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Imaging of Episiotomy Scars

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Introduction

Recent ultrasound systems allow focussing at all depths simultaneously, enhancing near field applications such as assessment of the perineum and anal sphincter by tomographic ultrasound.

Aims

To describe appearances of the perineum in a consecutive series of urogynaecological patients and correlate findings with obstetric history.

Methods

This study involved retrospective analysis of data obtained between 8/2023 and 12/2024 at a tertiary Urogynecology clinic. All women had an interview including obstetric history. A POPQ clinical examination and 4D translabial ultrasound using a Voluson E22 system were performed for prolapse assessment and imaging of perineum and anal canal.

Analysis was undertaken offline later, blinded against clinical data. Evidence of OASI and episiotomy scars (Fig.1) were analysed against obstetric data.

Results

Of 260 women seen, 235 were vaginally parous, and 139/235 (59%) reported an episiotomy. On imaging, OASI scars were seen in 72 women (28%). Linear episiotomy scars (Fig 1) were detected in 82 (32%), visible in 5.4/ 8 (range, 3-8) standard slices. Depth was 14.5 (5-38) mm, the angle of those scars was 43 (-11 to +76) degrees to the vertical. Episiotomy scars were associated with a patient's recall of an episiotomy (60/139 vs. 20/111, $P < 0.001$), the number of vaginal births (2.02 [SD 1.38] vs. 2.46 [SD 1.37], $P = 0.019$) and Forceps (34/77 vs 49/183, $P = 0.009$).

Most scars began close to the midline, but 30 (12%) were contralateral, that is, begun 5 or more mm from the midline opposite to the episiotomy direction. In 45 (54%), the episiotomy angle was < 45 degrees. A linear scar was detected in ≥ 3 slices in 59/139 (42%) of those who reported an episiotomy. Scars indicated widely varying episiotomy techniques, with about half cut sub-optimally.

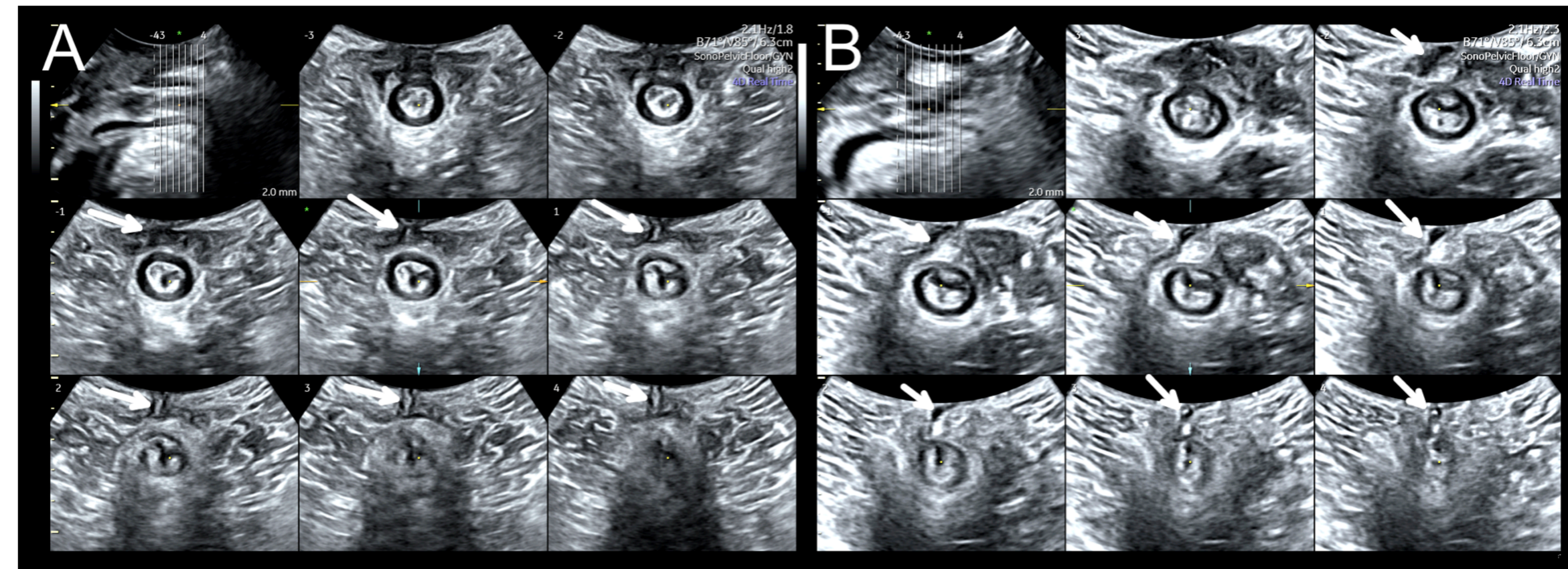


Figure 1: Episiotomy scars seen in patients with intact sphincter (left) and with OASI (right).

Conclusions

We identified linear perineal scars in 32% of our patients. This finding was strongly associated with episiotomy recall. Scars indicated widely varying techniques, with about half cut sub-optimally, that is, either begun on the wrong side of the midline, or cut at too steep an angle.

These findings suggests substantial opportunities for practice improvement.