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# BROKEN AND MISSING NEEDLE DURING EPISIOTOMY REPAIR: A CASE REPORT

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**Abstract:**

Breakage and missing needle during episiotomy repair is not uncommon occurrence at the hands of the junior doctors, but if we couldn't find it this needle tip can migrated to deeper tissue and create a problem for the patient in the future .therefore we must intend to leave foreign body inside the patient.

**Key words:** episiotomy, needle break, migration.

**Introduction:** Perineal trauma is one of the most common complications related to birth. It can occur spontaneously in the form of a perineal tear or secondary to an intervention such as an episiotomy. The relevant healthcare professionals should attend training in perineal/genital assessment and repair, and ensure that they maintain these skills as required in the Maternity Training Needs Analysis (1). Episiotomy needle missing after it breaks during repair is quite common experience amongst the junior doctors and trainees. This sometimes results in serious morbidity to the patient likes : dysparonia ,chronic lower abdominal and back pain and even harm to main vessels and also some serious legal problems.(2,3,4,5). Hosli has reported one case of lost needle during episiotomy detected after 20years and removed (2).

**Case description:** A 32 years old married woman G2AB1 admitted at Shiraz Shooshtari Hospital, Shiraz, Iran on 15 July 2016 complaining of labor pain and term pregnancy. She delivered a male baby spontaneously at 10:00 pm 15 July. During episiotomy repair (2nd degree), a needle was broken and embedded in the perineum which could not be traced after 3 hours try but needle detected on X-ray. Two days after delivery due to anxiety of patient she was transferred to the operation room. On examination, the patient was symptomless but looked pale, exhausted, and apprehensive. The episiotomy wound was edematous and on naked examination, no needle could be seen or felt through the tissues.

Under spinal anesthesia, episiotomy site was extended further upward and deeper to trace possible site of needle migration and the ischiorectal fossa was also opened to look for the needle. At first, in rectal examination needle could not

be palpated in rectal wall. Under guide of real time ultrasound, during try to marked possible site of broken needle by 23 guage spinal needle and during again rectovaginal examination needle detected in sub mucosa of rectal wall by ultrasound and this site was confirmed in examination incidentally at much higher and posterior position. The needle migrated to ischiorectal fossa deeply.

Ant mucosa of rectal wall grasped by Allis forceps and the tissue was incised and needle was removed from it. It was a round body needle with ¾ curve broken from its eye. The posterior vaginal wound was repaired. The operation lasted for more than an hour. The patient was kept for 7 days in the postoperative period under antibiotic recovery. The wound healed well and the patient was discharged on 22 July 2016.

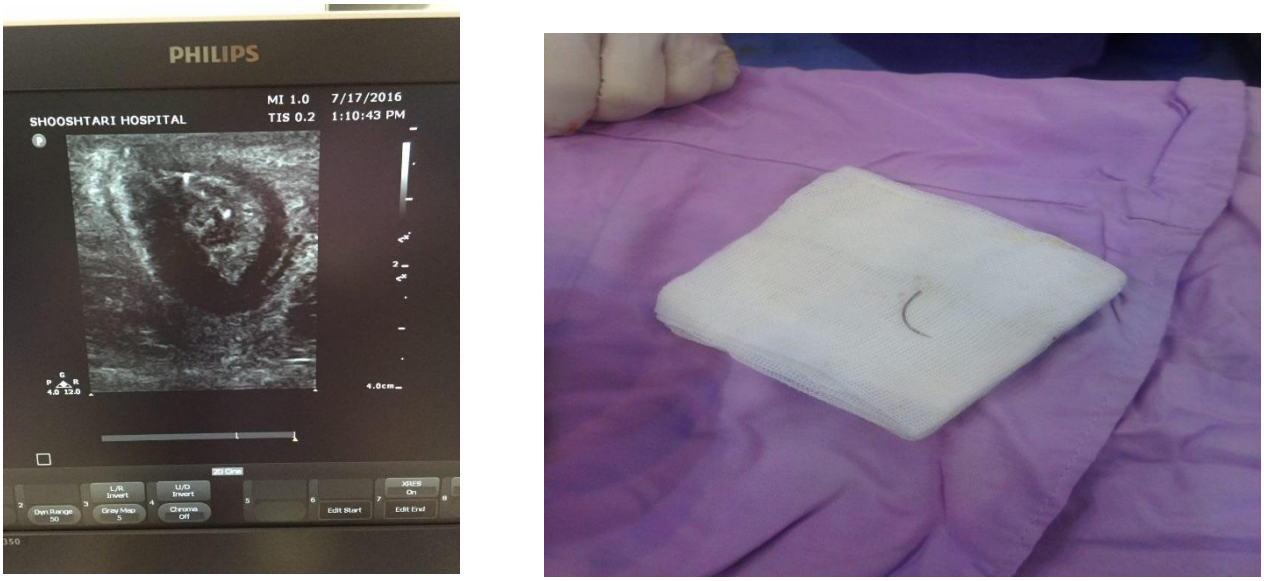


**Fig.1. A. The real time sonography for locating the foreign body, B. Missing broken needle during episiotomy repair from the patient.**

**Conclusion:** Nurses and physicians have the legal duty not to injure their patients through negligence. And if a patient is injured, the patient's nurses and doctors cannot try to deny, conceal, or underscore that the injury occurred, its seriousness or the sequela to be expected**.**

The missing broken needle during episiotomy repair is possible particularly in the hands of the house-surgeons and could be retrieved immediately in most of the occasions. But sometimes the problem of retrieving this foreign body becomes a challenge as was in this case. Therefore one should be very careful during repair, particularly when working in a deeper and higher plane to avoid this harassment which is also difficult for the patient's relatives to accept and can easily become a legal issue.

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