

## *Introduction*

Episiotomy is the most commonly performed surgical procedure during child birth delivery and considered as an integral part of labor management for most of women who has been proven to have many risks (*Carroli,Belizan, 2004*). Episiotomy defined as a surgical incision made into the perineum area between the vagina and the anus to widen the vaginal opening just before the baby born (*Klossner, 2005*). Historically, the procedure was thought to prevent maternal pelvic organ prolapse, urinary incontinence, and lacerations that poorly healed. But during last 20 years recent studies advocate the selective use of episiotomy as there was no evidence that episiotomy protect against pelvic relaxation, or fetal intracranial bleeds, it has a risk for infection, delayed wound healing and increase blood loss (*Bruce,2006*).

The world wide use of episiotomy aren't well known , as in united state of its use is estimated about 62.5% of deliveries while in Europe there figure appear to be around 30%. (*Klossner, 2006*) pointed out that this procedure is no longer considered to be a routine, although episiotomies are still performed in approximately 40% of all delivered. In Egypt (*Mahmoud , 2000*) added, that a routine use of episiotomy appears to be the practice of most obstetricians who still use the old teaching, that episiotomy is needed for multiparous women or previously incised multiparous women to avoid perineal laceration. A research reviewed by World Health Organization, recommended that episiotomy should be around 10%, and no more than 20%(*Bruce, 2006*).

Perineal pain after episiotomy during early puerperal is one of the most

common causes of maternal morbidity affecting functions and experience of early motherhood (*Raheel, 2003*).

Assuring postpartum comfort after episiotomy entails both local measures beginning immediately post delivery, and include such simple maneuver as applying perineal ice packs, as application of ice to the suture line provide analgesic effect, reduce edema and prevent inflammation and thus promote healing (*Hill, 2002*).

(*Green shields and Hulme, 1993*) found that ice packs were the most commonly offered local application for perineal pain relief, Whilst ice packs appears to give immediate symptomatic relief, there is no evidence of long term benefits and it is suggested that, in theory, vasoconstriction may actually delay wound healing. *Pelliteri, (2003)*, also illustrated that application of ice to episiotomy suture line is recommended for the first 24 hours.

Application of warm water to the suture line provides vasodilatation that increase blood flow, increase tissue metabolism and suppressing free nerve endings and reduce pain sensation (*Sleep a Grant, 1988 b*).

Honey is a highly concentrated sugar solution produced by honeybees. It is commonly used as substitute for sugar or a flavor enhancer. But other than that, honey is also effective in treating burns and wounds and it has been used for this purpose for many centuries. Now it is known that the secret of honey lies in its antibacterial activity, (*Dunford et.al, 2000*).

Analgesia used for managing all perineal pain ranges from local anesthetic, oral and parenteral analgesics to the therapeutic ultrasound (*Raheel, 2003*).

Topical anesthesia prevent nerve impulse transmission, as these drugs

accumulate in the nerve membrane causing to expand and loose its ability to depolarize, thus blocking impulses transmission.

Lignocaine ointment is a local anesthetic used by dermatologists for treatment of superficial skin conditions, neurologists for the treatment of post therapeutic neuralgia, and dentists for oral mucosa pain (*Stein et al, 1994*). It is also reported in the urology literature during the introduction of the cystoscope (*Johnstone et al, 1995*). In obstetrics, application of lignocaine jelly on the perineum in the second stage of labor has been shown to lessen pain perception in the immediate postpartum period (*Crokill et al, 2001*). The advantages of using topical lignocaine include its localized action with negligible systemic absorption, ease of administration, and self-application by the patient (*Rubin, 1995*).

Nurses are in an excellent position to make significant and unique contribution to patients' pain management .Nurses can incorporate various pain management techniques to find out what works best for patients (*Karry, Pasty, 1990*).

postpartum nurse plays a pivotal role in post partum in the over all management of perineal pain after episiotomy including ongoing pain assessment, selection of interventions for pain management, monitoring the effect of treatment and communicating pertinent information about pain (*Paula et al., 1994*). Also, during pregnancy nurses should provide women with essential techniques to avoid or decrease risk of episiotomy as Kegel exercises, perineal Massage, and care of previous episiotomy scar (*Alber, 2005*). *Varneys' (1997)* added that there are certain principles should be followed while performing episiotomy . (*Olds, 2004*), illustrated that mother

need to be assured while performing episiotomy ,and there are comfort measures should be provided immediately post episiotomy as application of ice pack ,perineal care ,and sitz bath.