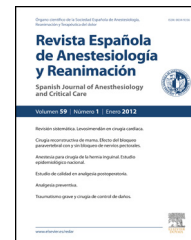




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ORIGINAL ARTICLE

Development of chronic pain after episiotomy[☆]



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KEYWORDS

Chronic pain;
Episiotomy;
Delivery;
Epidural partum

Abstract

Objective: To analyze the incidence of chronic pain 5 months after episiotomy, as well as potential prognostic factors.

Methods: A prospective cohort observational study was conducted on pregnant women age ≥ 18 years who had undergone an episiotomy. The presence of pain was evaluated in the area of episiotomy at 24 and 48 h of delivery using a structured face-to-face questionnaire, and by telephone questionnaire at 5 months. The primary endpoint was the presence of persistent pain at 5 months. A record was made of the presence of pain at delivery, and its intensity, the presence or absence of epidural analgesia, instrumental delivery, perineal tear, and pain when episiotomy was performed, as well as the presence of dyspareunia and urinary incontinence at 5 months post-episiotomy.

Results: A total of 87 parturient patients were included, of whom 78 completed the study. Of the patients who completed the study, 12.8% reported chronic episiotomy pain. Epidural analgesia was associated with a higher incidence of instrumental delivery and less pain at the time of episiotomy and expulsion ($P < .0005$, $P < .02$, and $P < .01$, respectively). Chronic pain is associated with operative delivery ($P < .017$), and with the presence of pain at rest at 24 and 48 h ($P < .01$), of wound complications ($P < .026$), and of dyspareunia ($P < .001$).

Conclusion: An incidence of 12.8% of women developing chronic pain after delivery with episiotomy suggests a health problem. More studies are needed to confirm our results.

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PALABRAS CLAVE

Dolor crónico;
Episiotomía;
Parto;
Epidural

Cronificación del dolor tras episiotomía

Resumen

Objetivo: Analizar la incidencia de dolor crónico a los 5 meses de la realización de episiotomía y los posibles factores pronósticos asociados.

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Métodos: Estudio observacional de cohortes prospectivo en parturientas a las que se les realizó episiotomía. Se incluyeron las pacientes con edad igual o superior a 18 años. Se evaluó la presencia de dolor en el área de la episiotomía a las 24 y 48 h del parto mediante encuesta presencial estructurada, y a los 5 meses mediante encuesta telefónica. La variable principal fue la presencia de dolor crónico a los 5 meses. También se investigó la presencia de dolor al expulsivo y su intensidad, la presencia o no de analgesia epidural, parto instrumentado, desgarro perineal, dolor en el momento de la realización de la episiotomía, y la presencia de dispareunia e incontinencia urinaria a los 5 meses posepisiotomía.

Resultados: De 87 parturientas que se incluyeron, finalizaron el estudio 78. De las pacientes que finalizaron el estudio, el 12,8% refirieron dolor crónico posepisiotomía. La analgesia epidural se relacionó con una mayor incidencia de parto instrumentado y menor dolor en el momento de la episiotomía y del expulsivo ($p < 0,0005$, $p < 0,02$ y $p < 0,01$, respectivamente). El dolor crónico se relacionó con el parto instrumentado ($p < 0,017$), así como con la presencia de dolor en reposo a las 24 y 48 h ($p < 0,01$), de complicaciones de la herida ($p < 0,026$) y de dispareunia ($p < 0,001$).

Conclusión: Una incidencia del 12,8% de mujeres con cronificación del dolor tras el parto con episiotomía evidencia un problema de salud. Consideramos que son necesarios más estudios que confirmen nuestros resultados.

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Introduction

In the past ten years there has been growing interest in understanding the causes and mechanisms behind the transition from acute to chronic pain following surgical procedures. Tissue damage following surgery such as limb amputation, thoracotomy, mastectomy, and even inguinal herniorrhaphy, is a common cause of chronic post-surgical pain.¹⁻⁴ This process has been associated with a number of prognostic factors, particularly female sex, age under 55 years, poorly controlled acute pain, and also psychosocial factors.^{2,3}

Several studies have reported an incidence of 2–6% for persistent pain at 6 months and more after childbirth, almost exclusively among women undergoing assisted vaginal delivery.⁵⁻⁸ The duration of the pain prompts patients to consult specialists, who report an average duration of 8 months (with a range of 3 months to 20 years), in which difficult delivery with a prolonged second stage and assisted delivery with or without episiotomy are often mentioned as trigger events.^{9,10} Prospective studies have also associated deep abdominal pain and pain in the pelvis and lower limbs with genital pain.⁷

Several authors have associated episiotomy with a higher level of pain and inadequate pain management during the first postpartum day. The pain interfered with the patient's activities of daily living and had a negative impact on their experience of motherhood.¹¹⁻¹⁶ Reports suggest that in 13–23% of women this pain persists even at 6 weeks postpartum.^{12,17,18}

The prevention and management of post-episiotomy pain has been the subject research. These studies have focused on pain management strategies, such as pudendal nerve block, postpartum administration of nonsteroidal anti-inflammatory drugs and opioids, administration of epidural

opioids and local anesthetics administered by different routes.^{12,13,15,17,19} However, the incidence of chronification of this kind of pain has not been studied, and its prognostic factors have not been identified.

Our aim was to carry out a prospective study in our health care district of the incidence of chronic post-episiotomy pain (CPEP) at 5 months post-surgery and its associated prognostic factors.

Patients and methods

This is a prospective cohort study in postpartum women undergoing episiotomy at the end of the fetal expulsion stage. The study was approved by the Independent Ethics Committee of our hospital. Inclusion criteria were: patients aged 18 years or older undergoing episiotomy.

The aim of the study was explained to all patients, and their informed consent was sought before inclusion. Exclusion criteria, in addition to age, were: history of perineal pain or postpartum complications prolonging hospital stay beyond 48 h, refusal to take part in the study, or foreseen difficulty in conducting the 5-month follow-up interview.

Episiotomy was defined as a 45° (centrolateral) 5–6 cm long incision through the skin, muscle and vaginal mucosa of the perineum using surgical scissors. Episiotomy was always performed by the attending obstetrician after local injection of 5–10 ml 2% lidocaine. The wound was closed with a continuous suture.

The study was based on a structured face-to-face interview at 24 and 48 h postpartum, and a telephone interview at 5 months. The primary endpoint was chronic pain in the area of the episiotomy at 5 months post-surgery.

Secondary variables were: history of chronic pain, previous episiotomy, newborn birth weight, gestational age, and

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