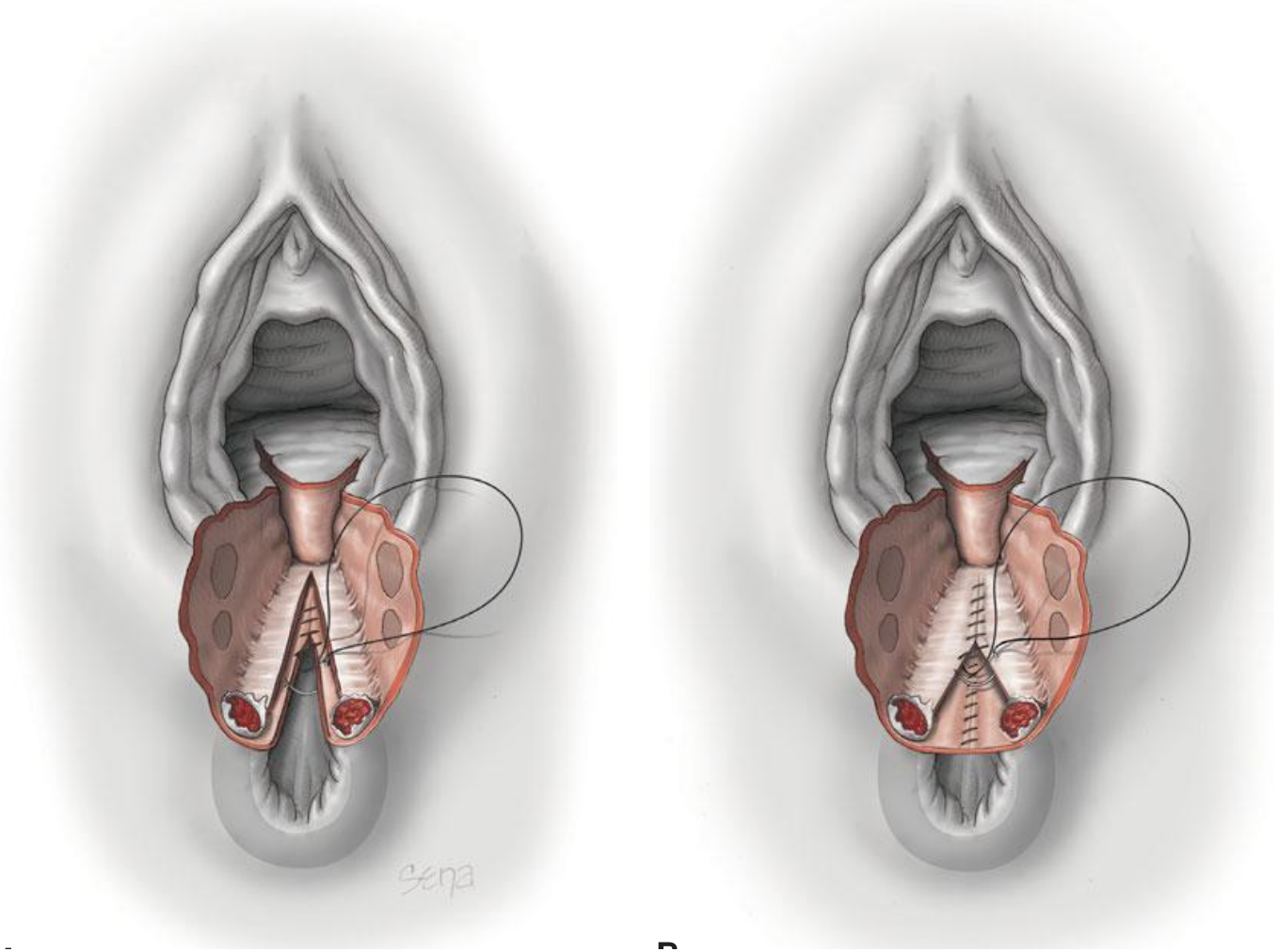




D

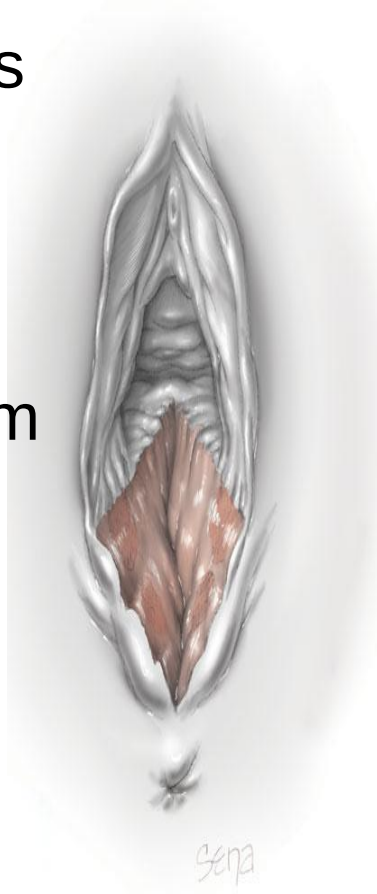
FIGURE 27-19 (*Continued*) **C.** In overview, with traditional end-to-end approximation of the EAS, a suture is placed through the EAS muscle, and four to six simple interrupted 2–0 or 3–0 Vicryl sutures are placed at the 3, 6, 9, and 12 o'clock positions through the connective tissue capsule of the sphincter. The sutures through the inferior and posterior portions of the sphincter should be placed first to aid this part of the repair. To begin this portion of the closure, the disrupted ends of the striated EAS muscle and capsule are identified and grasped with Allis clamps. Suture is placed through the posterior wall of the EAS capsule. **D.** Sutures

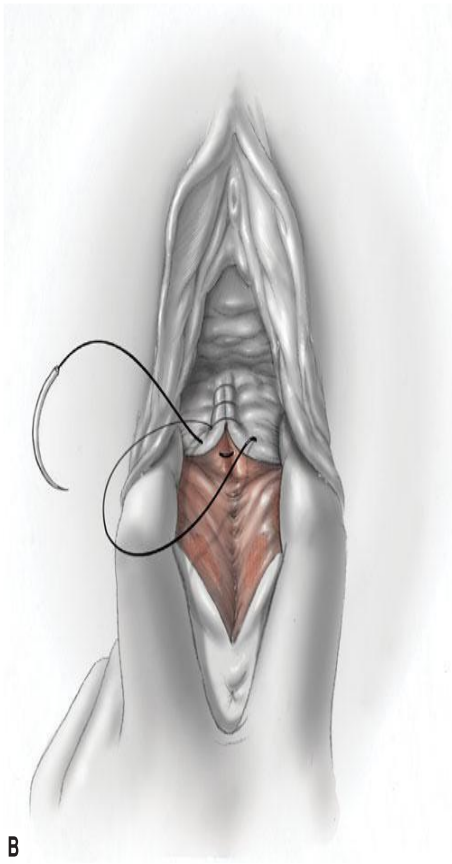
4th degree repair



Review of Steps

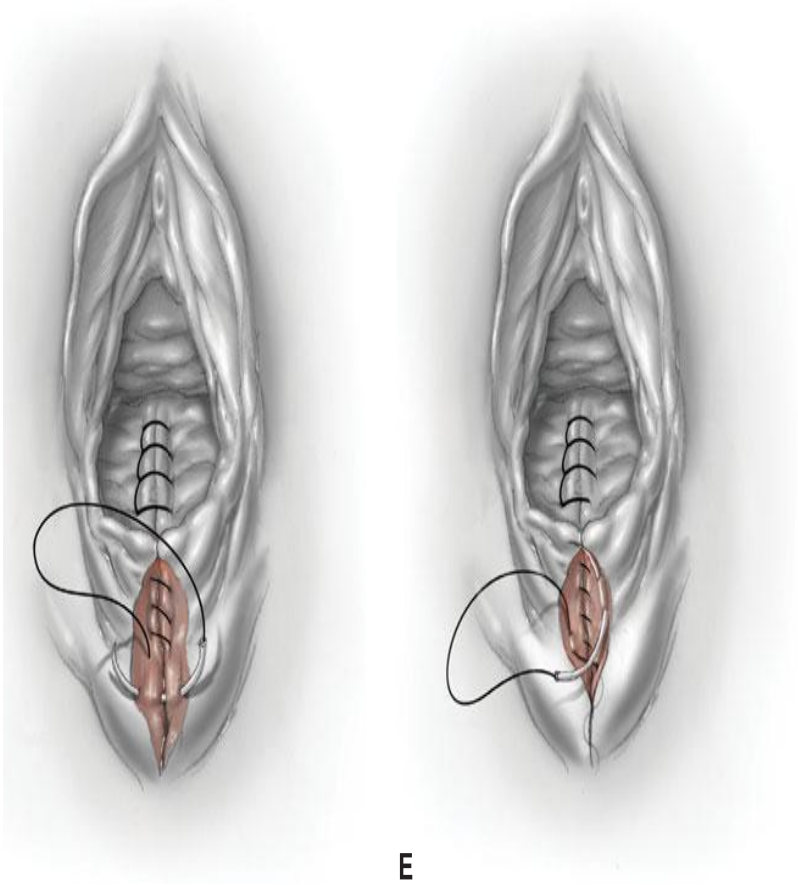
1. Prepare instruments needed
2. Identify angle of episioraphy
3. Suture the vaginal mucosa starting 1 cm above angle
4. Reapproximate the vaginal mucosa, submucosa and cut margins of the hymenal ring by continuous suture/ continuous interlocking





Review of Steps

5. Place 3-4 interrupted sutures (or you can also do continuous stitch!) in the fascia/muscle of incised perineum
6. Reapproximate skin by using subcuticular stitch
7. Check for hemostasis
8. Perform rectal exam by checking integrity of repair and presence of sutures breaching the rectal mucosa



- **Thank you for watching!**

  - Youtube channel: Ina Irabon
- www.wordpress.com: Doc Ina Ob Gyne