BASIC INFORMATION

DEFINITION
Episiotomy is an incision at the exterior of the vaginal opening to create enlargement for delivery. For many years, they were done routinely during childbirth. Studies show that an episiotomy is not always necessary and should not be considered routine. If a medical complication arises, use of this procedure may be appropriate. Be sure to discuss episiotomy and its alternatives with your obstetric provider prior to delivery.

REASONS FOR PROCEDURE
It is done to enlarge the vaginal opening, making it easier for the baby's head to come out and to be delivered faster. It may be performed when operative delivery is deemed necessary, in forceps and breech deliveries or other fetal or maternal emergencies.

RISK INCREASES WITH
None expected.

DESCRIPTION OF PROCEDURE
• An incision is made in the perineum, just before the widest part of the baby's head is to be delivered. The incision may be downward toward the anus (midline episiotomy) or downward and sideways (mediolateral episiotomy) to enlarge the vaginal opening and make it easier for the head to emerge. Episiotomies are measured in degrees, the most common being a 2nd degree (midway between the vagina and the anus) and the least common being a 4th degree (extending through the rectum, called the episiotorectotomy).
• The baby and placenta are delivered.
• The surgical area is repaired with sutures that will be absorbed by the body.

EXPECTED OUTCOME
The episiotomy incision should not take more than a month to heal. If you have pain or discomfort, follow the suggestions listed under General Measures.

POSSIBLE COMPLICATIONS
• Excessive bleeding.
• Surgical-wound infection (rare).
• Inadvertent injury to sphincter or rectum (rare).
• May lead to increased risk of vaginal injury.
• Pain after delivery.
• Pain when having sex (once sexual relations are resumed after delivery).
• Discomfort in the scar.
• Weaker pelvic floor musculature.

POSTPROCEDURE CARE

GENERAL MEASURES
• Apply ice packs to the incision area during the first 24 hours.
• Bathe and shower as usual. You may wash the incision gently with mild, unscented soap.
• Cleanse the surgical area with warm (not hot) water after urination or bowel movements.
• Take warm baths several times a day as long as you experience discomfort.
• Use ice packs made of gauze soaked in ice-cold witch hazel to ease discomfort.
• Expose the episiotomy wound to air as much as possible, and keep it dry. After showering, hold a blow dryer set on warm 10 to 12 inches away from the area until dry.
• Practice your pelvic floor muscle exercises (Kegel exercises) to stimulate circulation and speed healing.

MEDICATION
• Stool softener laxative to prevent constipation if needed.
• Antibiotics, if required, to fight infection.
• You may use nonprescription drugs such as acetaminophen or ibuprofen for minor pain.

ACTIVITY
• Follow your obstetric provider's advice on resuming, or beginning, a postpartum exercise program.
• Resume sexual relations as instructed or when a follow-up medical examination determines that healing is complete (usually about 3 to 6 weeks).

DIET
Eating a high fiber diet will help prevent constipation, which is common after childbirth. Increase your fluid intake as you increase your fiber intake.

NOTIFY OUR OFFICE IF
Any of the following occurs:
• Pain, swelling, redness, drainage or bleeding increases in the surgical area.
• You develop signs of infection: general ill feeling and fever, headache, muscle aches, dizziness.
• You experience nausea, vomiting, constipation or abdominal swelling.
• New, unexplained symptoms develop. Drugs used in treatment may produce side effects.
• You pass uncontrolled urine through the vagina.
• You pass gas (flatus) or stool from the vagina.