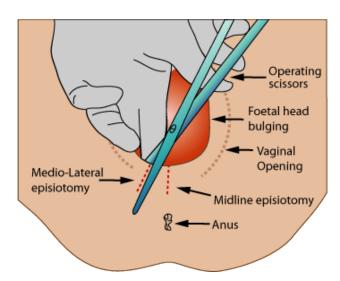
LESSON PLAN ON EPISIOTOMY



Mrs.Ruth shanthini.S Associate professor,in OBG dept, ICON **General objectives:**The student will acquire adequate knowledge about episiotomy, gives the desirable attitude and develops the skill in doing episiotomy for the patients in all the clinical settings.

Specific objective: The student will be able to,

- ➢ define episiotomy
- \succ enlist the purposes of episiotomy
- \blacktriangleright enumerate the principles of episiotomy
- describe the indication for episiotomy
- ➢ illustrate the timing of episiotomy
- brief about types of episiotomy
- \succ list out the articles needed for episiotomy
- \blacktriangleright explain the procedure of episiotomy and after care.

S.NO	SPECIFIC OBJECTIVE	TIME	CONTENT	AV AIDS	TEACHER's & LEARNER's ACTIVITY	EVALUATION
			EPISIOTOMY	Roller board	Defining	
1	Define	1 min	DEFINITION:		Listening	What is
	episiotomy		A surgically planned incision on the perineum and posterior			episiotomy?
			vaginal wall during the second stage of labour is called			
			episiotomy. D.C.DUTTA			
2	Enlist the	2 min	PURPOSE:	Pamphlet	Enlisting	What are the
	purposes of		\succ To aid the delivery of the presenting part when the	1	and taking notes	purposes of
	episiotomy		perineum is tight and causing poor progress in the			episiotomy?
	1 2		second stage of the labor.			
			\blacktriangleright To prevent perineum from tearing.			
			To allow space for operative or manipulative deliveries			
			(forceps and breech deliveries)			
			> To shorten the second stage of labor, in case of fetal			
			distress.			
			To reduce pressure on the fetal head when delivering a preterm infant.			
			To reduce prolonged maternal pushing efforts in case of			
			severe hypertensive or cardiac disease.			
3	Enumerate	1 min	PRINCIPLES:	Handout	Enumerating	Write the
	the		\clubsuit The apex of the episiotomy must be visualized and start		Asking doubts	principles of
						episiotomy?

	principles		suturing from the apex.			
			 Dead space must be closed. 			
	of					
	episiotomy		✤ Tissues must be brought together but not strangulated			
			by excessive tension on the sutures.			
			 Homeostasis must be obtained. 			
			\clubsuit The needles must be handled with a pair of forceps and			
			not by hand, should be removed from the operating field			
			as soon as possible.			
4	Describe	1 min	INDICATION:	Bulletin	Describing	What are the
	the		\checkmark Large sized babies	board	Listening	indications for
	indication		\checkmark Preterm or small for gestational age baby			episiotomy?
			\checkmark Anticipation of shoulder dystocia			
	for		\checkmark Fetal malpresentation and malpositions.			
	episiotomy		\checkmark Thick perineum which is rigid and resistant to			
			distension.			
			\checkmark Prior to any assisted delivery such as forceps/ventouse			
			\checkmark To speed up delivery if there is fetal distress.			
5	Illustrate					
	the timing	1 min	TIMING OF EPISIOTOMY:	Black board	Illustrating	Which is the time
	of		Bulging thinned perineum during contraction just prior to		Listening	for episiotomy?
	episiotomy		crowning is the ideal time.			
					1	<u> </u>

		1				
			TYPES IN EPISIOTOMY:			
6	Brief about	2 min	Median: The incision commences from the center of the	Black board	Explaining	What are the types
	types of		fourchette and extends posteriorly along the midline for about			of episiotomy?
	episiotomy		2.5cm.		Taking notes	
	cpisiotomy					
			Lateral: The incision starts from about 1cm away from the			
			fourchette and extends laterally. It has got many drawbacks			
			including chance of injury to the Bartholin's duct.			
			Mediolateral: The incision is made downward and outward			
			from the midpoint of the fourchette to either the right or the			
			left. It is directed diagonally in the straight line which runs			
			about 2.5 cm away from the anus.			
			J-shaped: the incision begins in the center of the fourchette			
			and is direct posteriorly along the midline for about 1.5cm and			
			then direct downward and outward long 5 or 7 o'clock position			
			to avoid the anal sphincter. Apposition is not perfect and the			
			repaired wound tends to be puckered.			
			PREPARATION OF THE MOTHER:			
			Provide privacy, adequate lightening.			
			 Explain the procedure to patient. 			
			\succ Empty the bladder if needed			
			\blacktriangleright Encourage the mother to bear down.			

7	List out the articles needed for episiotomy	1 min	 ARTICLES NEEDED: A Sterile tray containing: Episiotomy scissor Sponge holding forceps Bowl with antiseptic solution Sims speculum Needle holder Toothed thumb forceps Straight scissor Gauze pad Suture material Syringe with inj. Xylocaine 2% Kidney tray 	Bulletin board	Listing out Listening	What are the articles needed for episiotomy?
8	Explain the procedure of episiotomy and after care.	5 min	 PROCEDURE OF EPISIOTOMY: Prefer the site of infiltration; insert and direct needle beneath the skin at an angle of approximately 45° for about 4-5 cm in the same line for a mediolateral episiotomy. Withdraw the piston of the syringe to ensure needle has not entered the blood vessel. Infiltrate the perineum continuously as the needle is slowly withdrawn. Place two fingers in the vagina between the presenting 	Power point presentation	Explaining Taking notes.	What is procedure for episiotomy?

	part and the posterior vaginal wall pointing downward,	
τ	Give a episiotomy (a single deliberate cut) during the	
	peak of uterine contraction when the birth is imminent.	
τ	☐ Encourage the mother to bear down when there is good	
	uterine contraction.	
(Give perineal support with right hand and urethral	
	support with left and exert pressure over the occiput.	
	Apply pressure with gauze pad in the episiotomy	
	between contractions with a sterile gauze pad if there is	
	delay in delivery.	
	□ After delivery of baby, clean the perineum with	
	antiseptic solution and drape with central hole towel.	
	□ Inspect for any laceration, parauretheral tear, cervical	
	laceration.	
	☐ Infiltrate with inj.xylocaine 2% in perineum.	
	□ Place the needle in the catgut in the tip of the needle	
	holder and hold the needle holder correctly.	
τ	□ Suturing is done by vaginal epithelium, muscle and skin	
	layer by continuous suturing.	
τ	After suturing perineum and rectum is examined for any	
	abnormalities.	

AFTER CARE:
✤ Place the sterile pad in genital area.
 Position the mother in the supine position with cross
legs.
✤ Clean and replace all the articles and instruments.
 Record the time and type of episiotomy.
✤ Check for any bleeding or hematoma.

SUMMARY:

In this class we have discussed about definition of episiotomy, purposes, indication, principles, timing, articles needed, types and procedure with after care.

CONCLUSION:

The students are able to learn about episiotomy, types and procedure in detail and they will implement in their practical activities in all clinical settings.

BIBLIOGRAPHY:

- Manual of nursing procedures and practice, second edition, published by Wolters Kluwer pvt. Ltd., New Delhi. Page no: 847 to 853.
- > D.C DUTTA text book of obstetrical nursing 7^{th} edition pg.no:647-649.

QUESTION PAPER

Answer the question appropriately

(25 Marks)

- I) Answer the following : any 22×2=4
 - **1. Define episiotomy**
 - 2. What is the timing of episiotomy
 - 3. Types of episiotomy
- II) Answer in brief : any 22×3=6
 - 1. what are the indications for episiotomy
 - 2. what are the principles of episiotomy
 - 3. articles needed for episiotomy
- III) Answer in short: $1 \times 5 = 5$
 - 1. Nursing care for episiotomy patient
- IV) Answer in detail: : 1×10=10
 - 1. Procedure of episiotomy

Assignment:

Draw the diagram of female reproductive system and nursing process for patient with episiotomy.