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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 performed¹
- 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, particularly 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

REGISTERED NURSE INTERVIEW

- A mother-baby RN, Cristi, was interviewed regarding the management of pain control for episiotomies
- She estimated that 85% of women at that facility received episiotomies during delivery. She stated “The women [with episiotomies] view pain as an emergency, and they think that you as the nurse should, too”
- The most common pain control method was giving Motrin or Vicodin. Other interventions include ice packs, Tucks, sitz baths, and cushions.
- Facility Policy: Congruent with information obtained from RN. Also included use of topical sprays and creams as well as peri bottles²

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.

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 suppositories⁵ 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
- TENS⁶ 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^{9, 10}
- PNB with ropivocaine was shown to have positive effect on pain control and decrease need for supplemental analgesia⁹
- No significant difference was found between NSAIDs and acetaminophen-codeine combination drugs⁴
- Tramadol found to be an ineffective analgesic³
- Diclofenac sodium suppositories shown to be more effective than indomethacin suppositories⁵

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 pain⁸
- Women who received TENS reported significantly less pain than those who received no treatment⁶
- Ear acupuncture was shown to be less effective than local anesthetics¹³
- Wrist-ankle acupuncture was shown to be an effective method of pain management⁷

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

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