Episiotomy Care

An episiotomy is a cut made in the area between the vagina and the anus before delivery. This will make the opening of the vagina larger and allow more room for the baby to fit through. An episiotomy helps prevent tears in the vagina, vulva, perineum and rectum. It also takes pressure off the baby's head. Sometimes, when birth has occurred rapidly, there is not time to perform an episiotomy. A tear in the skin may occur in this area. When this happens and is repaired, it is cared for the same way as an episiotomy.

The cut can be made in the middle (*midline*) of the vagina and perineum or to either side (*lateral*) to the vagina and perineum. When the baby's shoulders are too big to fit through the opening of the vagina, a very large lateral and sometimes *bilateral* (both sides) episiotomy is done to give the baby more room and prevent injury to the baby.

The episiotomy or laceration will be repaired by your caregiver with stitches (*sutur*es). That means sewing the cut (*laceration*) together. This brings the skin together and allows faster healing. The sutures used dissolve on their own and do not have to be removed.

RISKS & COMPLICATIONS FROM AN EPISIOTOMY:

- Bleeding.
- A collection of blood could locate any place outside a blood vessel (*hematoma*).
- An area could become infected and collect pus (*abscess*).
- Infection.
- Thick and painful scar tissue.
- Extension of the episiotomy into the rectum with midline episiotomy.
- No control (*incontinence*) of bowel movements.

HOME CARE INSTRUCTIONS

- For the first day, it may be helpful to apply ice bags to the episiotomy area. Put the ice in a plastic bag with a towel around it to prevent frostbite to your skin. Put the ice on the area for about 20 to 30 minutes, 4 times per day while awake, then as directed by your caregiver. This helps keep swelling down.
- Between using ice packs in the first day, it is also helpful to sit in a warm sitz bath for 20 minutes, 4 times per day. This can speed up healing. Make sure the water is not hot enough to cause burns. The use of sitz baths may be continued for several days, or as directed by your caregiver.
- Get someone to help you for the first week or so after being discharged from the hospital.
- **Do not** touch the episiotomy area.
- Wash your hands before and after applying medication to the episiotomy area.
- Put about 3 hemorrhoid pads in your sanitary pad, the witch hazel in the pads helps with the discomfort and swelling.
- Get a 'peri-bottle' to squirt warm water on the perineum area when urinating. Pat the area to dry it.
- Apply a numbing spray to the episiotomy for discomfort with your caregiver's permission.
- Use an inflatable ring or pillow to sit on.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- **Do not** have intercourse until your caregiver gives you the OK.
- **Do not** use tampons.
- Keep appointments for your postpartum exam and all other appointments.

SEEK MEDICAL CARE IF:

- You need pain medication if over-the-counter medication is not helping.
- You have painful urination.

SEEK IMMEDIATE MEDICAL CARE IF:

- There is redness, swelling or increasing pain in the wound.
- Pus is coming from the wound.
- An unexplained oral temperature above 100° F (37.8° C) develops.
- You notice a bad smell coming from the wound.
- The wound breaks open (edges not staying together) before or after sutures have been removed.
- There is a large swelling (lemon or orange-sized) in the episiotomy area.
- You cannot urinate.

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