

Intern's Experiences with Episiotomy and its Repair

Emily Akuabia Nzeribe, Ogechi Obinna-Njoku, Kelechi Iwuji

Department of Obstetrics and Gynaecology, Federal Medical Centre, Owerri, Nigeria

ABSTRACT

Background: Episiotomy -an incision of the perineum at the time of vaginal delivery is a common obstetric procedure. If the repair is inadequately done, it may leave the woman suffering from perineal pain and other long term conditions with serious impact on the woman's health and social wellbeing. The importance of skill in the obstetric procedure of episiotomy and its repair cannot be over emphasized. **Objectives:** The study aims to determine the interns' training and experience with episiotomy and its repair. **Materials and Methods:** A questionnaire study of medical interns' who had their houseman ship at the Federal Medical Centre Owerri, over a period of two years between 2003 and 2005. Results were analyzed with the SPSS version 10. **Results:** 70 (77.7%) of the 90 interns to whom the questionnaire was administered responded correctly. They had an average age of 28.81 ± 3.36 years. 44 (62.9%) had a formal demonstration on episiotomy repair done at their medical training institution. 56 (80%) of the interns were comfortable with episiotomy repair while 14 (20%) were not. 10 (45.45%) of the females and 4 (8.33%) of the males were not comfortable with episiotomy repair. 30% of those who got their skill on episiotomy repair at the period of houseman ship were not comfortable with the procedure as opposed to 4.3% of those who had a formal training at their medical training institution. **Discussion:** A formal demonstration at the medical school of training does not appear to be a constant event in the medical schools as only 62.9% of the interns in this study accepted receiving such. However, despite the above, 80% of these interns' were comfortable with the repairs of episiotomy. **Conclusions:** It would be preferred if a formal demonstration is given on this procedure while a student is still in training.

KEY WORDS: Episiotomy, experiences, interns

INTRODUCTION

Episiotomy- an incision of the perineum at the time of vaginal delivery is a common obstetric procedure.^[1] If the repair is inadequately done, it may leave the woman suffering from perineal pain and other lifetime health problems that could have an impact on the woman's wellbeing.^[2,3] A poorly repaired episiotomy could leave the mother with distressing conditions like perineal pain, inability to cope with breast feeding, urinary retention, and defecation problems, wound infection and breakdown etc. It can also go on to affect the woman's sexual and social wellbeing.^[2] Usually the operator has no way of auditing the effects of his/her procedure and is usually unaware of the magnitude of the problems associated with the procedure.^[3,4] The skill of the operator is therefore very important.

Because episiotomy is so common and considered a minor procedure, most centers have practically relinquished the repair of episiotomies to interns. The Residency Review Committee of Obstetrics and Gynecology (RRC) in America while recognizing that teaching interns has been left to the most junior residents requested the American college of Obstetricians and Gynecologists to draw up a monograph on episiotomy repair.^[1] Also in the United States of America, it was established that as much as 50% of teaching is conducted by residents with limited clinical experience, pedagogical acumen or knowledge of the subject they teach".^[3]

Studies have shown deficiencies and dissatisfaction amongst trainees and midwives with their training in perineal anatomy and repair.^[4,5] A recent study quoted that less than 20% of physicians felt they had received adequate instructions on the repair of perineal lacerations.^[5] Another survey of fourth year residents shows that a majority received no formal training in the repair of the perineum and when engaged in such activities had little supervision.^[6]

Access this article online

Quick Response Code



Website:

www.jbcrs.org

DOI:

10.4103/2278-960X.104289

Address for correspondence

Dr. Emily Akuabia Nzeribe,
Department of Obstetrics and Gynaecology,
Federal Medical Centre, Owerri, Nigeria.
Email: emilynzeribe@yahoo.com

Perineal repair had received little attention in most conventional obstetric text books and in the medical school curricula. Recently, however, following audits of resident training attempts are being made in the United States of America, the United Kingdom to develop hands on training on episiotomy and perineal repair^[5] with emphasis on basic anatomy.

This study aims to determine the interns' training and experience with episiotomy and its repair.

MATERIALS AND METHODS

This was a descriptive cross sectional study of medical interns who had their houseman-ship at the Federal Medical Centre, Owerri, Nigeria over a period of two years between 2003 and 2005. The centre is a tertiary hospital that trains medical graduates for houseman-ship as well train residents in various specialties including obstetrics and gynecology. At the time of conducting the study, about an average of 13 house officers rotate through the department every quarter under the tutelage of 6 consultants and about 18 residents at various levels of training.

It also serves as a referral centre for women attending primary and secondary health outfits as well as those from private establishments. The maternity section had an average of 110 deliveries monthly then. Episiotomy was done commonly for primigravida who had rigid perineum or women who required instrumental vaginal deliveries. House officers (interns) have been traditionally saddled with the job of performing episiotomy repair necessitating the need to establish their perception and comfort level with the work they do.

All the interns were counseled on participation to the study and those who consented were interviewed with a pre-tested questionnaire. The tool was self administered and residents were not requested to state their names or even the name of their institution of training. This was aimed to get the most sincere response from them. The questionnaire had four sections and 15 question arms which included their socio-demographic data, experiences with and exposure to episiotomy and its repair, and their opinion of their training on episiotomy were sought.

Results were analyzed with simple percentages and mean.

RESULTS

A total of 90 questionnaires were administered but only 70 interns either gave consent or responded correctly giving a response rate of 77.7%. The 70 medical interns had

an average age of 28.81 ± 3.36 years. There were 22 (31.4%) females and 48 (68.6%) males. 67 (95.7%) of the interns had ever repaired an episiotomy while 3 (4.3%) had not. They had each done an average of 13 ± 11 episiotomy repairs (ranging from 0-50 repairs) over an average of 11.9 ± 3 weeks (ranging from 3-14 weeks).

Forty three (61.4%) got the skill to repair episiotomies at the Federal Medical Centre, Owerri, 24 (34.3%) at their medical training institution, while 3 (4.3%) got it at a private hospital. Forty eight 48 (68.6%) were taught how to repair episiotomy by resident doctors, 9 (12.9%) by fellow interns 3 (4.3%) each by consultants and nurses respectively, 2 (2.9%) by a medical officer, while 5 (7.7%) were self-trained. 44 (62.9%) had a formal demonstration done at their training institution while 26 (37.1%) did not get a formal demonstration.

Fifty six (80%) of the interns were comfortable with episiotomy repair while 14 (20%) were not. Ten (45.45%) of the females and 4 (8.33%) of the males were not comfortable with episiotomy repair. 13 (30.23%) of those who obtained the skill at the period of houseman-ship and 1 (4.3%) of those who got the skill at their training institution were not comfortable with episiotomy repair. All those taught by a consultant or taught by a nurse, 40 (83.3%) of those taught by resident doctors and 4 (44.4%) of those taught by fellow interns were comfortable with the repair of episiotomy. Six (23.07%) of those without formal demonstration and 8 (18.18%) of those with formal demonstration were not comfortable with episiotomy repair.

DISCUSSION

The importance of skill in the obstetric procedure of episiotomy and its repair cannot be over emphasized.^[4] This study has shown that almost all (95.7%) of the interns had repaired an episiotomy before. The average of 13 ± 11 episiotomy repairs per intern is an indication that episiotomy remains a common obstetric procedure despite a lack of consensus on the benefits of episiotomy in obstetrics.^[7]

A good number of the interns got their skill on the repair of episiotomy while doing the houseman-ship. Only 34.3% had done an episiotomy repair at their medical training institution. This presupposes that a less than optimal foundation was set for these upcoming doctors with the first exposure to episiotomy repair being when asked to do one. Secondly, the study revealed that most of the skill were passed on by registrars who themselves may not be satisfied with their own training on episiotomy and perineal repair as demonstrated by Sultan and others.^[6,8] According to the study done in the United States of America on fourth year residents in their last rotation in accredited programs,

59.9% received no didactics on episiotomy repair techniques, 59.3% had no formal teaching on pelvic floor anatomy, while 10% of the graduates felt inadequately trained in perineal repair.^[5] Most of these house officers are taught by the registrars under less than optimal surgical conditions.^[8]

A formal demonstration at the medical school of training does not appear to be a constant event in the medical schools as only 62.9% of the interns in this study accepted receiving such. However, despite the above, 80% of these interns' were comfortable with the repairs of episiotomy. Almost half of the female interns were not comfortable with episiotomy repair, possibly due to their aversion to obstetric and surgical specialties. Unfortunately, there is a paucity of data on this topic to enable one make comparisons between centers and cultures and a previous article from Nigeria on this could not be accessed.

30% of those who got their skill on episiotomy repair at the period of houseman ship were not comfortable with the procedure as opposed to 4.3% who had a formal training at their medical institution. Sultan *et al*, in their audit of training on obstetric perineal repairs found that less than 20% of physicians felt they had received adequate training prior to undertaking their first unsupervised repair.^[6,8]

This goes to show that it would be preferred if a formal training is given on this procedure while a student is still in training. That will also help give some level of uniformity in the information passed on. It is also important that the formal demonstration is done by a consultant as this will impart more confidence on the students to perform the procedure later. Berkowitz and colleagues reported on the positive impact of a resident – as – teacher curriculum focusing on both the pedagogy and content related of pelvic floor and perineal anatomy.^[3] According to them, 'the intervention significantly affected the residents' knowledge of pelvic floor and perineal anatomy and significantly increased the residents' comfort level with teaching pelvic floor and perineal anatomy. All the residents agreed that learning how to teach using clinical correlations and integrating the laboratory experience were excellent and that it was beneficial to be taught by the combination of clinical, anatomical and educational faculty.'^[3] It may be necessary to adapt a modification of this in the medical schools with some hands on experience during the medical training program for repair of episiotomy and other similar apparently minor but common procedures.

In developed countries, the use of models such as the Keele and Staff's episiotomy trainer for the training on episiotomy and suturing technique for the repair of second degree repairs has been advocated.^[9,10] In the past the beef tongue model had been used for teaching and was economical effective.^[11,12] It however had the drawback of not having distinct anatomical planes and the possibility of zoonotic disease transmission.

This study has had the drawback of a small sample size but opens an insight to the need for a regular audit of the several trainings on procedures done in our practice daily.

REFERENCES

1. Hale RW, Ling FW. Episiotomy: procedure and repair techniques. United States: An ACOG publication; 2007.
2. Fernando R, Sultan AH, Kettle C, Thakar R, Radley S. Methods of repair for obstetric anal sphincter injury (Review). The Cochrane Library 2007, Issue 4 The Cochrane Collaboration. United States: Published by John Wiley and Sons Ltd; 2007.
3. Berkowitz LR, McDermott CH, White K, Saavedra A, Hafler JP. Residents as teachers of the pelvic floor and perineal anatomy Female Pelvic Med Reconstr Surg 2010;16:268-71.
4. Viswanathan M, Hartmann K, Palmieri R, Lux L, Swinson T, Lohr KN, *et al*. The use of episiotomy in obstetrical care: A systematic review. Evid Rep Technol Assess (Summ) 2005;112:1-8.
5. Johanson R. Obsteric procedures In: Edmonds DK, editor. Dewhurst's Textbook of Obsterics and Gynaecology for postgraduates. 6th ed. New Jersey: Blackwell Science; 1999. p. 308-10.
6. Sultan AH, Kamm MA, Hudson CN. Obstetric perineal tears; an audit of training. Br J Obstet Gynaecol 1995;15:19-23.
7. Thorp JM Jr, Bowes WA Jr Episiotomy: Can its routine use be defended? Am J Obstet Gynecol 1989;160:1027-30.
8. McLennan MT, Melick CF, Clancy SI, Artal R. Episiotomy and perineal repair: An evaluation of resident education and experience. J Reprod Med 2002;47:1025-30.
9. Garcia V, Rogers RG, Kim S, Hall RJ, Kammerer-Doak BN. Primary repair of obstetric anal sphincter laceration: A randomised trial of two surgical techniques. Am J obstet Gynaecol 2005;192:1697-1701.
10. Limbs and things global. Midwifery, obstetrics and gynecological procedures. Skill training products for healthcare professionals. Available from: <http://www.F/products.Php.html>. [Last accessed on 2012 Mar 05].
11. Woodman PJ, Nager CW. From the simple to the sublime: Incorporating surgical models into your surgical curriculum. Obstet Gynecol Clin North Am 2006;33:267-81.
12. Uppal S, Harmanli O, Rowland J, Hernandez E, Dandolu V. Resident competency in obstetric anal sphincter laceration repair. Obstet Gynecol 2010;115:305-9.

How to cite this article: Nzeribe EA, Obinna-Njoku O, Iwuji K. Intern's experiences with episiotomy and its repair. J Basic Clin Reprod Sci 2012;1:9-11.

Source of Support: Nil, **Conflict of Interest:** None declared

JOURNAL OF BASIC and CLINICAL REPRODUCTIVE SCIENCES

Official Publication of Society of Reproductive Biologist of Nigeria

Volume 1 / Issue 1 / Year 2012

www.jbcrs.org

J B C R S