Best Suturing Technique for Repair of Episiotomy or Perineal Tear

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After an episiotomy or a second-degree tear, continuous suturing techniques, compared with interrupted suturing methods, for perineal closure are associated with less short-term pain, less need for analgesia, and less need for suture removal, according to an intervention review conducted by the Cochrane Pregnancy and Childbirth Group.

Each year, millions of women worldwide experience either a natural tear of the perineum or an episiotomy during childbirth, and all tears or episiotomies that involve the muscle layer require sutures. However, the type of repair may affect a woman’s level of pain and discomfort as well as the healing process. Researchers have been suggesting for more than 70 years that continuous nonlocking suture techniques are associated with less pain than traditional, interrupted suturing methods for repair of the vagina, perineal muscles, and skin after an episiotomy or a second-degree tear related to childbirth.⁴ Typically, however, the vagina is repaired using a continuous locking stitch and the perineal muscles and skin are repaired using 3 or 4 individual stitches, each of them knotted to prevent them from slipping.

To assess which suturing technique is associated with better outcomes, researchers reviewed randomized trials that involved continuous and interrupted suturing methods for repairing second-degree tears or an episiotomy after a vaginal delivery. A total of 16 trials involving 8184 women from 8 countries were included in this review.³ The findings of the meta-analysis showed that women whose episiotomy or second-degree tear was repaired with continuous suture techniques had less pain for up to 10 days after delivery than women whose episiotomy or second-degree tear were repaired with interrupted sutures (risk ratio, 0.76). The researchers also found that a continuous subcutaneous suturing technique was associated with a reduction in use of analgesia (risk ratio, 0.70). In addition, fewer women who received continuous suturing than those who received interrupted suturing required suture removal (risk ratio, 0.56). In terms of the need for re-suturing of the perineal tears or long-term pain, there were no significant differences between suture techniques.

The authors suggest that there is not only a need to review perineal repair training programs but also a need for additional research focused on reducing the incidence of perineal trauma during childbirth.

Pertinent Points:
- Continuous stitching for the repair of an episiotomy or a second-degree tear causes less pain than interrupted absorbable stitches.
- Some evidence shows that less suture material is needed for continuous stitching techniques than for interrupted suturing methods (1 packet vs 2 or 3 packets, respectively).


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