

# Radiofrequency therapy at 448 kHz for persisting pain after episiotomy \* a pilot study

Published: 16-06-2021

Last updated: 05-04-2024

To evaluate the pain reducing effect of MCRRF therapy in women with persisting perineal pain after episiotomy using Visual Analogue Scale (VAS) scores.

|                              |                                    |
|------------------------------|------------------------------------|
| <b>Ethical review</b>        | Not approved                       |
| <b>Status</b>                | Will not start                     |
| <b>Health condition type</b> | Postpartum and puerperal disorders |
| <b>Study type</b>            | Interventional                     |

## Summary

### ID

NL-OMON51265

### Source

ToetsingOnline

### Brief title

EPI-448

### Condition

- Postpartum and puerperal disorders
- Obstetric and gynaecological therapeutic procedures

### Synonym

episiotomy, vaginal cut

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Ikazia Ziekenhuis

**Source(s) of monetary or material Support:** Indiba,Indiba, S.A.

## Intervention

**Keyword:** 448 khz, episiotomy, pain, radiofrequency

## Outcome measures

### Primary outcome

The primary endpoint is to compare VAS scores before and after MCRRF therapy.

### Secondary outcome

Secondary endpoints are reassumption of sexual intercourse and analgesics intake.

## Study description

### Background summary

Episiotomy is the most frequently performed operative procedure during delivery. Perineal pain after episiotomy usually resolves within a few weeks, but 13-23% of the women still report pain symptoms 6 weeks after delivery. There is limited information about the management of persisting pain after episiotomy. Recent research shows promising results of Monopolar Capacitive Resistive Radiofrequency (MCRRF) therapy at 448 kHz in the treatment of various chronic pain conditions. We hypothesize that MCRRF therapy is a possible treatment modality for women with persisting pain in the pelvic floor region after episiotomy.

### Study objective

To evaluate the pain reducing effect of MCRRF therapy in women with persisting perineal pain after episiotomy using Visual Analogue Scale (VAS) scores.

### Study design

An exploratory, prospective single-arm single-centre trial

### Intervention

All participants receive a total of 7 MCRRF treatments at a rate of 1 session per week.

## Study burden and risks

Patients enrolled in this study will receive a total of 6 MCRRF treatments, at a frequency of 1 session per week. Before and after the intervention, subjects are asked to complete a questionnaire. MCRRF therapy is considered safe and is already used in a variety of chronic pain conditions, with no serious risks reported in literature. Furthermore, the reported risks, such as skin irritation and superficial burns, are minimal when the therapy is given by certified pelvic physiotherapists.

## Contacts

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### Scientific

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

### Inclusion criteria

1. Age \* 18 years

2. Persisting pain in the pelvic floor region (VAS-score \* 4) after a mediolateral episiotomy
3. At least 6 weeks after delivery

## Exclusion criteria

1. Signs of infection of the episiotomy wound
2. Pacemaker or other electronical implant
3. Nickel allergy
4. Pregnancy

## Study design

### Design

**Study type:** Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

### Recruitment

NL

Recruitment status: Will not start

Enrollment: 32

Type: Anticipated

## Ethics review

Not approved

Date: 16-06-2021

Application type: First submission

Review commission: METC Brabant (Tilburg)

## Study registrations

## **Followed up by the following (possibly more current) registration**

No registrations found.

## **Other (possibly less up-to-date) registrations in this register**

No registrations found.

## **In other registers**

| <b>Register</b> | <b>ID</b>      |
|-----------------|----------------|
| CCMO            | NL77865.028.21 |