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Unveiling the Risks: Exploring the Link Between Episiotomy and Obstetric Fistula

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Introduction :

Epissyotomy, a common obstetric process, which involves creating a surgical incision in the perineum during the child's birth to facilitate vaginal delivery and to prevent spontaneous perineal tears. While the epiciyotomy has been historically advocated to reduce the risk of severe perineal trauma and early delivery, recent studies indicate that regular use may lead to adverse maternal results. One of the most complications associated with epicyotomy is obstetric fistula, which is a disastrous delivery condition, resulting in an abnormal relationship between the vagina and bladder (vasicovaginal fistula) or rectum (rectovaginal fistula). This article examines the risk factors associated with the episotomy and its potential link for the development of maternity fistula, which highlights the need for evidence-based clinical practices to improve maternal health results.

Understanding Episiotomy: Indications and Risks :

Types of Episiotomy

Episiotomy can be classified into two primary types:

1. **Midline (Median) Episiotomy**: A vertical incision made from the vaginal opening towards the anus. This type is easier to repair and heals faster but carries a higher risk of third- and fourth-degree perineal tears.
2. **Mediolateral Episiotomy**: A diagonal incision made at an angle from the vaginal opening. It reduces the risk of severe perineal tears but may cause more pain and prolonged healing.

Indication for episyotomy

Epissyotomy is often recommended under the following circumstances:

- Prolonged or disrupted labor: When the child's head is very large, or labor is long, an epicyotomy can be performed to accelerate delivery and reduce maternal and fetal crisis.
- Instrumental delivery: forceps or vacuum-assisted delivery often requires an epicyotomy to allow easier extraction of the fetus.
- Fetal crisis: If the fetus shows signs of oxygen deficiency, birth can be done in a hurry and a epicyotomy to prevent complications.
- Kandhe Dystocia: In cases where the baby's shoulders get trapped behind the pubic bone, episyotomy can help in facilitating maneuvers.
- Prevention of severe perineal tears: Some physicians advocate epicyotomy to reduce spontaneous perineal tears, although evidence suggests that it may not always be effective.

Possible risk of episyotomy

Despite its benefits in specific situations, the episyotomy is associated with many risks:

- The risk of perineal tears increases: A poorly executed episotomy can expand the third and fourth-degree perineal tears, causing anal sphinkter damage.
- Postpartum pain and dysperarania: Epissyotomy lesions can cause prolonged perineal pain, causing intercourse.
- Infection and poor wound healing: perineal field suffers from infections, which can delay wound healing and increase the risk of complications.
- Urine and fecal incontinence: Serious perine tears that affect anal sphinkter can lead to prolonged incontinence.
- Obstetrics Fistula: In severe cases, an improperly performed epicyotomy can contribute to the development of vasicovaginal or rectovaginal fistula.

Understand obstetric fistula :

Aubstatric fistula is a severe delivery injury, characterized by an unusual opening between the vagina and either the bladder (vasicovaginal fistula) or rectal (rectovaginal fistula). This condition results in chronic urine or fecal incontinence, which leads to significant social stigma, emotional crisis and physical pain.

Causes and Risk Factor for Maternity Fistula

The primary causes of maternity fistula include:

1. Prolonged and disrupted labor: Perial pressure from the fetal head on maternal soft tissues can give rise to ischemic necrosis, resulting in the formation of fistula.
2. Inaccessible or poorly managed labor: Lack of skilled birth attendants increases the possibility of complications of birth including fistula.
3. High equality and short birth intervals: Inadequate recovery over time increases the risk of persistent conception perineal trauma.
4. Young maternal age: Adolescent mothers with underdeveloped pelvise have a high risk of disrupted labor and later fistula development.
5. Limited access to poverty and maternal care: Women are at increased risk in resource-limited settings with poor access to quality maternity care.
6. Iatrogenic Causes: Surgical processes such as epicyotomy, cesarean section, or hysterctomyz inappropriately contributed to fistula formation.

Skin between episyotomy and maternity fistula

Although epiciotomy is done to facilitate delivery, it can increase the risk of maternity fistula due to many mechanisms:

1. Extended perineal tears: An improperly performed epicyotomy, especially a midline epicyotomy, can expand to the third or fourth-degree perineal tears, which damages the compositions of the rectal or urinary tract, causing rectovagine or vasicovaginal fistula It is possible
2. Infection and tissue necrosis: poorly healed epicyotomy wounds can be infected, causing necrosis and later fistula formation.
3. Unknown sphinkter injuries: Uncontrolled anal sphinkters resulting from an epistiomy increase the possibility of fistula development.
4. Insufficient postpartum care: In resource-poor settings, appropriate wound care, hygiene, and follow-up, contributing to fistula formation, epicyotomy can increase complications.
5. Instrumental delivery: A combination of forceps or vacuum-assisted delivery with epicyotomy increases the risk of severe perineal trauma, which inspires women to obstetric to fistula.

Preventive strategies and recommendations :

Given the risks associated with epicyotomy and its possible link to obstetric fistula, several measures can be adopted to reduce complications:

1. Routing routine episyotomy use use

- The World Health Organization (WHO) and the American College of Obstatriarch and Gynecologist (ACOG) recommend restrictive episotomy rather than regular use.
- Epissyotomy should be done only when clinically indicated, such as in cases of fetal crisis or musical delivery.

2. Promote skilled birth appearance

- To ensure that delivery is participated in by trained healthcare providers, can help reduce perineal trauma and reduce the requirement of epicyotomy.
- The rights and obstetric patients should be trained in perineal support techniques to reduce spontaneous tears without unnecessary episotomy.

3. Improve access to emergency maternity care

- Timely intervention in cases of disrupted labor, including Caesarean classes, can prevent prolonged labor and related complications if necessary.
- Availability of extensive maternity care, including wound care and fistula repair services, can help reduce adverse results.

4. Strengthen postpartum care

- Proper perineal care, initial identity of perineal injuries, and timely repair of sphincter damage can prevent fistula formation.
- Regular follow -up women should be encouraged, who have begun passing through epicyotomy to monitor therapy and detect complications.

5. Promote maternal health education

- Increasing awareness about the risks of epiciyotomy and the importance of efficient birth care can make women empower to make informed decisions about delivery.
- Adolescents focus on maternal health, birth vacancy and prenatal care can reduce the risk of obstetric complications.

Conclusion :

Episiyotomy, although historically considered a beneficial process, carries significant risks, including severe perineal trauma, infection, and prolonged treatment. In poor managed cases, it can contribute to the development of maternity fistula, which is a devastating delivery injury with a lifetime implications. The key to reducing these risks lies in evidence-based obstetric care, clinically restricted in appropriate cases, promotes efficient birth

appearance, and improves postpartum care. By prioritizing maternal health and implementing targeted interventions, by improving the overall welfare of women globally, the complexities related to episyotomy and obstetric fistula can be significantly reduced.

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