Routine analgesia after episiotomy and perineal tear

Traditionally obstetric analgesia has focused on the management of labour pain, and more recently on analgesia after caesarean section. Management of pain after episiotomy or repair of perineal tear is important but less acknowledged. Pain within the first 24 hours following perineal tear or episiotomy can affect up to 85-95% of women [1], and lead to poor mobility in the immediate postpartum period, difficult defecation or micturition, and affect mother-infant interactions [1].

Table 1. **Single dose paracetamol vs. placebo in pain following episiotomy**

Six studies	*Paracetamol*	*Placebo*	*Absolute risk reduction*	*Number needed to treat (NNT)*
Number achieving >50% reduction in pain	251/412	111/350	0.29 (95% CI 0.22-0.36)	3.4 (95% CI 2.8-4.5)

Table 2. **Rectal NSAID vs. placebo in pain following episiotomy**

Two studies	*Rectal NSAID*	*Placebo*	*Absolute risk reduction*	*Number needed to treat (NNT)*
Number experiencing pain up to 24h	32/75	70/75	0.51 (95%CI 0.38-0.63)	2.0 (95% CI 1.6-2.6)

A Cochrane Systematic Review (meta-analysis of randomised controlled trials) showed that oral paracetamol (1000mg) was highly effective in reducing pain in a number of postoperative settings [2]. The data of patients following episiotomy are shown in Table 1.

Another Cochrane Systematic Review examined rectal non-steroidal anti-inflammatory drugs (NSAID) (2x100mg diclofenac or indomethacin suppositories) in post-episiotomy pain [3]. The results are shown in Table 2.

Routine administration of these drugs is the best method of effectively controlling post-episiotomy pain. A French study found that in their population initially only 51% of women received any analgesia following episiotomy [1]. After implementing a policy of routine analgesia (ketoprofen/paracetamol or dextropropoxyphene/paracetamol) they achieved a statistically significant reduction in pain scores. Furthermore, routine analgesia (vs. on-request) was preferable as pain relief administered during or immediately after the procedure can prevent pain, and in the immediate postpartum period, maternal help-seeking behaviours are often altered, resulting in lesser requests for analgesia, even in the presence of significant pain [4].

Both drugs are safe in breastfeeding, inexpensive, and provide highly effective analgesia. In the absence of contraindications, a policy of *routinely* using these medications (particularly paracetamol) following repair of episiotomy or perineal tears will reduce maternal postpartum pain and morbidity at minimal cost.

References

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