

Patient Advice for Third & Fourth Degree Tears

Please read this leaflet carefully. It is important that you take note of any instructions or advice given. If you have any questions or problems that are not answered by the information here, please ask your doctor or midwife.

INTRODUCTION

During the birth of your baby you had a tear. This leaflet has been designed to give you important information about your care and answer some frequently asked questions.

This leaflet explains:

- what has happened
- what treatment you have been given and why
- how to help yourself now and in the future
- what to expect at your follow-up appointments

What is a perineal tear?

The perineum is the area of skin and muscle between the birth canal (vagina) and back passage (anus). This area becomes stretched and can tear during the last stages of childbirth, usually when the baby's head or shoulders deliver. Some women give birth without injury to the perineum, however most women, 8-9 out of 10 (85%), have a tear during childbirth. The tear can vary in severity and is described as follows:

- **first degree tear** – small tear in skin only which usually heal naturally. A few women may not require stitches.
- **second degree tear** – deeper tear affecting the muscle of the perineum as well as the skin. Second degree tears usually require stitches but are unlikely to cause any long-term problems.

1-9% women have a tear that may be more extensive, involving the muscle/skin around the back passage (anus).

- a **third degree tear** – involves the vaginal wall, perineum and anal sphincter (the muscle that controls the back passage).
- a **fourth degree tear** – as above but which also involves the lining of the back passage.

An episiotomy is a cut made by a doctor or midwife through the vaginal wall and perineum to make more space to deliver the baby.

Why do tears happen?

For many women there is no clear reason for their tear. The risk of tearing can be increased in the following situations:

- during a first vaginal delivery
- after a rapid/quick delivery
- after a prolonged second stage (active pushing stage)

- with assisted delivery (forceps or ventouse used for delivery)
- difficult delivery of baby's shoulders
- baby weight more than 4kg / 8lb 13oz

Could the tear have been prevented?

In most instances, a third- or fourth-degree tear cannot be prevented because it cannot be predicted.

However, applying a warm compress to the perineum while you are pushing does appear to reduce the chance of a third or fourth degree tear.

Your midwife or obstetrician may protect the perineum as your baby's head is delivering and this may also help prevent a tear.

It is unclear whether an episiotomy will prevent a third or fourth degree tear from occurring during a normal vaginal birth. An episiotomy will only be performed if necessary, and with your consent.

If you have an assisted birth (ventouse or forceps), you are more likely to have an episiotomy as it may reduce the chance of a third or fourth degree tear occurring.

What treatment has been given?

If a third or fourth degree tear is suspected or confirmed, this will be repaired in the operating theatre. Your doctor will talk to you about this and you will be asked to sign a consent form. You will need an epidural or a spinal anaesthetic, although occasionally a general anaesthetic may be necessary.

You will need a drip in your arm and may be given fluids until you feel able to eat and drink. You are likely to need a catheter (tube) in your bladder to drain your urine. This is usually kept in until you are able to walk to the toilet.

What medications have been given and why?

Following the repair you have been given certain medications which are beneficial for your recovery. These are as follows:

- Antibiotics – to reduce the risk of infection. It is vital that you complete the course
- Painkillers – such as paracetamol, ibuprofen or diclofenac to ease your discomfort
- Laxatives – to help soften your stools. This makes it more comfortable to open your bowels and reduce the strain on the stitches. You must take them for two weeks and for as long as necessary to prevent constipation.

How long does it take for the stitches to heal?

The skin stitches dissolve quite quickly and disappear completely within a few weeks. The stitches put in the muscle take a longer time to dissolve and sometimes they can give sharp discomfort around the back passage especially on wiping. This should not alarm you and usually settles down on its own.

What should I be doing?

Look after yourself.

In the first 48 hours rest as much as possible. Try lying on your back with your knees bent up or lie on your side with a pillow between your legs.

Looking after a newborn baby and recovering from an operation for a perineal tear can be hard. Support from family and friends can help.

Breastfeeding

None of the treatments will prevent you from breastfeeding.

Hygiene

Keep the perineum clean.

Have a shower or bath daily (you do not need to add anything special to the water);

Change your sanitary pads regularly (wash your hands before and after you do so and after using the toilet. Do not use a sponge or flannel to wash around your stitches. Dry the area carefully by patting dry with toilet paper or a soft clean cloth.

Aids to reduce pain and swelling

- Ice Packs: Wrap ice cubes in a wet cloth (this protects the skin) and hold it next to the wound for up to 10 minutes. This is often easiest lying on your side.
- Cold shallow baths can also help reduce swelling and this in turn will promote healing. However do not soak for longer than 10 minutes.
- When sitting for any length of time, especially when feeding, try to get really comfortable and reduce the pressure on the area. You can try positioning cushions to support you or roll up a towel and place it in an upside down 'U' shape or roll two towels and place them in a 'V' arrangement. You could try some feeds when lying on your side with your baby next to you.

When to contact a midwife/doctor

Some women can develop an infection in their stitches following a perineal tear. You should contact a health professional if you have any of the following symptoms:

- Increased pain
- Redness or increased swelling around the perineal area
- An offensive smelling discharge
- Raised temperature

Bowel Care

It is important that you avoid constipation.

- Drink 1½ -2 litres of fluid each day – avoid/restrict tea and coffee
- Eat a healthy balanced diet
- Don't delay if you have the urge to empty your bowel

When you empty your bowels you may find that the following advice helps

- Empty your bladder first if you need to
- Use a clean hand or sanitary towel to support your perineum (area between vagina and back passage)
- Rest your forearms onto your knees and lean forwards
- Relax the pelvic floor muscles and stomach wall using deep breaths

- Relax your jaw and try not to hold your breath. Grunt!
- Sometimes it is helpful to use a footstool to raise your knees while you are sitting on the toilet. This can help to make passing a bowel motion easier.

Will the tear affect my bowel control?

As a third or fourth degree tear affects the muscle of the back passage some women develop problems with bowel control while the area is healing. Most women (about 80%) recover well from a 3rd or 4th degree tear, and long-term problems are rare. You might experience some of the following:

- Pain and soreness in the perineum
- Inability to control flatulence (breaking wind)
- Problems with your bowels including urgency (difficult to 'hold on'), lack of control and leakage of solid or liquid stool.
- Haemorrhoids (piles)

These will be reviewed at your follow up visit. If these problems persist for a long time, despite physiotherapy (more than six months), you will need referral to a specialist to manage them.

Fistula (connection) between the back passage and the vagina is a rare complication after the repair and needs to be repaired by further surgery.

Caffeine (coffee, tea and certain soft drinks) may make the bowel more urgent so plain drinks are best if bowel control is a challenge.

What will happen at my six week clinic check?

To ensure full recovery you will be offered an appointment to review your progress at around 6-12 weeks after the birth of your baby.

You will be asked if you have any concerns regarding your bowels or passing urine.

You will be offered an examination to inspect the healing of the wound and an internal examination to check the strength of pelvic floor muscles and the strength of the anal sphincter.

You will also have the opportunity to discuss the birth and any other concerns that you may have.

If there are any complications, you may be referred to a specialist.

Will I be offered any physiotherapy?

A physiotherapist will see you before your discharge from the hospital, explain about the pelvic floor exercises and give you a leaflet.

You will also be given a follow up appointment in 8-12 week's time.

What should I do about sexual intercourse?

For some new mothers even with the best reassurance it can take many months to feel confident about sexual intercourse. You could consider gently examining yourself first to see how comfortable the tissues feel. Sensitive tissues will become less tender over time when they are touched and gently stretched or massaged.

When you do resume intercourse, extra lubrication can be helpful and some positions will be more comfortable than others. Start gently and try to keep the pelvic floor muscles

relaxed for initial penetration. Do keep in mind that the stitches used to repair a third or fourth degree tear are made of strong material to hold the muscle in a good position while it is healing and consequently these stitches may not dissolve fully for 30 days. **Make sure that you have arranged contraception before you begin to have sex again.**

Why and how do I do my pelvic floor exercises?

Pelvic floor muscles form an important support for your bladder and bowel. They are important for controlling bowel and bladder function. It is important that you practice your pelvic floor muscle exercises regularly. These muscles are weakened by pregnancy as well as by the tear. Doing these exercises aids the healing process by increasing the circulation of blood to the area. It is important that you perform physiotherapy and that your pelvic floor muscle exercises become a lifelong habit to maintain good support to your bladder and bowel.

Here is a quick summary again to help you:

- Sit comfortably or rest lying on your side
- Tighten the back passage as if you are trying to stop yourself from passing wind. Once you feel the back passage drawing in, try and work this feeling forward into the vagina, as if closing the urinary passage too.
- The stomach muscles can also help the muscles of the pelvic floor to work.
 - First of all relax your stomach wall. Then gently draw in the lower part of your stomach wall towards your spine. Hold with easy effort and with easy breathing for a few seconds before letting go.
 - Now try and work these two muscle groups at the same time gradually increasing the holding time up to 10 second hold and repeating up to 10 times.

Always try to work with easy effort and easy breathing: no jaw clenching or tightening your buttocks as you do these exercises.

As with all muscles, you can experience some soreness after you have worked well on strengthening exercises so increase your programme gradually.

You will need to think about bracing the pelvic floor and stomach muscles if you need to lift anything heavy. Try to keep the amount of lifting you do to a minimum, particularly in the early days after your baby is born, ideally lifting nothing heavier than your baby. Delegate any heavier tasks while the tissues are healing and try not to stand for long periods of time.

Can I have a vaginal birth in the future?

This depends on a number of factors – how you recover after the tear and if there are any persistent problems.

Your individual circumstances and preferences will also be taken into account This will be discussed when you attend for your 6 - 12 week check.

Women who have had moderate to severe third degree tears will be offered an internal ultrasound scan to check the healing of the anal sphincter and another test called anal manometry to check the strength of the muscle at least 6 months after delivery.

For these tests you will be referred to St James hospital in Leeds.

The information of these tests can help to decide the appropriate mode of delivery in future pregnancies.

You may wish to consider a vaginal delivery if you have recovered well and do not have any symptoms. If you continue to experience symptoms from the third or fourth degree tear or the aforementioned tests are abnormal you may wish to consider a planned caesarean section.

The risk of a third degree tear happening again in a future pregnancy after a vaginal delivery is between 5 and 7 in 100 women.

In future pregnancies it is advisable to be seen in the antenatal clinic to have your symptoms reassessed and discuss the subsequent delivery.

USEFUL CONTACT NUMBERS:

Physiotherapy – 01423 553089

Pannal Ward (postnatal ward) – 01423 553157

Community midwives (for Harrogate women) – 01423 553051

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.