

INFRARED RADIATION THERAPY Vs WARM SITZ BATH ON LEVEL OF PAIN IN EPISIOTOMY WOUND

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Abstract

A comparative study to evaluate the effectiveness of infrared radiation therapy Vs warm sitz bath was conducted on level of pain in episiotomy wound among postnatal mothers in a selected private hospital of salem.

A total of 30 samples were selected for each group by using simple random technique. Levels of pain in the episiotomy wound were assessed before intervention on 1st and 2nd day. Infrared radiation therapy was given to first experimental group and warm sitz bath was given to the second experimental group for 2 days (morning and evening). The level of pain was assessed 30 minutes after intervention (evening) on 1st & 2nd day with the tool, Verbal Descriptor Scale, {Agency for Health Care Policy and Research(AHCPR)} then the scores were compared with each other.

The mean and SD of pain scores during 1st day before intervention were 4.73 ± 0.45 for infrared radiation therapy group, whereas in warm sitz bath group, the mean pain score was 4.77 ± 0.43 .

The mean, SD and mean percentage of pain score during 2nd day after intervention was 1.03 ± 0.67 for infrared radiation therapy group, whereas in warm sitz bath group it was 0.57 ± 0.63 .

The overall mean percentage difference between infrared radiation therapy and warm sitz bath groups during 2nd day after intervention was 9.93%. This indicated that the warm sitz bath was significantly more effective in decreasing the level of pain in episiotomy wound among postnatal mothers as compared to the infrared radiation therapy.

Keywords: Infrared radiation therapy, warm sitz bath, episiotomy wound, postnatal mother, level of pain, Agency for Health Care Policy and Research (AHCPR).

Background

Episiotomy is done to prevent perineal tears, but its routine use has been questioned. In the routine episiotomy group, 72.7% of women had episiotomies, while the rate in the restrictive episiotomy group was 27.6% (**Santa. T, 2009**).

Otoid Ogbonmwan (2000) reviewed 1345 vaginal births in Nigeria. The prevalence rate of episiotomy in the Benin Teaching Hospital was 46.6% & over 90% of the primi gravid had episiotomy.

In India, the overall rate of episiotomy was 40.6%, among that midwives performed episiotomies at a lower rate (21.4%), faculty (33.3%) and private care providers

(55.6%), (**Robinson, 2000**).

Perineal pain interferes with daily activities of post natal mother as well as early bonding of mother and baby. One of the greatest challenges for the nurse is to provide comfort to the client. By relieving pain and providing comfort, post episiotomy mothers can be benefited in carrying out their daily activities with out interference and bonding of mother and baby is established as early as possible (**Dr. Manichandrica, 2006**).

Exposure of episiotomy wound to infrared rays for 10-15 minutes twice a day is an accepted procedure routinely carried out in the maternity wards of Christian Medical College and Hospital, Vellore, India (**Rina Bhowal, 2006**).

When a patient complains of perineal pain, the first and most important step is to reexamine the perineum, Vagina and episiotomy wound to detect or to identify a perineal infection. Warm sitz bath is used to relieve perineal pain (**Steven, 2002 and Ian Donald, 2001**).

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