Kliiniline küsimus nr 9

Kas enneaegse sünnituse korral mõjutab ema terviseseisundit ja vastsündinu ravitulemusi episotoomia teostamine võrreldes episotoomia mitteteostamisega?

Kriitilised tulemusnäitajad: ema tervisetulem, lapse peamised tulemusnäitajad

Süstemaatilised ülevaated

Episiotoomia rutiinsest teostamisest enneaegse sünnituse korral puuduvad tõenduspõhised andmed. Seda teemat käsitlevaid süsteemaatilisi ülevaateid, metaanalüüse ega randomiseeritud kontrollitud uuringuid ja samuti ravijuhendeid ei leidunud. Kahe küllaltki vana ja väga madala kvaliteediga uuringu põhjal rutiinne episiotoomia madala sünnikaaluga vastsündinute tervisetulemit ei parandanud (2;3)
Episiotoomiat üldisemalt käsitlevates RGOGi poolt välja antud süstemaatilises ülevaateartiklis (mis on aluseks olnud ka mitmetele ravijuhenditele) rutiinset episiotoomiat ei soovitata, kuna on leitud, et valikulise episiotoomia korral esineb vähem posterioorset perineumi traumat, vähem õmblemist ning komplikatsioone taastumisega. Samas on valikulise episiotoomia korral täheldatud rohkem traumat anterioorsele perineumile. Kahe grupi vahel ei olnud erinevust tõsiste tupe- või perineumi traumade osas, düspareuunia, uriininkontinentsuse ja tugeva valu osas. Samas on ära märgitud, et episiotoomia teostamine enneaegse sünnituse korral vajab lisauuringuid. (1)

Viited

Kokkuvõtte (abstract või kokkuvõtlikum info)	**Viide kirjandusallikale**
Tegemist hea kvaliteediga süstemaatilise ülevaateartikliga, mis hõlmas endas 6 RCT uuringut (kõikidel juhtudel käsitleti episiotoomia teostamist täiskantud rasedusega naistele). Six studies were included. In the routine episiotomy group, 72.7% (1752/2409) of women had episiotomies, while the rate in the restrictive episiotomy group was 27.6% (673/2441). Compared with routine use, restrictive episiotomy involved less posterior perineal trauma (relative risk 0.88, 95% confidence interval 0.84 to 0.92), less suturing (relative risk 0.74, 95% confidence interval 0.71 to 0.77) and fewer healing complications (relative risk 0.69, 95% confidence interval 0.56 to 0.85). Restrictive episiotomy was associated with more anterior perineal trauma (relative risk 1.79, 95% 1.55 to 2.07). There was no difference in severe vaginal or perineal trauma (relative risk 1.11, 95% confidence interval 0.83 to 1.50); dyspareunia (relative risk 1.02, 95% confidence interval 0.90 to 1.16); urinary incontinence (relative risk 0.98, 95% confidence interval 0.79 to 1.20) or several pain measures. Results for restrictive versus routine mediolateral versus midline episiotomy were similar to the overall comparison. **Implications for practice** There is clear evidence to recommend a restrictive use of episiotomy. These results are evident in the overall comparison and remain after stratification according to the type of episiotomy: restrictive mediolateral versus routine mediolateral or restrictive midline versus routine midline. Until further evidence is available,	1.Episiotomy for vaginal birth (Review) Carroli G, Belizan J Cochrane Library 2007, Issue 4 Valikulise episiotoomia korral esineb vähem posterioorset perineumi traumat, vähem õmblemist ning komplikatsioone taastumisega. Samas on valikulse episiotoomia korral täheldatud rohkem traumat anterioorsele perineumile. Kahe grupi vahel ei olnud erinevust tõsiste tupe- või perineumi traumade osas, düspareuunia, uriininkontinentsuse ja tugeva valu osas.

the choice of technique should be that with which the accocheur is most familiar. Implications for research Several questions remain unanswered and further trials are neededto address them. What are the indications for the restrictive use ofepisiotomy at an assisted delivery (forceps or vacuum), preterm delivery, breech delivery, predictedmacrosomia and presumed imminent tears? There is a pressing need to evaluate which episiotomy technique (mediolateral or midline) provides the best outcome.	
The protective effect of episiotomy on infants weighing 1500g or less and free of lethal abnormalities was examined. Some doctors routinely did episiotomy in such cases (N=43 infants), other did not (N=51 infants). When all very-low-birth-weight (VLBW) babies were compared, episiotomy appared to improve survival rates and decrease incidence of periventricular hemorrhage. "However,...when VLBW babies of similar weight and age are considered, the use of episiotomy appears to hold no advantages. ."	2. Lobb MO, Duthie SJ, and Cooke RW. The influence of episiotomy on the neonatal survival and incidence of periventricular haemorrhage in very-low-birth-weight infants. Eur J Obstet Gynecol Reprod Biol 1986;22(1-2):17-21
The outcome of 439 idiopathic singleton low birth weight spontaneous vertex deliveries in the university hospital of a developing country was analyzed. Any patient with a known complication of pregnancy was excluded from the study. The effects of maternal age were minimized by including only those mothers between the age of 17 and 34. The effect of maternal parity was minimized by analyzing the study in two parity groups. The birth weight distributions of the episiotomized and non-episiotomized groups were comparable. Nenatal mortality rates were similar for episiotomy versus no episiotomy among both nulliparas (6,7% versus 8,6%) and multiparas (10,0% versus 9,3%) as were 5-minute Apgar scores. The value of an episiotomy in the delivery of the low birth weight infant is questioned.	3. The TG. Is routine episiotomy beneficial in the low birth weight delivery? Int J Gynaecol Obstet 1990;31(2):135-140

Otsingud

Andmebaas	**Medline (PUBMED)**
Otsingustrateegia	MESH:(((((((preterm) OR premature)) AND ((((((birth*) OR deliver*) OR infant*) OR fetus) OR labor) ORlabour))) OR (("Obstetric Labor, Premature"[Mesh]) OR "Infant, Premature"[Mesh])))AND "Episiotomy"[Mesh]
Tulemuste arv	4
Filtrid	Meta-Analysis,Systematic Review,RandomisedControlledTrial,PracticeGuidline.
Ajalinepiirang	10years
Muudpiirangud	English language

Goer, Henci. Obstetric myths versus research realities : a guide to the medical literature by Don Creecy, M.D. ; Bergin &Garvey; London, 1995 – lk 287. Episiotoomiat käsitleva peatükki alt leitud kaks viidet.

Cochrane database – Episiotomy for vaginal birth, 2009