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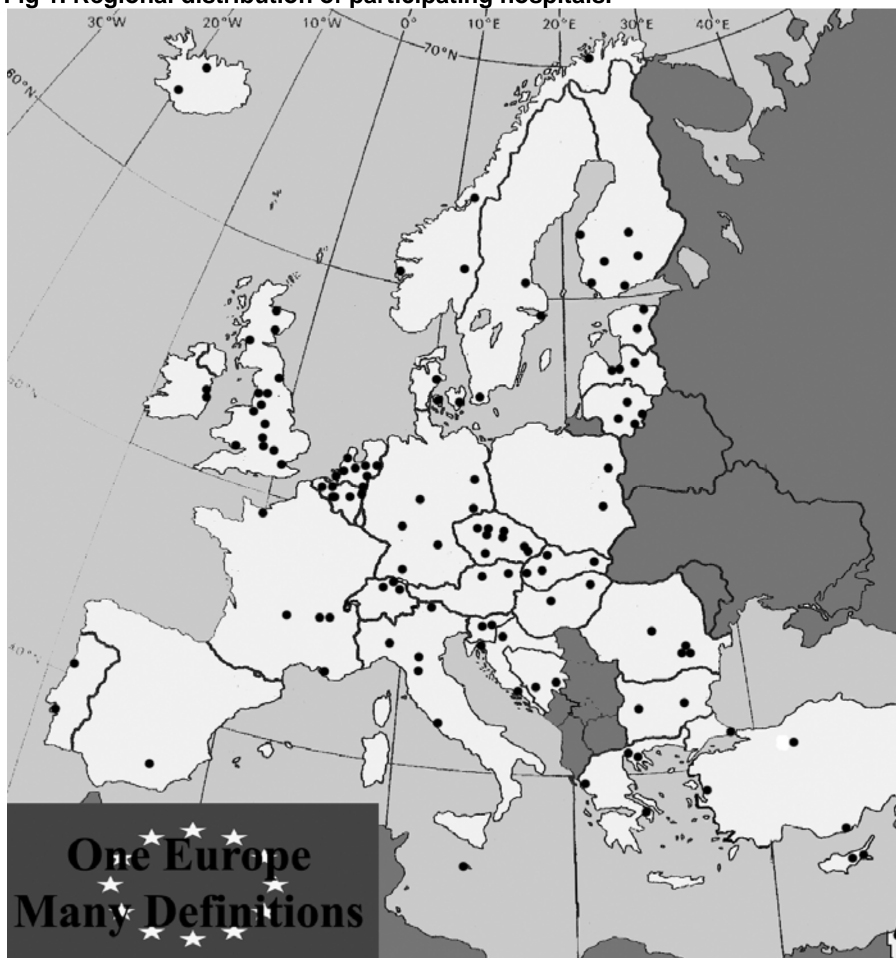
ONE EUROPE… HOW MANY DEFINITIONS OF MEDIOLATERAL EPISIOTOMY?

Hypothesis / aims of study
There is a lack of consensus in the definition of mediolateral episiotomy. One text suggests that mediolateral episiotomy should begin at the midline and subtend an angle of 40°-60° (1). According to CNGOF mediolateral episiotomy begins at the fourchette and subtends an angle of at least 45° towards the ischial region. (2). The Swiss textbook of Dudenhausen and Pschyrembel states that mediolateral episiotomy begins at the midline and is directed towards the ischial tuberosity (3).
The authors investigated which verbatim definition is used in a selection of European hospitals.

Study design, materials and methods
An email or postal cross-sectional descriptive survey. During the year of 2006 an email or postal questionnaire survey was sent to different European hospitals. The question related to this project was as follows: *What is your hospital's **definition** of mediolateral episiotomy?*
Hospitals from 27 EU countries plus Bosnia and Herzegovina, Croatia, Iceland, Israel, Norway, Switzerland and Turkey were asked to answer a mediolateral episiotomy questionnaire. From these 34 European countries, 122 hospitals agreed to participate in this project. (Fig. 1)

Fig 1. Regional distribution of participating hospitals.



Results
23 (19%) hospitals have no definition. 20 (17%) hospitals offered a definition which is not entirely precise in its description of the location of the cutting in the area of the perineum. 8 (7%) hospitals begin 1 or 2cm from the midline. Three (2%) hospitals use a "J-shaped" type etc... Finally, 64 (52%) hospitals use 14 different definitions. Some definitions use anatomical marks as reference points (ischial tuberosity), and some made use of degrees or the clock-face for measurement. The most frequent answer was 45 degrees - in 27 cases (22%). (Tab. 1)

Table 1. Definition of Mediolateral Episiotomy

	Definition	No [N]	No [%]
	None	23	19
	Potential benefit only	4	3
	Drawing	1	1
	Imprecise description of the location	20	17

<table>
<tr><td></td><td>Lateral episiotomy</td><td>8</td><td>7</td></tr>
<tr><td></td><td>“J-shaped”</td><td>3</td><td>2</td></tr>
<tr><td>1</td><td>Ischial Tuberosity</td><td>12</td><td>10</td></tr>
<tr><td>2</td><td>Ischial Tuberosity at 45°</td><td>4</td><td>3</td></tr>
<tr><td>3</td><td>Midway between AS and Ischial Tuberosity</td><td>1</td><td>1</td></tr>
<tr><td>4</td><td>30°</td><td>2</td><td rowspan="2">4</td></tr>
<tr><td>5</td><td>5 or 7 o'clock</td><td>3</td></tr>
<tr><td>6</td><td>30 – 35°</td><td>1</td><td>1</td></tr>
<tr><td>7</td><td>40°</td><td>1</td><td>1</td></tr>
<tr><td>8</td><td>between 7 and 8 o'clock</td><td>3</td><td>2</td></tr>
<tr><td>9</td><td>45°</td><td>27</td><td>22</td></tr>
<tr><td>10</td><td>40 – 60°</td><td>3</td><td>2</td></tr>
<tr><td>11</td><td>60°</td><td>1</td><td rowspan="2">3</td></tr>
<tr><td>12</td><td>4 or 8 o'clock</td><td>3</td></tr>
<tr><td>13</td><td>75°</td><td>1</td><td>1</td></tr>
<tr><td>14</td><td>90°</td><td>1</td><td>1</td></tr>
<tr><td></td><td>Total</td><td>122</td><td>100</td></tr>
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Interpretation of results

This project reveals that individual interpretation of mediolateral episiotomy differs widely among European hospitals. Furthermore a quite large proportion (48%) either does not have a definition, the definition is incomplete or they interchange different types. The distribution of the three most frequent answers (no definition, ischial tuberosity, 45°) is spread evenly across Europe without any noteworthy concentration. Our findings show that before defining the risks or benefits of the mediolateral episiotomy, we must find an international consensus as to what mediolateral episiotomy really represents. Otherwise projects set up in this area might be found incomparable and it wouldn't be possible to come up with general solutions.

The definition (or the description) of mediolateral episiotomy must include the localization of where incision begins, the direction, the length (and depth) and an exact timing.

Concluding message

This European study is an elementary step towards an understanding of the mutual relationship between mediolateral episiotomy and perineal trauma.

The definition of mediolateral episiotomy differs widely among European hospitals. A large proportion (48%) of them has no definition or the definition is incomplete while some interchange types of episiotomy.

An exact, internationally consensual definition of standard mediolateral episiotomy must be found in order to evaluate the real risk or benefit of this most common of obstetric procedures.

References

1. BJOG (2005) 112; 1156-1158.
2. Gynecol Obstet Fertil (2006) 34; 275-279.
3. Praktische Geburtshilfe mit geburtshilflichen Operationen. Switzerland. de Gruyter, 2001 (290-291)

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HUMAN SUBJECTS: This study was approved by the Local Ethical Committee of University Hospital in Pilsen and followed the Declaration of Helsinki Informed consent was obtained from the patients.