



South Eastern Health  
and Social Care Trust

# Caring for your perineum and pelvic floor after a 3rd or 4th degree tear



Most women, up to nine in ten (90%), tear to some extent during childbirth.

Most tears occur in the perineum, the area between the vaginal opening and the anus (back passage). They may be:

- 1st degree tears - small, skin deep tears which usually heal naturally
- 2nd degree tears - deeper tears affecting the muscle of the perineum as well as the skin. These usually require stitches.

For some women, the tear may be more extensive. This may be:

- A 3rd degree tear extending downwards from the vaginal wall and perineum to the anal sphincter, the muscle that controls the anus
- A 4th degree tear extending to the anal canal as well as the rectum (further into the anus).

### What is the difference between an episiotomy and a tear?

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. A tear happens as the baby stretches the vagina during birth.

### Can a third or fourth degree tear be predicted?

It is not possible to predict or prevent these types of tears. There are some factors that may indicate when a 3rd or 4th degree tear is more likely. This is when:

- One of your baby's shoulders becomes stuck behind the pubic bone
- The second stage of labour is longer than expected (the time from when the cervix is fully dilated to birth)
- This is your first vaginal birth
- You have a large baby (over 4 kg)
- Labour needs to be started (induced)
- You have an assisted birth (forceps or vacuum).

## Could anything have been done to prevent it?

A 3rd or 4th degree tear cannot be prevented in most situations because it cannot be anticipated. Research has shown that, although an episiotomy makes more space for the baby to be born, it does not prevent a 3rd or 4th degree tear from occurring.

## What happens after birth?

Your midwife or doctor will carry out a detailed examination of your perineum and anus and confirm the extent of the tear. If you have sustained a 3rd or 4th degree tear, they will provide you with information about surgery and treatment. You will need an anaesthetic. This is usually an epidural or a spinal but occasionally may be a general anaesthetic. The obstetrician will then stitch the damaged anal sphincter and the tear in an operating theatre.

## What treatment will I be offered after surgery?

### Antibiotics

You will be advised to take a 7 day course of antibiotics to reduce the risk of infection because the stitches are very close to the anus.

### Pain-relieving drugs

You will be offered pain-relieving drugs such as paracetamol, ibuprofen or diclofenac to relieve any pain.

### Laxatives

You will be advised to take laxatives to make it easier and more comfortable to open your bowels.

### Physiotherapy advice

The physiotherapist will see you on the ward to discuss your pelvic floor exercises and early management. If you do not see a physiotherapist eg. over a weekend, a referral will be made to the appropriate community team for follow up care.

A drip in your arm will give you fluids until you feel able to eat and drink. A catheter (tube) in your bladder will collect urine until you feel able to walk to the toilet.

None of the treatments offered will prevent you from breastfeeding.

Once you have opened your bowels and your stitches have been checked to see that they are healing properly, you should be able to go home.

## What can I do to speed up healing of the tear?

### Keep the area clean

Have a bath or a shower at least once a day and change your sanitary pads regularly (wash your hands both before and after you do so). This will reduce the risk of infection.

### Drink

At least 2 - 3 litres of water every day and eat a healthy balanced diet (fruit, vegetables, cereals, wholemeal bread and pasta). This will ensure that your bowels open regularly and prevent you from becoming constipated.

### Rest

It is important to get as much rest as you can during the first 3 days following birth. Lying down on your bed or couch is best. This will minimise swelling and discomfort. Try to rest for an hour each morning and afternoon during the first 6 weeks after the birth of your baby.

## Compression

Firm supportive underwear that lift up under your perineum will help to support the area and minimise swelling.

## Pain relief

In the form of cool gel packs or ice packs may help.

## Prevention of stinging

When passing urine can be helped by adopting the correct position on the toilet. By leaning forward slightly, this allows the stream of urine to flow away from the stitches.

## Regular passing of urine

Aim to pass urine every 3 - 4 hourly if possible; if you are unable to do this start a 'bladder drill'. This involves emptying the bladder 2 hourly if required in order to avoid 'accidents'. Stretch out the time in between as able.

It is important that the bladder is emptied at each visit. To assist this emptying, lean back on the toilet before you stand up again.

## Don't stop and start flow

Don't stop and start flow whilst passing urine, as this may lead to urine retention and possible infection. (This should **only** ever be used to check and **only** after bladder function has returned to normal. The pelvic floor exercises are done away from the toilet, not on it).

## Do pelvic floor exercises

This will increase the circulation of blood to the area and aid the healing process. (You should be offered physiotherapy advice about pelvic floor exercises to do after surgery).

These exercises can be safely started 1 - 2 days after the birth of your baby provided that the catheter has been removed.

Initially go gently and 'tighten' the pelvic floor muscles as able. You may initially find this easier to do in the shower or bath and then once you have established a 'pelvic floor contraction' you will be able to start into your 'pelvic floor exercise programme' as described below.

## Pelvic floor muscle exercises

The pelvic floor muscles lie at the base of your pelvis forming a 'floor'. They stretch like a hammock from the pubic bone in front to the bottom of the spine at the back. They encircle the openings of the bladder, vagina and back passage and support the pelvic organs. The pelvic floor muscles work steadily all day to stop leakage from the bladder and bowel when we cough, laugh, sneeze or have an urge to go to the toilet. In addition they help enhance sexual intercourse.

During birth these muscles have been stretched and torn. It is extremely important that you strengthen (retrain) these muscles, which have been weakened not only by your tear but also by pregnancy. These exercises should serve to improve the function of the pelvic floor muscles.

## How to exercise the pelvic floor muscles

There are 2 sets of exercises:

- Slow
- Fast.

Do the slow set first, followed by the fast set as follows:

You should always feel a 'lift' when you contract the pelvic floor and a 'drop' when you relax/let go. If you do not feel a 'drop' the muscles may have already fatigued.

## Slow Contraction

- Lie, sit or stand with your knees slightly apart
- Tighten the ring of muscles around your back passage as if you are trying to stop passing wind. **DO NOT TIGHTEN THE BUTTOCKS**
- Also tighten and pull up the ring of muscles around your vagina (front passage) as if trying to stop passing urine
- **HOLD** for the number of seconds that you can, as strongly as possible, aiming for 10 seconds
- Repeat this as many times as you can, making sure that you are doing it as strongly as the first contraction
- Release, relax, let go, repeat - again you are aiming for 10 repetitions.

**NB.** It will probably take time to build up to a 10 second hold and 10 repetitions.

## Fast Contraction

- Tighten the same muscles but do NOT hold
- Tighten, release and relax/let go
- Aim for 10 short, sharp contractions.

**NB.** Again, this may take some time to master.

**Remember these exercises are for life!**

## Normal bowel function

It is important to avoid constipation and straining when on the toilet as this can further weaken your pelvic floor muscles. Good bowel habits help you to protect your pelvic floor and minimises the risk of both bladder and bowel incontinence.

### Prevent constipation by:

- Eating plenty of high fibre foods (eg. fruit, vegetables, whole grains, prunes and natural fibre supplements such as psyllium)
- Drinking 1½ - 2 litres of water a day (water is preferable to tea and coffee)
- Being as active as you can and enjoying some daily exercise such as walking.

## How to help the bowel empty

- Don't ignore urges to use your bladder or bowel
- Take your time on the toilet so you completely empty your bladder and bowel.