

LESSON PLAN
ON
EPISIOTOMY & SUTURING

IDENTIFICATION DATA

SUBJECT: Obstetrics and Gynaecological Nursing

TOPIC: Episiotomy And Suturing

DURATION: 45 Minutes

VENUE: G.N.M 3rd year class room

METHOD OF TEACHING: Lecture cum discussion teaching method

A.V Aids: PPT & Black Board, Flash cards, Charts, Pamphlet etc.

PREVIOUS KNOWLEDGE: The students may have some knowledge regarding episiotomy & suturing

GENERAL OBJECTIVE: By the end of class presentation, the students will be able to gain knowledge about episiotomy & suturing they can use in their future life.

SPECIFIC OBJECTIVES: At the end of the teaching session the group will be able to:

- Introduce the episiotomy
- Define the episiotomy
- Enlist the types of perineal tears
- Explain the objectives
- State the indication for episiotomy
- Discuss the timing of episiotomy
- Describe the advantages of episiotomy
- Elaborate the types of episiotomy
- Enumerate the relatives of median and mediolateral episotomy
- Explain the suture cuts
- Enlist the steps of episiotomy
- Discuss the repair of episiotomy
- Enumerate the post operative care
- List down the complication of episiotomy

S.No	TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING LEARNING ACTIVITY		A.V AIDS	EVALUATION
				TEACHING	LEARNING		
1	2 min	To Introduce the episiotomy & suturing	<p>INTRODUCTION:</p> <p>An episiotomy procedure is done so that the opening of the vagina can be made larger to facilitate the birth of a baby. An incision is made in the perineum, the portion between anus and the opening of the vagina, whenever the opening of the vagina does not stretch sufficiently for the baby to come out.</p>	Lecture cum discussion method	Students are actively participating.	PPT & black board	Guess the topic?
2	2 min	Define the episiotomy	<p>DEFINITION:</p> <p>A surgically planned incision on the perineum and the posterior vaginal wall during the second stage of labour is called episiotomy.</p>	Lecture cum discussion method	Students are actively participating	PPT & black board	What is episiotomy?
3.	1 min	Enlist the types of perineal tears .	<p>TYPES OF PERINEAL TEARS.</p> <ul style="list-style-type: none"> • First degree of perineal tears • Second degree of perineal tears • Third degree of perineal tears • Fourth degree of perineal tears 	Lecture cum discussion method	Students are actively participating	PPT & black board	What are the types of perineal tears?

4.	3 min	Explain the objectives	<p>OBJECTIVES</p> <ul style="list-style-type: none"> • To enlarge the vaginal introitus so as to facilitate easy and safe delivery of the fetus- spontaneous or manipulative. • To minimise overstretching and rupture of the perineal muscles and fascia; to reduce the stress and strain on the fetal head. 	Lecture cum discussion method	Students are actively participating	PPT & black board	Describe the objectives?
5.	5 min	State the indication of episiotomy	<p>INDICATIONS</p> <ul style="list-style-type: none"> • In elastic rigid perineum • Anticipating perineal tear: Big baby, face to pubis delivery, Breech delivery, Shoulder dystocia • Operative delivery: Forceps delivery, Ventouse delivery • Previous perineal surgery: Pelvic floor repair, Perineal reconstructive surgery <p>Common indications are:</p> <ol style="list-style-type: none"> 1. Threatened perineal injury in primigravidae 2. Rigid perineum 3. Forceps, breech, occipito-posterior or face delivery 	Lecture cum discussion method	Students are actively participating	PPT & black board	Explain the indication of episotomy?
6.	1 min	Discuss the timing of episiotomy	<p>TIMING OF THE EPISIOTOMY</p> <p>Bulging thinned perineum during contraction just prior to crowning is the ideal time.</p>	Lecture cum discussion method	Students are actively participating	PPT & black board	What is the timing of episiotomy ?

7.	3 min	Describe the advantages of episiotomy.	<p>ADVANTAGES</p> <ul style="list-style-type: none"> • Maternal: – A clear and controlled incision is easy to repair and heals better than a lacerated wound that might occur otherwise. – Reduction in the duration of second stage – Reduction of trauma to the pelvic floor muscles • Fetal: – It minimises intracranial injuries specially in premature babies or after coming head of breech 	Lecture cum discussion method	Students are actively participating		Discuss the advantages of episiotomy ?
8.	5 min	Elaborate the types of episiotomy	<p>TYPES</p> <ul style="list-style-type: none"> • Medio-lateral • Median • Lateral • J-shaped <p>MEDIOLATERAL: The incision is made downwards and outwards from the midpoint of the fourchette either to the right or to the left. It is directed diagonally in a straight line which runs about 2.5 cm away from the anus (midpoint between anus and ischial tuberosity).</p> <p>• MEDIAN: The incision commences from the center of the fourchette and extends posteriorly along the midline for about 2.5 cm</p> <p>• LATERAL: The incision starts from about 1 cm away from the center of the fourchette and extends laterally. It has got many drawbacks including chance of injury to the Bartholin's duct. It is totally condemned.</p> <p>• 'J' SHAPED: The incision begins in the center of the fourchette and is directed posteriorly along the midline for about 1.5 cm and then directed downwards and outwards</p>	Lecture cum discussion method	Students are actively participating	PPT & black board	Explain the types of episiotomy ?

9	3 min	Explain the relatives of median and mediolateral episotomy	<p>RELATIVES MERIT OF MEDIAN AND MEDIOLATERAL EPISIOTOMY</p> <p>Median</p> <ul style="list-style-type: none"> • The muscles are not cut. • Blood loss is least. • Repair is easy • Post operative comfort is maximum • Healing is superior • Wound disruption is rare • Dyspareunia is rare • Extension, if occurs, may involve the rectum. • Not suitable for manipulative delivery or in malpresentation <p>Medio-lateral</p> <ul style="list-style-type: none"> • Relatively safety from rectal involvement from extension. • If necessary, the incision can be extended • Apposition of the tissues is not so good • Blood loss is little more • Post operative discomfort is more. • Relative increased incidence of wound disruption • Dyspareunia is comparatively more 	Lecture cum discussion method	Students are actively participating	PPT & black board	What are the relatives of median and mediolateral episotomy?
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10	2 min	Explain the structure cut .	<p>STRUCTURE CUT ARE:</p> <ul style="list-style-type: none"> • Posterior vaginal wall • Superior and deep transverse perineal muscles, bulbospongiosus and part of levator ani. • Fascia covering those muscles • Transverse perineal branches of pudendal vessels and nerves • Subcutaneous tissue and skin 	Lecture cum discussion method	Students are actively participating	PPT & black board	Where we apply a structure cut?
11	5 min	Enlist the steps of episiotomy	<p>STEPS OF EPISIOTOMY</p> <ul style="list-style-type: none"> • Provide emotional support and encouragement. • Use local infiltration with lignocaine. • Make sure there are no known allergies to lignocaine or related drugs. • Infiltrate beneath the vaginal mucosa, beneath the skin of the perineum and deeply into the perineal muscle. <ul style="list-style-type: none"> • Note: Aspirate (pull back on the plunger) to be sure that no vessel has been penetrated • Wait 2 minutes and then pinch the incision site with forceps. • Wait to perform episiotomy until: - the perineum is thinned out; and - 3–4 cm of the baby's head is visible during a contraction. • Wearing high-level disinfected gloves, place two fingers between the baby's head and the perineum. 	Lecture cum discussion method	Students are actively participating	PPT & black board	What are the steps of episiotomy?

			<ul style="list-style-type: none"> • Use scissors to cut the perineum about 3–4 cm in the mediolateral direction <ul style="list-style-type: none"> • Use scissors to cut 2–3 cm up the middle of the posterior vagina. • Control the baby's head and shoulders as they deliver. • Carefully examine for extensions and other tears and repair 	Lecture cum discussion method	Students are actively participating	PPT & black board	
12	5 min	Discuss the repair of episiotomy	<p>REPAIR OF EPISIOTOMY</p> <ul style="list-style-type: none"> • Apply antiseptic solution to the area around the episiotomy. • If the episiotomy is extended through the anal sphincter or rectalmucosa, manage as third or fourth degree tears, respectively • Close the vaginal mucosa using continuous 1-0 suture <ul style="list-style-type: none"> • Start the repair about 1 cm above the apex (top) of the episiotomy. Continue the suture to the level of the vaginal opening. • At the opening of the vagina, bring together the cut edges of the vaginal opening <ul style="list-style-type: none"> • - Bring the needle under the vaginal opening and out through the incision and tie. • Close the perineal muscle using interrupted 1-0 sutures • Close the skin using interrupted (or subcuticular) 1-0 sutures 	Lecture cum discussion method	Students are actively participating	PPT & black board	How to repair the episiotomy?

13	2 min	Enumerate the post operative care	<p>POST OPERATIVE CARE</p> <ul style="list-style-type: none"> • Dressing • Comfort • Ambulation • Removal of stitches 	Lecture cum discussion method	Students are actively participating	PPT & black board	What are the post operative for episiotomy?
14	3 min	List down the complication of episiotomy	<p>COMPLICATIONS</p> <ul style="list-style-type: none"> • Immediate • Extension of the incision to involve the rectum • Vulval haematoma • Infection • Wound dehiscence • Injury to anal sphincter causing incontinence of flatus or faeces <ul style="list-style-type: none"> • Rectovaginal fistula (Rarely) • Necrotising fascitis Remote • Dyspareunia • Chance of perineal lacerations • Scar endometriosis (rare) 	Lecture cum discussion method	Students are actively participating	PPT & black board	What are the complication of episiotomy?

9. min	To summarize the episiotomy & suturing	<p>SUMMARY:</p> <p>In this presentation we have discussed about the introduction of introduction , definition , types of perineal tear , indication , advantages, types of episiotomy, relatives of median and mediolateral episiotomy, structure cut, steps of episiotomy, repair of episiotomy,post operative care and complication of episiotomy.</p>	Lecture Method	Students are actively participating .		
10 min	To conclude the episiotomy	<p>CONCLUSION:</p> <p>episiotomy at the time of operative vaginal delivery was associated with an increased risk of postpartum hemorrhage, perineal infection, and a greater use of analgesia on day 10 after birth compared with women who did not have an episiotomy.</p> <p>ASSIGNMENT/APPLICATION:</p> <p>Topic- An Assignment on types of episiotomy</p> <p>Date of Submission.....</p>				

11.	.	REFERENCES: <ul style="list-style-type: none">❖ Dutta's Dc, A Textbook Of Obstetrics, Eight Editions, the Health Science Publisher, P.P: 56-58❖ Myles. A Text Book For Midwifery 16th Edition,2014.Published By Elsevier.pp-114-116❖ Jacob Annamma. A Text Book Of Midwifery & Gynaecological Nursing 4th Edition2015,Jaypee Brothers Medical Publishers(P)Ltd: Page No. 650-651❖ Sharma Jb . A Textbook Of Midwifery And Gynaecological Nursing 2018, Avichal Publishing Company :Page No.554-556			
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