

Episiotomy – CIMS Hospital

(0:04 - 1:04)

If you are having a vaginal delivery, your doctor may perform an episiotomy to enlarge the vaginal opening. During pregnancy, your baby grows inside your uterus or womb and is nourished by the placenta. When your baby is ready to be born, labour begins.

During labour, your uterus squeezes or contracts to push your baby through the open cervix and into the vagina, which expands to allow your baby to pass through and be born. An episiotomy may be done in an effort to avoid spontaneous tearing during delivery if your baby is large or in the breech position, labour is going too quickly, or if instruments such as forceps or a vacuum extractor are needed to remove your baby from the birth canal. An episiotomy may be done to help speed up delivery if your labour is going too slowly, or if you or the baby are in distress.

(1:06 - 2:18)

If you have not already received anaesthesia before your delivery, your doctor will inject medication to numb your vaginal opening and perineum, which is the area separating the vagina and anus. Using surgical scissors, your doctor will make a 1-3 inch midline or mediolateral incision in the perineum. A midline incision extends straight down from the vagina toward the anus.

A mediolateral incision is made on an angle from the vagina in the direction of the anus. The benefit of the mediolateral incision is that it is less likely to tear through to the anus. The downside, however, is that it can also be more painful and take longer to heal.

Once your doctor delivers your baby and the placenta, he or she will close the episiotomy incision with stitches. These stitches will be absorbed by your body and do not need to be removed. An episiotomy usually heals without complications, although it may take several weeks.

Within the first 24 hours, your nurse will likely help you apply ice packs to the stitches.