

Third or Fourth Degree Perineal Tear

Patient Information – Maternity Services

What is a perineal tear?

The perineum is the area between your vagina and anus (back passage). Many women experience a tear of their perineum during childbirth.

- **First degree tears** are small tears of the skin only, which do not usually require stitches.
- **Second degree tears** are deeper and affect the muscle as well as the skin and may need stitches to be repaired.
- **Third degree tears** involve tearing of the vaginal wall and the anal sphincter (the muscle that controls the back passage).
- **Fourth degree tears** extend to the lining of the back passage.

Why did I tear?

Often there is no clear reason, however there is an increased risk for women for whom:

- It is their first vaginal birth
- Have a long pushing phase of their labour (> 2 hours)
- Require forceps or ventouse birth
- Have a large baby
- Have baby's shoulder stuck behind the pubic bone (shoulder dystocia)
- Labour was induced

What to expect after a 3rd or 4th degree tear

Surgery

Your tear will have been surgically repaired by an experienced doctor. Following your surgery you will need to have a catheter (tube to your bladder) until your epidural or spinal anaesthetic wears off and your sensation returns to allow you to feel the need to pass urine.

If you are unable to pass urine within 4 hours or pass only small amounts, have bladder pain or feel your bladder is overfull then let your midwife know.

The stitches used to repair your tear are dissolvable and do not need to be removed. Most will dissolve within 6 weeks, however some of the stitches can take a little longer and you may feel these as small lumps around your back passage. This is normal and will improve with time.

Medications – you may be given:

- Antibiotics to reduce the risk of infection
- Laxatives to make it easier and more comfortable to open your bowels
- Pain-relieving medication

Perineal care

Ensure you keep the perineal area clean and dry. You should shower and bath as usual, and dry the area by gentle patting with a clean towel or disposable cloth. After passing urine or a bowel motion it is important to clean the area with a cloth and pat dry rather than wipe. Make sure you change your pads and wash your hands regularly to reduce the risk of infection.

Using ice packs in the first 72 hours may help reduce your pain and swelling.

Bowel care

It is important to avoid constipation following your tear. The following may help:

Fluids – aim to drink 1.5 to 2 litres of water every day, or approximately 1 litre extra, if breastfeeding. This includes fluids such as soup, milk and hot drinks but try to make at least half of your drinks water.

Fibre – try not to skip meals and include plenty of fibre in your diet. You can do this by choosing a high-fibre breakfast cereal or wholegrain bread for breakfast, having 2 or more pieces of fruit a day and having vegetables/salad with dinner and lunch if possible. Also try and choose snacks such as wholegrain crackers, a bran muffin, fruit or popcorn.

Sitting in a correct position when passing a bowel motion is also important to minimise strain and increase efficiency. Try to:

1. Have your knees higher than your hips — either raised heels or use a low 15 cm foot stool.
2. Lean forward from your hips. Keep your knees apart and rest your forearms on your knees.
3. Make your waist wide and gently bulge your tummy forward as you work with the urge to go. DO NOT STRAIN.



Diagram 1 — Positioning on the toilet

You can support the area with stitches by holding a wad of toilet paper to it.

When finished — lift your pelvic floor muscles a few times.

Posture and exercise

- Avoid sitting and standing for long periods, especially in the first few days. Lying on your side is a good alternative position to rest in.
- Avoid lifting anything heavier than your newborn baby for at least the first two weeks.
- Return to exercise gradually. Choose a form of low impact exercise and progress slowly.
- Avoid any exercise or activity that involves jarring, jumping or straining for at least 6 weeks.

Pelvic floor muscle (PFM) exercises

The PFMs form a sling underneath your pelvis and run from the pubic bone at the front of your pelvis to the tail bone at the back. They help control bladder and bowel function and also support your pelvic organs. These muscles are often weakened in pregnancy and will have undergone further injury from your tear.

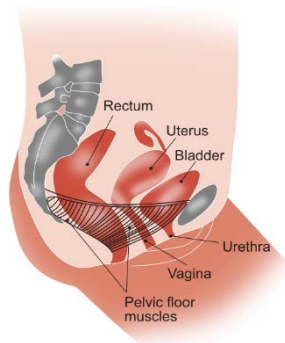


Diagram 2 — The pelvic floor muscles and pelvic organs

You can start exercising your PFM as soon as your catheter has been removed. Exercising the PFM

early on will also help reduce pain and swelling and assist with tissue healing.

Please refer to your handout **Physiotherapy Advice After Childbirth** (Ref.2407047) for further information on how to do your PFM exercises.

Long term prognosis

During recovery some women may experience mild pain or soreness in the perineum. However, you should alert your midwife or GP if:

- Your stitches become more painful or smell offensive.
- You feel a need to rush to the toilet and/or cannot control your bowel or bladder or flatus (wind).
- You have ongoing tenderness in your perineum after the stitches have dissolved.

Most women make a good recovery and can have further vaginal births. However, caesarean deliveries are sometimes recommended for future births if you continue to experience symptoms from your tear.

Your follow-up appointment

Your LMC will check your perineum and that you are healing properly.

At 4-6 weeks your LMC will do a thorough examination, and work through a paper questionnaire supplied by Christchurch Women's Hospital (CWH).

If you are experiencing any problems, you might be referred to the Physiotherapy Department at CWH for an outpatient's appointment.

It may be that a further follow-up appointment is needed with an obstetrician in the Maternity Outpatients.

At six months you will be contacted by your medical practice to complete another paper questionnaire. If you do not receive an appointment at six months, then you should contact your Medical Centre to make an appointment with your GP or practice nurse. If you are experiencing ongoing problems with your tear, a referral for you will be made to the Physiotherapy Department or Gynaecology Outpatients.

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