Wawryków Agata, Korabiusz Katarzyna, Stecko Monika, Fabian Danielewska Anna, Wilczyńska Agnieszka, Niedzielska Mirela, Janik Inga, Maciejewska Martyna, Torbe' Andrzej. Physiotherapy after episiotomy for vaginal birth. Journal of Education, Health and Sport. 2018;8(9):807-813 eISNN 2391-8306. DOI http://dx.doi.org/10.5281/zenodo.1415396
http://ojs.ukw.edu.pl/index.php/johs/article/view/5952

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part b item 1223 (26/01/2017).
1223 Journal of Education, Health and Sport eissn 2391-8306 7

Received: 02.08.2018. Revised: 18.08.2018. Accepted: 13.09.2018.

Physiotherapy after episiotomy for vaginal birth

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Abstract

Episiotomy is one of the most frequently performed procedures in obstetrics. Since the 21st century it became a standard procedure performed on the delivery ward. The latest recommendations of the Polish Gynaecological Society Expert Committee recommend abandoning the routine groin incision, while in justified cases it indicates the use of mid-lateral incision. Crotch incision increases the risk of many labor problems both early and late. In order to reduce the risk of complications after episiotomy, early

improvement is recommended. Physiotherapy helps to reduce pain, it has anti-edema effect and improves the overall functional status of the woman in labor.

Key words: episiotomy, physiotherapy, pregnancy

Abstrakt

Nacięcie krocza jest jednym z najczęściej wykonywanych zabiegów w położnictwie. W XXI stało się standardową procedurą wykonywaną na sali porodowej. Najnowsze rekomendacje Zespołu Ekspertów Polskiego Towarzystwa Ginekologicznego zalecają odstąpienie od rutynowego nacinania krocza, natomiast w uzasadnionych przypadkach wskazują na zastosowanie cięcia pośrodkowo - bocznego. Nacięcie krocza zwiększa ryzyko wystąpienia wielu dolegliwości poporodowych zarówno wczesnych jak i późnych. W celu zmniejszenia ryzyka powikłań po episiotomii zalecane jest zastosowanie wczesnej rehabilitacji. Zabiegi fizjoterapeutyczne pozwalają redukować ból, działają przeciwobrzękowo oraz poprawiają ogólny stan funkcjonalny położnicy.

Słowa klucz: episiotomia, fizjoterapia, poród

Introduction

Episiotomy is the most common medical procedure used in the second phase of vaginal delivery. Foundation “Rodzić po Ludzku” indicates that every second woman giving birth in Poland has had the perineum cut, including almost every woman giving birth for the first time. Global statistics show that episiotomy is performed in the large majority (almost 90%) of births taking place in hospitals in Latin America.[1] In the United States until 1997, the number of such operations decreased 56% to 31% [2]. Meanwhile, in European countries this figure is respectively in Denmark and the UK at 12% and in Sweden 9.7%. This procedure involves incision through the vaginal wall midwife scissors and bulbospongiosus muscle and superficial transverse perineal muscle of woman in labour. The aim is to protect the perineum before spontaneous rupture and

[1]Althabe F. Belizán JM, Bergel E .: Episiotomy rates in primiparous women in Latin America: hospital based descriptive study .. "BMJ (Clinical research ed.)." 324 (7343), pp. 945-6, Apr 2002
[2]Weber AM, Meyn L .: Episiotomy use in the United States, 1979-1997"Obstetrics and Gynecology". 100 (6), pp. 1177-1182, Dec 2002

prevention of head injuries of the newborn child. Current recommendations of the World Health Organization indicate that this is a harmful procedure, which should not be done routinely. An absolute indication for procedure is the threat to the child's health[3]. Evaluation of the perineum during delivery and indications for the incision is made by a doctor and a midwife during childbirth activities. Usually the procedure is performed when the perineum is inflexible and susceptible to stretching. The most important goal of episiotomy is to prevent damage to the sphincter ani externus muscle because such injuries are often associated with many complications. Episiotomy is performed when extreme perineal tissues stretch, which revealed their pallor. The treatment should be performed under local anesthesia[4]. In the majority of births episiotomy is performed on peak of contraction of the uterus. The most commonly used is a score line extending in the medial-lateral (more or less at the fifth or seventh o'clock). An incision in this line with respect to the vertical cut reduces the risk of damage to the sphincter ani externus muscle and rectum[5]. After birthfetal and afterbirth crotch is sewn (episiorraphia).

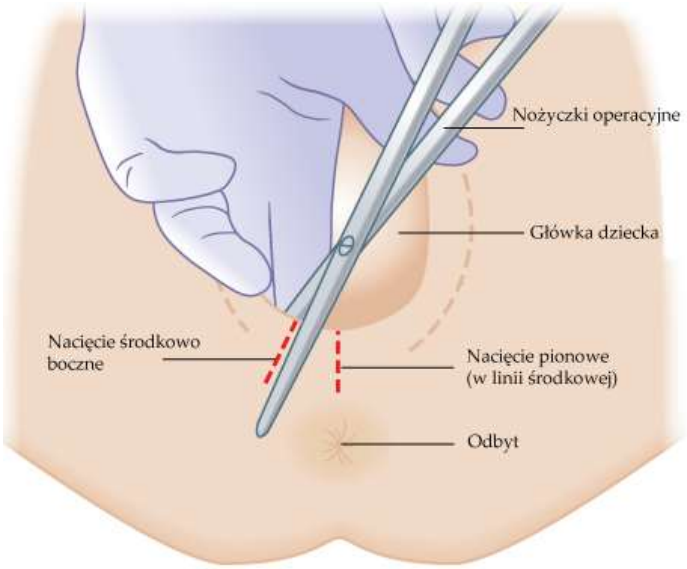

Fig.1 perineal incision lateral and central midline

Source: https://stratog.rcog.org.uk/tutorial/easi-resource/episiotomy-4985

[3]World Health Organization, Episiotomy for vaginal birth, 2007

[4] Troszyński M. Obstetric Exercises handbook for medical students, Warsaw: PZWL Medical Publishing House, 1996, s.245

[5]ACOG Practice Bulletin. Episiotomy. Clinical Management Guidelines for Obstetrician-Gynecologists. Number 71, April 2006 .. "Obstetrics and Gynecology". 4 (107), pp. 957-62, April 2006

Episiotomy indications

The advantages of episiotomy undoubtedly include muscle and groin protection against rupture and the protection of the fetus during labor prematurely or too quickly. An important advantage of episiotomy is to protect the crotch from bursting in the event of the gluteal pose the fetus or birth of a child with high birthweight[6]. Indications for episiotomy include also the risk of hypoxia, baby need to use forceps during delivery or ventouse[7] as well as adhesions from previous surgery or childbirth. Some authors of the indications for exchange incisions include: advanced maternal age, first birth, little elastic tissue within the crotch and a large head circumference of the newborn child.

Ailments after episiotomii

Any complaints from the nicked perineum can effectively weaken and degrade the functional state of being a young mother. The World Health Organization argues that this procedure results in mainly the perineum cracks III and IV degree. Such injuries rarely occur in the event of childbirth without medical intervention. In addition, episiotomy increases the risk of bleeding and anemia during the postpartum period.

Studies show a much greater number of complications in women undergoing episiotomy during childbirth. Possible side effects include: wound dehiscence perineum, long healing and infection within the wound, as well as dyspareunia (painful sexual intercourse), and perineal pain[8].

Episiotomy did not confirm the benefits in preventing damage to the levator ani muscles. Buekens in their research suggests that episiotomy does not prevent further injury crotch - on the contrary - the wound following an episiotomy much easier during labor is further fracture[9]. Eason et al. also they pointed out that the nature of your cuts do not reduce the risk of rupture of the anal sphincter[10]. Numerous reports in recent years have shown that, especially episiotomy median is a procedure which could lead to

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damage to the rectum, increasing the risk of urinary and fecal gases, and even increases the risk of rectovaginal fistula[11].

In the first days after a vaginal delivery with episiotomy, women report stronger and longer lasting pain than women whose crotch spontaneously burst. Fresh morning within the perineum is exposed to infection, inflammation and circulatory disorders, which in turn can result in edema in the perineal and reproductive organ. Until the late side effects of the applied episiotomy also include: muscle weakness of the pelvic floor and urinary incontinence[12].

Physiotherapy

Early physiotherapy proceedings after vaginal delivery has a positive effect on physical and mental state of a young mother. In the case of birth episiotomy is extremely important analgesic and anti-proceedings. Very early after birth, still on the maternity ward the patient should learn the correct sitting down and getting up from bed. It is particularly important that a woman does not sit directly on the wound after the incision. Proper technique of sitting can prevent complications associated with suture dehiscence. Getting up from the bed should be supported by kneel down the edge of the bed[13]. Maternal instinct usually selects items for her safety, and those in which it does not feel additional pain from the wounds of oppression. Tilting and mobility in the first days can positively influence the improvement of blood circulation and the proper function of the blood reduces the risk of thrombosis. An additional analgesic can be achieved by treatments with the use of cold (e.g. by cooling the wound with ice cubes). Such therapy is safe in the first days after birth. In addition to the analgesic effect also reduces bleeding in fresh wounds and also prevents the formation of edema. After healing within the perineum laser stimulating deep layer of the epidermis or sollux can be used safely.

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Summary

Episiotomy procedure should be performed only if there are clear indications. Cut crotch shortly after birth is a cause of significant discomfort obstetricians. Extremely important in this case is to perform early physiotherapy. Reduction of swelling and discomfort is a priority in the early improvement after birth, as well as proper care of wounds and scars of early mobilization in the crotch area. Early physiotherapy after farrowing positively affects the well-being of obstetricians and its rapid return to pre-pregnancy state.

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