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Review of Pain Control Methods After an Episiotomy

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PATIENT CARE ISSUE
- In 2007, 443,000 episiotomies were performed.
- Because this procedure is used often, pain management after episiotomy is a priority for many women.
- Mothers may be reluctant to use pharmacological treatment due to the potential negative side effects to both mother and baby.
- Because of this concern, a number of researchers have investigated alternative methods of managing pain, particular after episiotomies are performed.
  - The purpose of this review is to determine the best evidence based practice for controlling pain related to an episiotomy.

EVIDENCE-BASED PRACTICE QUESTION
Question: What is the best method of pain management after an episiotomy?
P - Postpartum mothers who had a vaginal birth and an episiotomy
I - Pain control
C - Pharmacologic versus non-pharmacologic methods
O - Effective pain control with patient satisfaction

RESULTS
- Neither pharmacologic nor alternative methods were proven to be more effective than the other.
- Review of pharmacologic methods seemed to point to local anesthetics as the preferred method of pain control.
- Tramadol, 3 acetaminophen-codeine drugs, 4 and indomethacin suppositories shown to be less effective than other methods.
- There are valid alternative methods available for post-episiotomy pain control for mothers who wish to avoid medication as part of their pain management.
  - TENSG as well as wrist-ankle acupuncture7 were both shown to be effective methods for pain control, as well as the use of cold gel packs8 in relieving pain related to swelling.

SYNTHESIS OF EVIDENCE
Pharmacological interventions:
Two studies showed that local anesthetics (ropivocaine and bupivacaine) were more effective than other forms of analgesia.
PNB with ropivocaine was shown to have positive effect on pain control and decrease need for supplemental analgesia.
No significant difference was found between NSAIDS and acetaminophen-codeine combination drugs.
Tramadol found to be an ineffective analgesic.

Non-pharmacological interventions:
Lavender oil11 and low-level laser therapy12 had little to no effect on pain scores.
Cold gel packs shown to be more effective than gel packs for perineal redness, swelling, and pain.
Women who received TENS reported significantly less pain than those who received no treatment.
Ear acupuncture was shown to be less effective than local anesthetics.
Wrist-ankle acupuncture was shown to be an effective method of pain management.

METHODS
- Databases: MEDLINE, Pubmed, Academic Search Complete, Cochrane, CINAHL
- Keywords: Episiotomy, pain control, postpartum
- Current research: 2007-2012
- Initial search: 51 articles
- Related articles: 13

LIMITATIONS
Our review was limited by the types of studies available. Although several studies covered either pharmacological or non-pharmacological methods of pain control, very few studies compared the two types. We hope that future studies address this deficit.

REFERENCES

SYNTHESIS OF EVIDENCE
Pharmacological interventions:
- Two studies showed that local anesthetics (ropivocaine and bupivacaine) were more effective than other forms of analgesia.
- PNB with ropivocaine was shown to have positive effect on pain control and decrease need for supplemental analgesia.
- No significant difference was found between NSAIDS and acetaminophen-codeine combination drugs.
- Tramadol found to be an ineffective analgesic.
- Diclofenac sodium suppositories shown to be more effective than indomethacin suppositories.

Non-pharmacological interventions:
- Lavender oil and low-level laser therapy had little to no effect on pain scores.
- Cold gel packs shown to be more effective than gel packs for perineal redness, swelling, and pain.
- Women who received TENS reported significantly less pain than those who received no treatment.
- Ear acupuncture was shown to be less effective than local anesthetics.
- Wrist-ankle acupuncture was shown to be an effective method of pain management.

EVIDENCE-BASED PRACTICE RECOMMENDATIONS
- Our research process assembled the relevant research and related literature, which we then synthesized to determine the best evidence-based practice.
- Research was sufficient to pilot a change in practice, but a major change is not necessary in our facility.
- Our interview revealed that the practices of that particular institution were congruent with the results gleaned from this review.
- We recommend that the facility continue to evaluate and remain up to date on current research related to pain control for episiotomies.