

One step Secondary Closure of Postpartum Perineal Wound Breakdown: Case series from a teaching hospital

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Introduction:

The management of perineal wound breakdown is variable as there is limited evidence and a lack of national guidance to inform practitioners when considering management, particularly with regard to expectant management versus secondary suturing. Existing literature suggests secondary suturing expedites healing and is associated with greater patient satisfaction. Re-suturing techniques previously described involve debridement followed by re-suturing in a two-step process.

We present the outcome for 12 patients managed by one-step debridement and secondary suturing at University Hospital Southampton NHS Trust over 2years with the objective of avoiding multiple surgeries and better satisfaction

Objective

Improvement in management of post childbirth perineal wound breakdown by avoiding multiple surgeries and better patient satisfaction.

Design

We design a pilot management plan:
All patients with broken perineal wound to be reviewed by one of three dedicated senior doctors.
Assess severity, group patients and advise on perineal wound care:

Group1.
Brake down =/< 0.5cm depth offer antibiotic for 1/52 and allowing secondary healing with 2 and 4weeks follow up (N=15)

Group2.
Dehiscence > 0.5cm are offer one-step debridement and secondary suturing after 3days of oral antibiotic and complete 4/7 after suturing (N=12).

Methods:

Surgery: -
Perineum washed with Chlorhexidine solution.
Wound debridement with Volkmann spoon/curette and scissor, freshening the edges and washed with 10% Iodinated povidone.
Perineal muscles, vaginal mucosa and skin were closed in layers with interrupted 2.0 polyglactin, taking care not to approximate too tight.

Followed up:
At 1, 2, 4 weeks post procedure face-to-face, 8 and 12 weeks telephone review.
Total number of patient re- sutured and follow-up N=12. One patient lost after 8 weeks (Phone not answered)



Figure 1: Perineal dehiscence following episiotomy

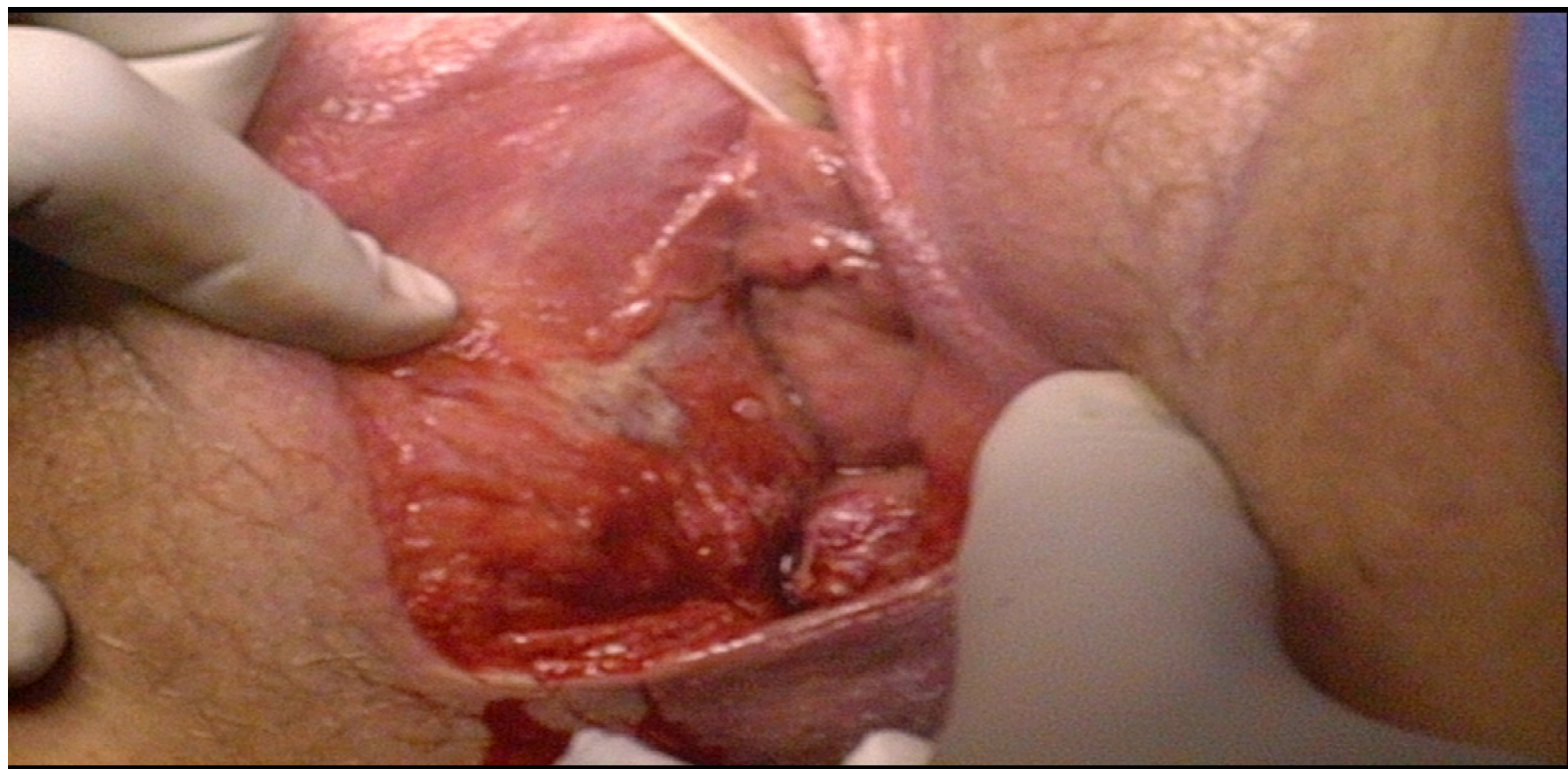


Figure 2: Step 1 – Cleaned with Chlorhexidine & Iodine Povidone



Figure 3: Step 2 – Debridement with spoon curette

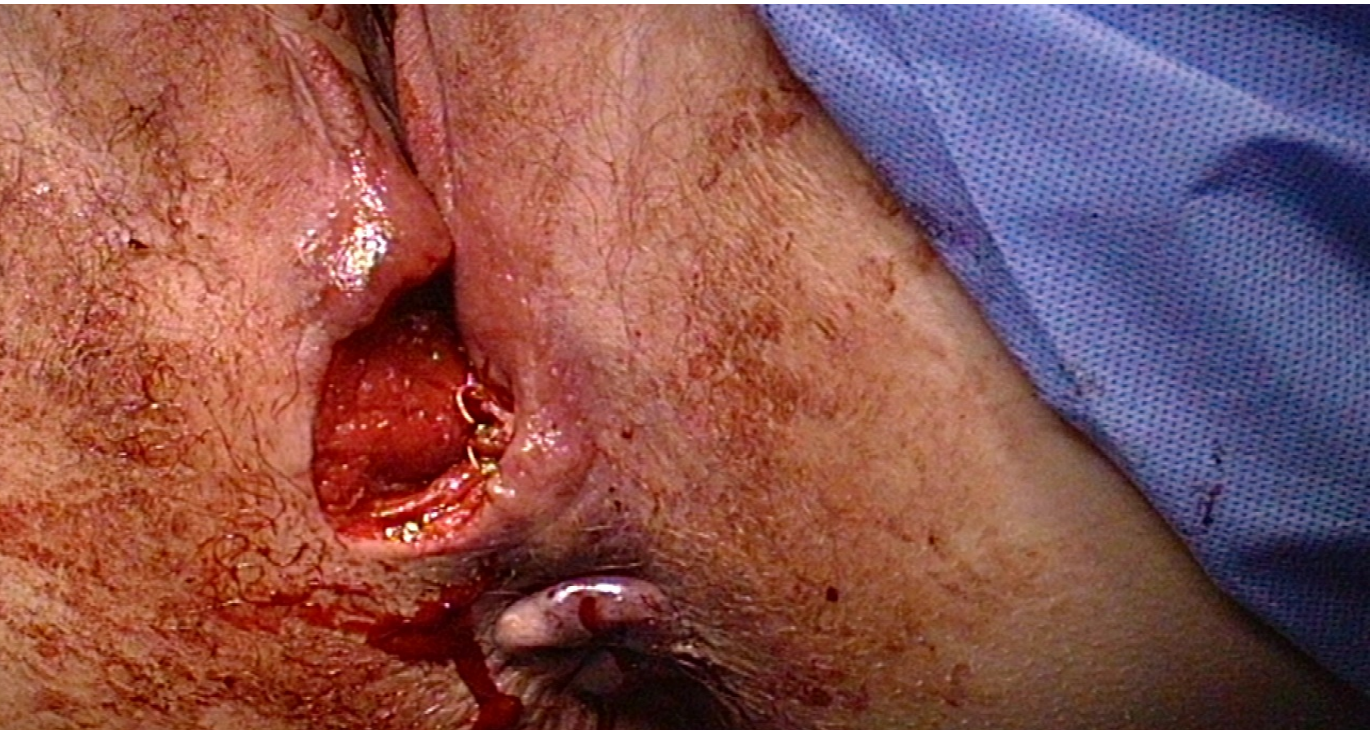


Figure 4: Step 3 – Vaginal mucosa closed with interrupted 2-0 vicryl

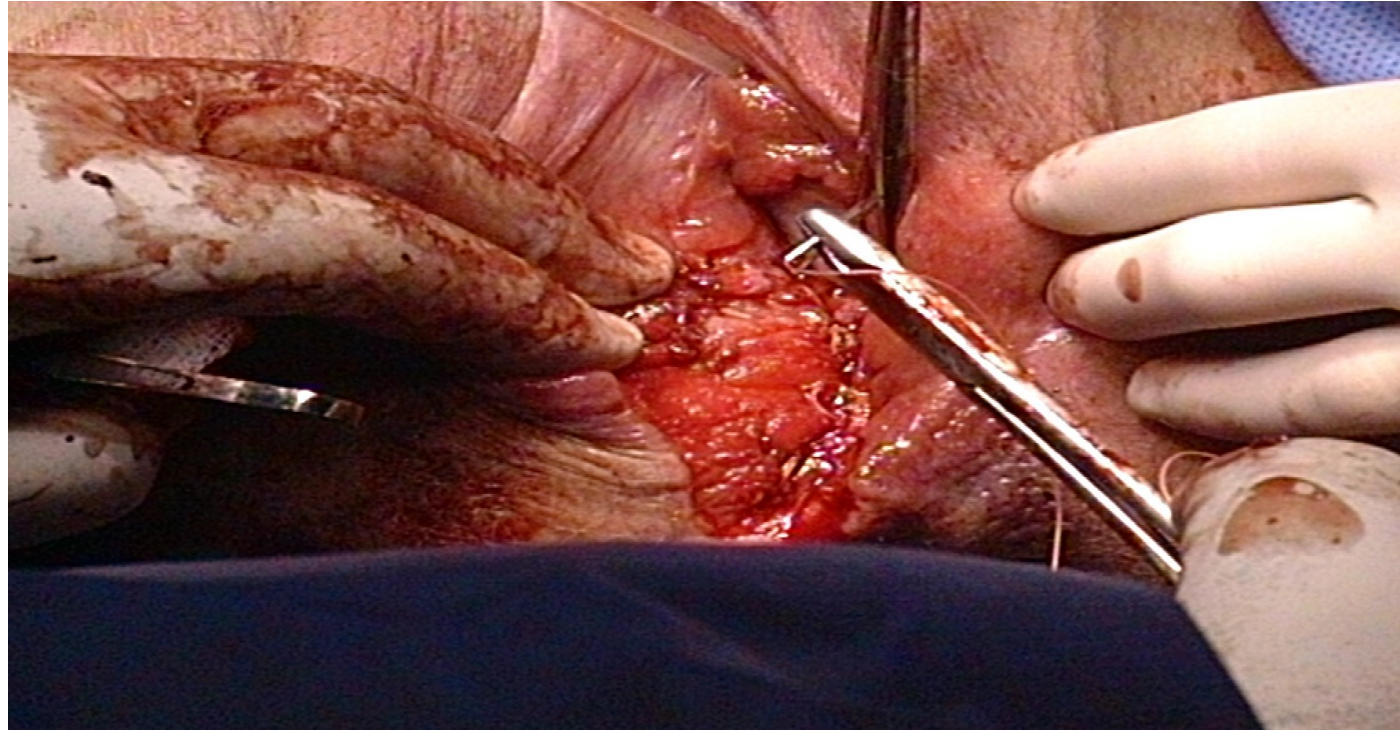


Figure 5: Step 4 – Muscle closed in layers with interrupted 2-0 vicryl



Figure 6: Step 5 – Perineal skin closed with interrupted 2-0 vicryl



Figure 7: One week post-operative

Results:

Group 1: All patents healed very well with expectant management at 2weeks.
Group2:
Healing Period:
2weeks – N=12 – 100% Very Good healing
4weeks – N= 12 – Fully healed.
Complications:
Infection – N=0; Wound Brake down – N=0
Pain – N=2 – 16% (tight skin stitches); Dyspareunia: N=0
Intercourse at 8weeks:
N=10 – Yes; N= 1 – No (Anxiety); N= 1 – N/A
Patient Satisfaction:
N=11 – Yes; N=0 – No; N= 1 – N/A
Mode of Delivery next Pregnancy:
N= 9 - Vaginal Delivery; N= 2 – ELCS; N= 1 – N/A

Conclusion:

Results in our small cohort suggest that debridement with immediate secondary closure may be an acceptable alternative to current methods of managing perineal wound breakdown. Regional/Multicentre training and further research is required to establish the optimum management, with consideration of long-term outcomes and patient satisfaction.