

Episiotomy: The Avoidable Medical Need with Obstetric Physiotherapy

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Episiotomy is a minor surgical procedure that is very common in obstetrics. By definition, it consists of an incision made in the vulva and the perineum during the second stage of labor, under local anesthesia, to facilitate the expulsion of the fetus and prevent tears in the perineal area. In its origins, 250 years ago, it was considered an advance for the protection of the perineum, the pelvic muscles and the baby itself in the face of possible complications of childbirth. However, with the passage of decades and the gradual transition from home birth to hospital birth, episiotomy went from being a measure of exception to a routine measure.

The clinical reasoning that was generalized was that to facilitate rapid expulsion and avoid fetal anoxia, this measure eliminated perineal resistance at the exit of the baby's head. This fact is justified in cases of fetal macrosomia, breech presentation or premature birth (to avoid neurological injury due to the baby's cranial contusion against the pelvic ischia). In any case, these conditions justify the use of episiotomy to avoid fetal distress but never as protection of the mother's perineum, since the incision itself can be the starting point for a muscular tear that lasts, in many cases, to the anal canal (with the danger of consequent infection) or to fundamental muscle areas for the correct physiology of the mother's uro-gynecological (perineal body, ischio-coccygeal, icococcygeal and pubococcygeus muscles). Episiotomy is significantly related to a higher prevalence of perineal hematomas and tears of the anal sphincter and rectum. As well, it is linked to a higher prevalence of vulvo-perineal edema and increases the risk of episiorrhaphy or perineal infections, which leads to a greater number of dehiscence. It is, therefore, advisable that the professionals who attend deliveries are properly prepared in the clinical reasoning for the correct decision on whether the episiotomy is indicated or not in each case.

In contrast to the above, we find the prevention and physical preparation to pregnancy and birth that Physiotherapy can provide. Physiotherapy minimizes the need for episiotomies (and major interventions such as cesarean section) through prenatal gymnastics, education about childbirth, treatment of painful lumbo-pelvic pathology throughout pregnancy, postural control in pregnancy, birth and postpartum and the application of perineal massage.

The latter, external and internal perineal massage is essential as a perineal preparation at birth and very important in the treatment of postpartum perinealgia. In pregnancy, it promotes awareness of the pelvic floor, biofeedback and makes the perineal tissue more elastic; in the birth, it avoids tears and episiotomies and facilitates that the childbirth develops with less perineal damage; finally, in the post-partum, it avoids scarring fibrosis, adhesions, retractions... improves the tissue metabolism of the region and reintegrates the pelvic floor in the corporal outline. This method is a preventive and therapeutic solution, "non-invasive", of no risk for the patient that, alone or combined with other techniques, responds to multiple perineal disorders.

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