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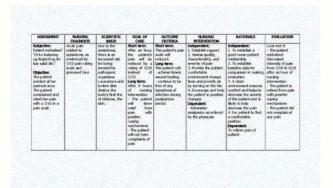
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Nursing care plan for pain related to episiotomy

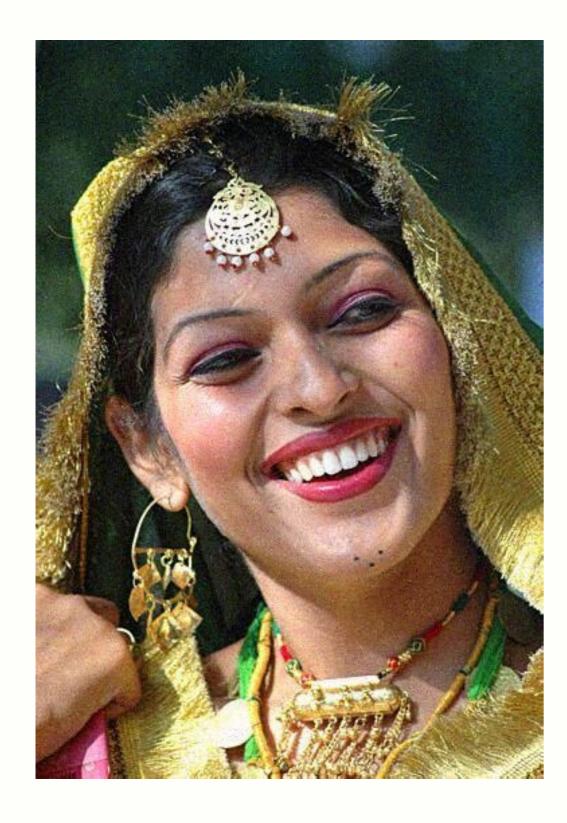
Nursing care plan for episiotomy pain. Nursing care plan for postpartum pain. Acute pain related to episiotomy nursing care plan. Wound pain nursing care plan.

100%(2)100% found this document useful (2 votes)13K views1 page Introduction Episiotomy is a surgical incision that widens the opening of the vagina during childbirth to assist delivery of the baby providing more room. It is usually done if the baby needs to be delivered quickly or if there is risk of feto-maternal injury or trauma. Assessment When conducting an assessment of episiotomy care, it is important to assess the patient's: Pain – This can be assessed by asking questions about the severity of pain localization and type of pain.

Bleeding – Assessing for any bleeding and determining the type (uterine, vaginal, etc). Vital Signs – Checking the patient's condition. Infection – Any signs of infection such as swelling, redness, tenderness, etc should be noted and reported. India ink stain – India ink stain should be assessed to determine if any un-dissolved ink remains after the procedure. Symptoms – Noting any reports of fever, chills, nausea and other symptoms. Nursing Diagnosis for the care of episiotomy include: Acute Pain – Related to incision site and labor. Risk for Infection – Related to wounds from delivery, use of instruments and manual labor. Risk of Hemorrhage – Related to trauma to delicate tissue during delivery. Disturbed Body Image – Related to trauma to genital to genital to genital to traum at one of episiotomy and delivery. Intervention and the patient will not have any signs of infection. The patient will not have any signs of infection in the area. Interventions The interventions to be carried out in the care plan of episiotomy include: Pain Management – Pain medication or topical anesthetics may be applied to reduce discomfort. Infection Surveillance – Monitoring temperature and incision site for signs of infection.



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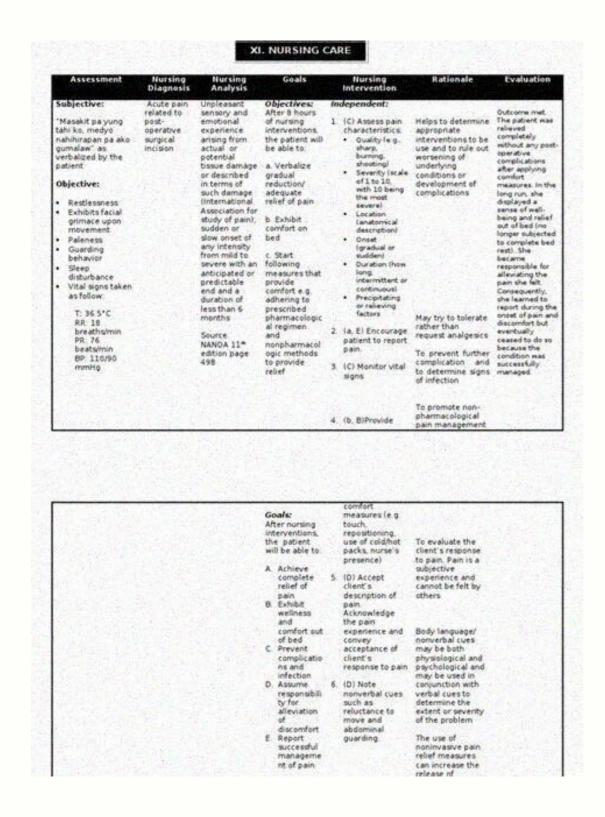
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Name of the Patient - Raul Island - Age: 24 yis, male, single - Address: Pil-Cam, Jur - Nedical Diagnoss - Hecked visual medial aspect mil ^{and} forearm, traumatic amputation listle linger, left						
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Assessment When conducting an assessment of episiotomy care, it is important to assess the patient's temperature and pulse rate regularly post delivery will provide valuable information about the patient's condition. Infection – Any signs of infection such as swelling, redness, tenderness, etc should be noted and reported. India ink stain – India ink stain in India ink stain in localization and the remains of fever, chills, nausea and other symptoms. Nursing Diagnosis The nursing Diagnosis The nursing diagnosis for the care of episiotomy include: Acute Pain – Related to trauma to delicate tissue during delivery. Disturbed Body Image – Related to trauma to genital area and changes in body anatomy during labor and delivery. Ineffective Tissue Perfusion – Related to presence of stitches, bruising, swelling and inflammation. Outcomes The outcomes desired from the care plan for episiotomy are inflammation or topical anesthetics may be applied to reduce discomfort. Infection Surveillance – Monitoring temperature and vital signs, inspecting the patient or patient will not have any signs of infection. He patient on maintaining proved tissue perfusion – Elevating the affected area, applying ice packs and manually checking for signs of excessive bleeding. Promote Self-Esteem – Emphasizing the regained strength and control with words of affirmation to boost the patient to relax and promote healing. Infection Surveillance – An early diagnostic will limit the progression of any infectious agents into the bloodstream. Hemorrhage Prevention – Prevention of excessive bleeding will reduce the risk of anemia. Promote Self-Esteem – Positive reinforcement will help the patient overcome any fear or embarrassment regarding the appearance of their bodies.

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The patient will not experience any further hemorrhaging. The patient will show improved tissue perfusion in the area. Interventions to be carried out in the care plan of episiotomy include: Pain Management - Pain medication or topical anesthetics may be applied to reduce discomfort. Infection Surveillance - Monitoring temperature and vital signs, inspecting the episiotomy stitches and incision site for signs of infection. Hemorrhage Prevention - Elevating the affected area, applying ice packs and manually checking for signs of excessive bleeding. Promote Self-Esteem - Emphasizing the regarded strength and control with words of affirmation to boost the patient's confidence. Tissue Perfusion - Applying warm compresses and instructing the patient to maintaining proper hygiene to ensure optimal recovery. Rationales It is important to understand the rationale behind each intervention when carrying out the care plan for episiotomy: Pain Management - This will help the patient to relax and promote healing.



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Rationales It is important to understand the rationale behind each intervention when carrying out the care plan for episiotomy: Pain Management - This will limit the progression of any infectious agents into the bloodstream. Hemorrhage Prevention - Prevention of excessive bleeding will reduce the risk of anemia. Promote Self-Esteem - Positive reinforcement will help the patient overcome any fear or embarrassment regarding the appearance of their bodies. Tissue Perfusion - Ensuring free flow of blood and nutrients will speed up the healing process. Evaluation The evaluation of the nursing care plan for episiotomy can be done by gathering data and assessing outcomes. Results will help determine if the patient to heal post delivery. Through frequent assessments, available pain management options and interventions geared towards promoting self-esteem, the patient can be provided with the best possible care. FAQs What is an episiotomy? An episiotomy is a surgical incision that widens the opening of the vagina during childbirth to assist delivery. What are the common interventions for episiotomy? Interventions for episiotomy can include pain management, infection surveillance, hemorrhage prevention and promoting self-esteem. Is an episiotomy necessary? plan for episiotomy? Some positive outcomes of a care plan for episiotomy can include expressing minimal pain, not having any signs of infection, no further hemorrhaging, showing improved tissue perfusion in the area, and demonstrating positive self-image. What is the aim of a nursing care plan for episiotomy? The aim of a nursing care plan for episiotomy can include expressing minimal pain, not having any signs of infection, no further hemorrhaging, showing improved tissue perfusion in the area, and demonstrating positive self-image. episiotomy is to provide the best possible care for the patient post delivery in order to ensure a positive recovery. An episiotomy is a surgical incision made in the perineum, the area between the vaginal opening and the anus, during childbirth. This procedure is sometimes necessary to facilitate a safer and smoother delivery, especially in cases of prolonged labor or when the baby needs to be delivered quickly. A nursing care plan for episiotomy is essential to ensure proper wound healing, pain management, and the overall well-being of the postpartum individual. The focus of this care plan is to provide comprehensive care and support to individuals who have undergone an episiotomy. Nursing interventions are designed to assess and manage pain, promote wound healing, prevent infection, and provide education on self-care and hygiene. Episiotomies can vary in severity, and the recovery experience may differ for each individual. This care plan recognizes the importance of individualized care and tailors interventions to meet the specific needs and circumstances of each postpartum individual. It also emphasizes the importance of clear communication, education, and emotional support during the postpartum period. By offering compassionate, evidence-based care, nurses play a vital role in ensuring a smooth and comfortable recovery for individuals who have had an episiotomy, ultimately contributing to their overall postpartum experience and well-being. An episiotomy, ultimately contributing to their overall postpartum experience and well-being contributing to their overall postpartum experience and well-being. Nursing assessment of individuals who have undergone an episiotomy is essential to ensure proper wound healing, pain management, and overall postpartum well-being. This assessment focuses on physical and emotional aspects of care. Record the individual's name, age, gestational age (if applicable), and contact information. Document the date and time of the assessment. Explore the individual's chief complaints, including any reported pain, discomfort, or concerns related to the episiotomy site. Obtain a detailed medical and obstetric history, including the reason for the episiotomy and any complications during labor and delivery. Assess the location, character, and intensity of pain or discomfort at the episiotomy site. Use a pain scale (e.g., Numeric Rating Scale) to quantify pain intensity. Inspect the episiotomy incision site for signs of healing, including the presence of sutures, redness, swelling, or signs of infection. Assess the perineum for any hematomas, ecchymosis (bruising), or signs of dehiscence (wound separation). Instruct the individual on proper wound care techniques, including cleansing with warm water and mild soap and patting dry. Ensure that sutures are intact and provide wound care supplies as needed. Monitor for signs of infection, such as increased redness, warmth, or purulent discharge from the episiotomy site. Assess for fever or systemic signs of infection. Educate the individual on proper perineal hygiene, including wiping front to back after using the toilet. Emphasize the importance of frequent handwashing. Administer prescribed pain relief medications as ordered. Evaluate the individual's response to pain management interventions and adjust as needed. Provide emotional support and empathetic care, acknowledging the physical and emotional support and empathetic care, acknowledging the physical and emotional support and empathetic care, acknowledging the physical and emotional support and empathetic care, acknowledging the physical and emotional support and empathetic care, acknowledging the physical and emotional support and empathetic care, acknowledging the physical and emotional support and empathetic care, acknowledging the physical and emotional support and empathetic care, acknowledging the physical and emotional support and empathetic care, acknowledging the physical and emotional support and empathetic care, acknowledging the physical and emotional support and empathetic care, acknowledging the physical and emotional support and empathetic care, acknowledging the physical and emotional support and empathetic care, acknowledging the physical and emotional support and emotion acknowledging the physical acknowledges acknowledging the physical acknowledges acknowledges acknowledges acknowledges acknowledges acknowledges ackn

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It is usually done if the baby needs to be delivered quickly or if there is risk of feto-maternal injury or trauma. Assessment When conducting an assessment of episiotomy care, it is important to assess the patient's: Pain - This can be assessed by asking questions about the severity of pain localization and type of pain.

Assess the individual's ability to urinate and have bowel movements. Address any concerns related to urinary retention or constipation. The nursing assessment for episiotomy is a critical step in ensuring proper wound healing, pain management, and overall postpartum well-being. Nurses play a pivotal role in providing compassionate and individualized care, addressing both physical and emotional needs during this period. Effective assessment and education contribute significantly to a comfortable and healthy postpartum recovery experience. Episiotomy is a potential entry point for infection, especially if proper hygiene and wound care are not maintained. Episiotomy may lead to tissue trauma, and there is a risk of impaired tissue integrity in the perineal area. Episiotomy incisions may take time to heal properly, and there is a risk of impaired tissue integrity in the perineal area. Episiotomy incisions may take time to heal properly, and there is a risk of impaired tissue trauma, and there is a risk of impaired tissue integrity in the perineal area. Episiotomy incisions may take time to heal properly, and there is a risk of impaired tissue trauma, and there is a risk of impaired tissue integrity in the perineal area. Episiotomy incisions may take time to heal properly, and there is a risk of impaired tissue integrity in the perineal area. Episiotomy incisions may take time to heal properly, and there is a risk of impaired tissue integrity in the perineal area. Episiotomy incisions may take time to heal properly, and there is a risk of impaired tissue integrity in the perineal area. Episiotomy incisions may take time to heal properly, and there is a risk of impaired tissue integrity in the perineal area. Episiotomy incisions may take time to heal properly, and there is a risk of impaired tissue integrity in the perineal area. Episiotomy incisions may take time to heal properly, and there is a risk of impaired tissue integrity in the perineal area. Episiotomy incisions may take time to heal properly, and there is

Advise against the use of harsh soaps, douches, or perfumed products in the perineal area. Regularly assess and document the individual's pain levels, location, and characteristics using a pain scale. Adjust pain management interventions based on the individual's reported pain intensity. Provide emotional support and empathetic care, acknowledging the potential discomfort and emotional challenges of the postpartum period. Encourage open communication, allowing the individual to express concerns or anxieties.

Continuously monitor the episiotomy site for any signs of complications, such as infection, dehiscence, or hematoma. Report any concerning findings promptly to the healthcare provider. Assist the individual in finding comfortable positions, such as side-lying or using a nursing pillow during breastfeeding, to minimize pressure on the perineum. Offer

Continuously monitor the episiotomy site for any signs of complications, such as infection, dehiscence, or hematoma. Report any concerning findings promptly to the healthcare provider. Assist the individual in finding comfortable positions, such as side-lying or sugnificant on signs of potential complications and when to seek medical attention. Coordinate follow-up appointments for son questions or concerns. These nursing interventions are designed to address the physical and emotional heads of individuals who have undergone an episiotomy during childbirth, by providing compassionate care, education, and monitoring, nurses play a vital role in endough and implementing this nursing care plan for individuals who have undergone an episiotomy during childbirth, we have demonstrated our commitment to providing comprehensive and comfortable recovery. Throughout this care plan, our primary focus has been on addressing the physical discomfort and emotional challenges that individuals comportance as month and comfortable recovery. Throughout this care plan, our primary focus has been on addressing the physical discomfort and emotional challenges that individuals providing comprehensive and patient-centered care. Episiotomy is a common surgicion. Throughout this care plan individual support, we have encompassed pain management, wound care, infection prevention, perineal hydience perined hydience perined by providing experience. Our nursing interventions have encompassed pain management, wound care, infection prevention, perineal hydience perined hydience perined and eligible providence perined to findividuals support, we have emphasized the importance of individuals support, and monitoring for complications. These interventions are designed to promote perined and eligible providence perined to the principle of compassionate care, empathy, and patient education. By providing compassionate care, empathy, and patient education. By providing exemption of individuals who have undergone an episiotomy in the postpartum perind c

It is the most joyful experience for her and her entire family, but at the same time, several complications in the postnatal stage, including perineal pain, constipation, breast engorgement, cracked nipples, fatigue, backache, and headache, can cause the mother severe physical and psychological distress and reduce her quality of life [2]. Mothers may also face discomfort due to the physiological process of uterine involution in the postnatal stage. Because mothers have to go through all these complications simultaneously, they need extra care. Annually, 120,243 vaginal births take place in India, with 63.4% of them having an episiotomy rates in primiparous women are 8.8 times higher than those in multiparous women [3]. The World Health Organization (WHO) reported that there are 500,000 maternal deaths per year, of which 99% occur in developing countries [4]. The American College of Obstetrics and Gynecology estimates that one in three women who have a vaginal delivery also undergo an episiotomy [5]. The episiotomy rates vary widely across countries depending on their restrictive or routine use. As reported in the literature, episiotomy rates are still high in developing nations because primigravidae have not been largely adopted in those nations, limiting the use of episiotomy [6]. Episiotomies in the US have declined since the late 1970s, from 61% in 1979 to 25% in 2004 [7]. Perineal pain and discomfort, episiotomy infections, and puerperal sepsis are all sources of morbidity and mortality in women in the postnatal stage.

Perineal pain and discomfort are one of the leading contributors to maternal morbidity. A study reported that 1,345 Nigerian women who gave vaginal births also had episiotomies, while the prevalence of episiotomies was 46.6% [8]. Episiotomy Episiotomy, also known as perineotomy, is a planned surgical

incision of the perineum to augment the second stage of labour. In the second stage of labour, when the crowning of the baby occurs, that is, when the presenting part of the baby occurs, that is, when the perineum and posterior wall of the vagina is surgically incised to promptly widen the gap. It enables the baby to pass through the route without causing discomfort to the mother or the baby [9]. Different types of episiotomy are performed depending on where the incision needs to be made, including median, J-shaped, and mediolateral episiotomy and lateral episiotomy for every woman undergoing normal vaginal delivery.

The difference between median episiotomy and mediolateral episiotomy and mediolateral episiotomy and mediolateral episiotomy. The authors created this table. Median or midline episiotomy Mediolateral episiotomy. The incision is made

vertically over the perineumThe incision is made at an angle over the perineumIt is equivalent to a second-degree perineal tearFewer muscle fibres are cut, causing less bleedingMore muscle fibres are cut, causing relatively more risk of bleedingIf episiotomy extends, it can involve the anal sphincter and can lead to faecal incontinenceIt does not involve the anal sphincter, and if necessary, the incision can be extendedDyspareunia is rareDyspareunia is rareDyspareunia is rareDyspareunia is commonRepair is easy, and healing is delayedPost-operative comfort is maximumPost-operative comfort is relatively lesserMediolateral and midline episiotomy incision over the perineum. Open access journal under a CC-BY license. Contributed by Garner et al. [10]. Some specific consequences of episiotomy are foetal distress, premature delivery, shoulder dystocia, after-coming head in breech births, instrumental delivery, macrosomia, and face-to-pubis delivery. Structures cut during episiotomy are skin, subcutaneous tissue, superficial and deep transverse perineal muscles, bulbospongiosus, part of the levator ani, transverse perineal branches of pudendal vessels and nerves, and posterior vaginal wall, in this order. Muscles that are not cut during episiotomy are ischiococygeus, ischiocavernosus, and anal sphincters. Significant complications are also associated with episiotomy, such as pain, oedema, hematoma, infection, and, ultimately, dyspareunia brought on by a sensitive vaginal scar or a narrowed vagina [11]. In an episiotomy, an incision is made along the perineum, which is a sensitive area. The muscles in the perineum are involved in daily actions such as sitting, walking, bending down, squatting, urination, and excretion.

An incision on the perineum results in pain and may cause discomfort to postnatal women in performing these daily activities [12]. It is usually performed during vaginal delivery for childbirth [13]. The following are some of the benefits of perineum results in pain and may cause discomfort to postnatal

tears, particularly third-grade perineal cuts, should be avoided by making clean incisions adjacent to them. They are more likely to keep the pelvic floor and perineum muscles relaxed, which will improve sexual functioning and reduce the risk of faecal and urine incontinence in postnatal women. The need for sutures and postpartum healing difficulties such as loss of blood, oedema, haematoma, infections, wound dehiscence, and perineal pain is associated with episiotomy, a standard obstetric procedure [14]. Few patients endure postpartum pain and discomfort, which can linger well past the puerperium as long-term pain and dyspareunia.

Furthermore, infections, wound breakdown, urine and faecal incontinence, and other side effects of perineal trauma treatment could make the postpartum period exceedingly tricky [15]. Postpartum pain can be assessed by the redness, oedema, ecchymosis, discharge, and approximation scale. Sexual dysfunction after delivery is frequently caused by postpartum pain due to tears in the perineum during an episiotomy [16]. Some critical problems linked with episiotomy are pain, oedema, haematoma, infection, and, ultimately, dyspareunia caused by a painful vaginal scar or vaginal constriction. It may result in discomfort or impaired sexual functioning for up to a year following a perineal injury that is very deep or numerous. Patients who underwent an episiotomy or suffered a perineal tear during delivery are more likely to continue to engage in sexual activities. Compared to women who have not undergone these treatments, those who have could feel more pain during a sexual act [17]. A cross-sectional study found that 67% of women did not seek special care six weeks to six months after giving birth [18]. This study also found recovery, many

procedures have been utilised.

This method has been designed to relieve pain, facilitate comfort, and prevent episiotomy infection. In this method, the following procedures are implemented: cleanliness, cold packs, sitz baths, kegel exercises, perineal care, and topical application of dry heat-Infrared therapy whose effects last for an extended period, and keeps the wound dry [19]. This increases blood flow, reduces pain, and increases the amount of oxygen and nutrition available to the tissue. Additionally, it facilitates the evacuation of waste, and promotes muscle relaxation. The release of the chemical vasodilator histamine also has physiological effects on cutaneous vasodilation and alleviates pain [20].

Some methods to speed healing and relieve discomfort include exposing the perineum to the air by allowing the pad down while napping or resting, avoiding positions that impose pressure on this area, such as long durations that impose pressure on this area, such as long duration is electromagnetic radiation is electromagnetic radiation with wavelengths between 760 nm and 100,000 nm. Infrared therapy in a safe, drug-free, and effective way to reduce pain and inflammation throughout the body using light. Figure 2 shows an infrared hear therapy lamp. Physiological effects of infrared therapy include the following: after one to two minutes, histamine, a chemical vasodilator, is released, possibly acting on blood vessels and, thus, causing local cutaneous vasodilation. The therapeutic uses of infrared therapy include pain relief (chronic back pain), acceleration of dangers, burns, skin irritation, dehydration, hypotension, and defective arterial blood flow. Contraindications for infrared lamp therapy usage are skin irritation, and skin damage due to ionising radiation and defective arterial blood flow. Contraindications for infrared therapy is a one-of-a-kind treatment in which the healing impact of light is used for facilitating pain and discomfort relief and expediting the healing of episiotomy wounds. This therapy involves exposing the incision site or the diseased region of the perineum to infrared radiation from a light source of 230 volts from a distance of 45-50 cm for 10-15 minutes, which provides relief from discomfort. The treatment is straightforward, painless, and has no known adverse effects [23,24]. Infrared rays have a therapeutic impact by aggregating blood supply to a specific location and allevance and relieve muscles and re

The region between the rectum and the vulva, or scrotum, is known as the perineum, which is cleaned with a sitz bath, warm water, and a shallow bath [28]. Additionally, a sitz bath helps ease discomfort or itchiness in the vaginal area. In addition to preventing soreness and a burning sensation around the perineum, the benefits of using a sitz bath include minimising perineal irritation, inflammation, and swelling. Indications for using a sitz bath are haemorrhoids, anorectal infections, operations, and postpartum mothers who gave birth vaginally [29]. In a sitz bath, the perineal area and buttocks are submerged in warm water for 15-20 minutes at a temperature of 40-45°C. This may heal wounds and relieve pain, itching, or muscle spasms. A sitz bath may heal wounds by cleaning the perineum and the anus, increasing circulation, reducing oedema and inflammation, and promoting muscle relaxation [30]. Postnatal mothers might have painful micturition because of local bruises on the vulva, clitoris, and vagina and an episiotomy scar. Urine

retention may occur due to a sore spot or the operative delivery.

Sitz baths provide pain relief; infrared exposure relieves perineal pain. Analgesics may be required for treating local pain [31].

Table 2 depicts the difference between infrared lamp therapy and a sitz bath. Difference between infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy and a sitz bath. The authors created this table. Infrared lamp therapy are used t

therapy: Reduction of psoriasis, diabetes-related complications such as diabetic foot ulcers, inflammation and pain from rheumatoid arthritis, healing of burns, amputation injuries, skin grafts, infected wounds, and trapping injuriesOther uses of a sitz bath: Pain relief and reduction of stiffness and secondary muscle spasms on posterior neck and back in patients with ankylosingBoth procedures can be used and are effective in the prevention and fast healing of the wound. However, puerperal mothers who received infrared lamp therapy on their episiotomy wound experienced faster wound healing and less pain than those who took a warm sitz bath. The application of infrared lamp therapy has a significant effect on reducing pensional and promoting wound healing among prostoring pain and promoting wound healing and promoting wound healing and promoting wound healing and less pain than those who took a warm sitz bath. The application of infrared lamp therapy has a significant effect on reducing episiotomy pain and promoting wound healing affordable. The greatest method to give consideration is to enable nurses and other medical professionals to adjust their routines [33]. Nurses and midwives read in the overall management of perineal pain and wound healing evaluation, application of interventions for episiotomy, including continuous pain assessment and wound healing evaluation, application of relevant information and mount healing process that every postnatal mother have [24,34]. Between the pretest and post-test, a statistically significant difference was discovered. It was found that both dry and moist heat therapy with a hair dryer proved to be more successful at reducing episiotomy discomfort compared to hot heat from a sitz bath [28]. The healing time after an episiotomy, most heat applications such as sitz baths and hot p

With scientific advancement, more dry heat therapies were developed such as electric heat lamps, peri lights, and infrared rays. According to research, dry heat is more effective than moist heat because its action lasts longer, keeps the area dry, and aids in wound healing [26]. Episiotomy is the most commonly performed planned surgical incision on the perineum during the second stage of labour. Indications of episiotomy are foetal distress, complicated baby positions such as breeches, premature births, large babies, and vacuum delivery. Maternal benefits are reduced risk of perineal trauma, subsequent pelvic floor dysfunction and prolapse, urinary incontinence, faecal incontinence, and sexual dysfunction. Potential benefits for the foetus were thought to include a shortened second stage of labour as a result of more rapid and spontaneous delivery. It can also result in adverse consequences of episiotomy, including an extension to a third- or fourth-degree tear, anal sphincter dysfunction, and dyspareunia. Infrared lamp therapy is a one-of-akind treatment procedure where the healing impact of light is used to cure pain and discomfort and also expedite episiotomy wound healing. The other method considered in this review is the

administration of moist heat using sitz bath therapy.

Special indications of performing infrared lamp therapy over a sitz bath include the following: it penetrates heat deep into the tissue layer, doesn't induce sweating, and prevents fluid loss. Based on the findings in most articles cited in this review, we conclude that infrared lamp therapy is a more effective method for postnatal episiotomy pain and wound healing among postnatal mothers compared to moist heat therapy with a sitz bath. Hence, infrared lamp therapy should be included in the hospital routine for better management of daily care for postpartum mothers with episiotomy wounds.

wound healing among postnatal mothers compared to moist heat therapy with a sitz bath. Hence, infrared lamp therapy should be included in the hospital routine for better management of daily care for postpartum mothers with episiotomy wounds.

Nurses and midwives play a vital role in the overall management of perineal pain and wound healing after episiotomy, so they should be educated about performing this dry heat therapy. The content published in Cureus is the result of clinical experience and/or research by independent individuals or organizations. Cureus is not responsible for the scientific accuracy or reliability of data or conclusions published herein. All content published within Cureus should not be deemed a suitable substitute for the advice of a qualified health care professional. Do not disregard or avoid professional medical advice due to content published within Cureus. The authors have declared that no competing interests exist. Antenatal maternal education for improving postnatal perineal healing for women who have birthed in a hospital setting. O'Kelly SM, Moore ZE. Cochrane Database Syst Rev. 2017;12:0. [PMC free article] [PubMed] [Google Scholar]2. Antenatal perineal massage for reducing perineal trauma. Beckmann MM, Stock OM.

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