

# 3rd and 4th Degree Perineal Tear

You have been given this leaflet because during the birth of your baby, you have experienced an injury to your anal sphincter.

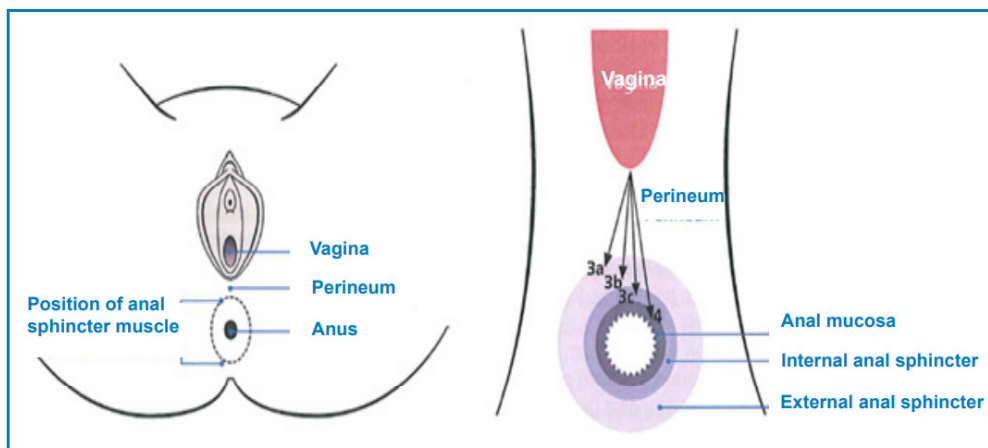
In the UK, a third- or fourth-degree tear (also known as obstetric anal sphincter injury – OASI) occurs in about 3 in 100 women having a vaginal birth. It is more common with a first vaginal birth, occurring in 6 in 100 women, compared with 2 in 100 women who have previously had a vaginal birth.

This information is to help you understand the recovery following your delivery, and your options for treatment and further care.

## Key Facts

- A third- or fourth-degree tear is where a tear in your perineum extends into the anus (back passage). Your perineum is the area between the vaginal opening and the anus.
- Recovery from a third- or fourth-degree tear will vary from patient to patient.
- You may experience pain or discomfort that can affect your mobility and daily activities while you are recovering.
- There is additional support for women who feel that their mental health has been affected by their birth experience, or the effects of a tear. Talk to your healthcare professional about what is available.
- 6 - 8 in 10 women with a third- or fourth-degree tear will have no long-lasting complications after it has been repaired and given time to heal.
- A small number of women will experience difficulty in controlling their bladder and/or bowels or holding in wind.
- There is specialist treatment available for women with anal incontinence, in the form of physiotherapy.

## The position of a third and fourth degree tear



## Treatment of 3rd and 4th degree tears

A 3rd or 4th degree tear requires surgery to repair it. The repair is done in an operating theatre and is usually performed under an epidural or spinal anaesthetic or very occasionally under a general anaesthetic.

During the procedure, antibiotics are given to prevent infection and a urinary catheter (a thin tube) is passed into the bladder to allow drainage of urine.

## Aftercare of 3rd and 4th degree tears

### When you go home, you may be offered:

- **Pain-relief:**

- ★ Dihydrocodeine tablets 30mg. This is to take as and when you need, no more than 4 doses in 24 hours.
- ★ Dihydrocodeine can cause side effects such as sickness, sedation, and constipation. Longer term use should be avoided due to risk of tolerance and dependence.
- ★ This pain relief is for short term use only and should be reduced and stopped as pain allows. If you are struggling with pain, speak to your GP for further support.

- **Laxatives** (if required):

- ★ Lactulose can help you to avoid constipation and open your bowels without straining.
- ★ Usual dose 10-15ml twice a day
- ★ Maintaining a good fluid intake and a balanced diet will help too.

- **Antibiotics**

- ★ Antibiotics may be prescribed if indicated.
- ★ The antibiotic choice may vary but is usually either co-amoxiclav 625mg, cephalexin 500mg or metronidazole 400mg all of which are one tablet taken three times a day.
- ★ If you are given metronidazole, please avoid alcohol whilst taking the medication.
- ★ If breastfeeding, monitor the infant for vomiting or loose stools and a rash. Any concerns discuss with your GP, midwife or health visitor.

None of the medication offered will prevent you from breastfeeding your baby, however, if you have any questions or concerns, please speak to your GP, midwife or health visitor.

## You are also advised to:

- Wash your hands before and after you go to the toilet and/or change your sanitary towel, especially when you go home. You should change your sanitary towel at least every four hours. Ensure it is secured in place, so it doesn't move around and cause further irritation.
- Pat the area dry from front to back to avoid introducing germs from the rectum into the perineal and vaginal area.
- Passing urine can cause stinging – pouring water over the area when urinating can help.
- Begin pelvic floor exercises as soon as possible after birth (once your catheter has been removed). This will help to increase your blood supply to the area and help the healing process. These exercises will also help your pelvic floor region regain its tone and control.
- Avoid standing or sitting for long periods and ensure you are comfortable when sitting to feed your baby.
- Check your perineum for signs of infection. If the area becomes hot, swollen, weepy, smelly, very painful, or starts to open, or you develop a temperature or flu-like symptoms, please let your midwife or GP know. You may be developing an infection and need treatment with antibiotics.

## Will I be able to breastfeed?

Yes. None of the treatments offered will prevent you from breastfeeding. However, you may find it uncomfortable to sit for long periods of time. Try breastfeeding in different positions, for example lying on your side. You also may find ice-packs helps to reduce pain.

- The use of ice can help with pain and inflammation. Use crushed ice cubes or a bag of frozen peas. Protect the skin from an ice burn by placing the ice pack in a wet towel. Leave in place for 10-15 minutes. It can be reapplied after 2 hours if you wish. It's normal for the skin to become pink with either heat or ice, however if you experience discomfort or a burning sensation remove the item immediately. Don't apply ice packs if you have poor skin sensation or poor circulation, if you are diabetic or over areas of infection.

## What do I need to know about my stitches?

You will have stitches between your vagina and anus and beneath your skin. They will all dissolve, as they soften, some may fall away, and you may notice small threads in your pad or in the bath. You may be able to feel some of the stitches, especially those around the anus muscle, for up to 3 months.

After having any tear, you are likely to experience pain or soreness for 4 - 6 weeks after giving birth, particularly when walking or sitting. The stitches can irritate as healing takes place, but this is normal.

If you are worried about the way your wound is healing or if you notice any bleeding from the tear, any smell, or any increase in pain, you should see your healthcare professional. This might be a sign of infection and you may need medication.

## What do I need to know about my bowels?

Opening your bowels should not affect your stitches. For the first few days after delivery, control of your bowels may not be as good as before you had your baby. It is important to eat well and drink plenty of water to help avoid constipation. You should drink at least 2 litres of water every day and eat a healthy balanced diet.

When opening your bowels, the best position to sit in is with your feet on a stool to raise your knees above your hips. This helps to straighten your back passage, making it easier to empty your bowels. Try to relax and rest your elbows on your knees. Bulge out your tummy by taking big abdominal breaths – this will help to reduce straining. Take your time and do not rush.



## Bladder and Bowel Control

Your pelvic floor muscles will feel weaker after giving birth. You may have trouble controlling your bladder and bowel, feeling more urgency to get to the toilet, or not be able to control wind.

You may feel that initially you have very little sensation in your pelvic floor, but this should improve the more you do your pelvic floor exercises. Physiotherapy will include teaching you how to correctly squeeze and strengthen your pelvic floor and anal sphincter muscles to help reduce incontinence.

## Pelvic floor exercises

Tighten the muscles around your back passage, vagina, and front passage as if trying to stop passing wind and urine at the same time. Draw these muscles upwards and inwards towards your tummy.

Try to breathe normally whilst doing the exercises, and avoid squeezing your bottom cheeks, or legs.

Hold for up to 10 seconds and repeat up to 10 times.

Then do up to 10 fast contractions; squeeze and relax.

Try to do these 3 x day.

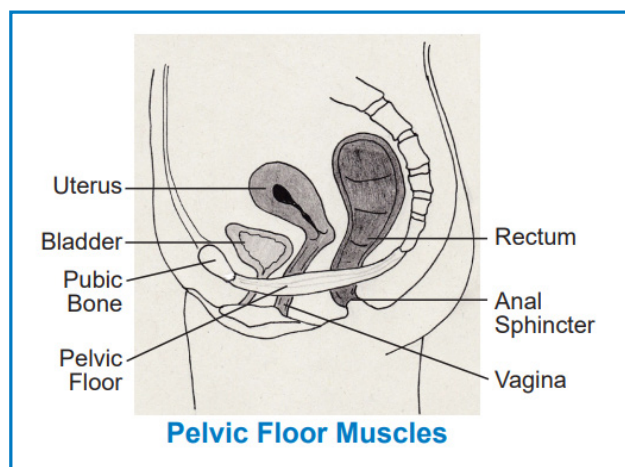
In addition, it is helpful to contract your pelvic floor muscles before coughing, sneezing and lifting.

## When can I get back to normal activities?

You should avoid strenuous activity or heavy lifting (anything heavier than the weight of your baby) for 4 - 6 weeks. After 4 - 6 weeks, you can gradually increase your general activity.

Looking after a new-born baby and recovering from an operation for a perineal tear can be hard. Support from family and friends can really help you while your body gradually adjusts and gets better.

Experiencing complications when giving birth can be very distressing and disturbing, and for some women there is a risk of post-traumatic stress disorder (PTSD). Following a perineal tear, if you are developing anxiety, have low mood or feel that you need additional support, you should talk to your healthcare professional.



## When can I have sex?

Many women are worried by the thought of having sexual intercourse again after they have given birth, particularly when they have experienced a third- or fourth-degree tear. Once your stitches have healed and bleeding has stopped, you can have sex again when it feels right for you and your partner. Consider using a water-based lubricant to help alleviate some discomfort.

It is important that you choose and use a suitable method of contraception as it is possible to get pregnant very soon after giving birth, even before you have a period. You can discuss your contraception options with your healthcare professional.

## Follow-up care

- You will be referred to a physiotherapist who will see you from 6 - 8 weeks after delivery.
  - ★ The physiotherapist will address any continence concerns, and any symptoms or concerns you may have. You will also be taught pelvic floor muscle exercises and be offered a vaginal examination to assess the strength of your pelvic floor muscles.
- At approximately 12 weeks after delivery:
  - ★ You will receive a telephone call from a Colorectal Specialist Nurse for any additional assessment and advice required.
  - ★ You will also be given an appointment to attend a perineal clinic, where you will see a consultant to review if you need any further support or treatment.

## Future pregnancy

If you have another pregnancy, you will be referred to either a consultant obstetrician or consultant midwife for further discussion about the type of delivery that is best for you and your baby. This referral will also give you a chance to talk about any concerns you may have.

## Further sources of information and support

This leaflet is intended to give you information and answer any of your immediate questions. Please feel free to discuss any further questions and concerns with your midwife or doctor.

## Useful contact numbers

**Colorectal Specialist Nurse** 01484 355062

**Locala Continence Advisory Service (Huddersfield)** 0300 3045555

**Women's Health Physiotherapy Team (Calderdale)** 01422 224198

## Web Address:

<http://www.cht.nhs.uk/services/clinical-services/physiotherapy-outpatients/patient-careinformation/>

## QR Code:

Scan the QR code to take you to our website.



## If you have any comments about this leaflet or the service you have received you can contact :

Physiotherapy Department  
Huddersfield Royal Infirmary  
Telephone: 01484 342434

MSK Physiotherapy Admin Office  
Telephone: 01484 905380

[www.cht.nhs.uk](http://www.cht.nhs.uk)

## If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

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برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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