



Northumbria Healthcare
NHS Foundation Trust

Third and fourth degree perineal tears

Issued by Obstetrics and Gynaecology

This leaflet is to inform you, should you experience a third or fourth degree tear during delivery.

What is a third/fourth degree perineal tear?

As your baby is delivered it is common for the skin and muscles around the vagina to tear. Sometimes these tears can extend from the vagina into the muscle around the back passage (anal sphincter). This is a third degree tear. If the tear makes a hole between the vagina and the bowel at or above the sphincter this is called a fourth degree tear.

Why did I tear?

Anyone can have a tear during a vaginal birth. About 1 in 100 births results in a third or fourth degree tear. Some things increase the risk of a tear. This includes the size of the baby, the position of the baby, previous injury and the nature of maternal tissues.

How is the tear repaired?

It is important that we get the tear repaired as well as possible. Effective pain relief, good lighting, good positioning, and the best equipment are all really important. This is why we repair third and fourth degree tears in the operating theatre with your legs up in air. If you had an epidural this can be used for pain relief, other options are a one off injection into the back (spinal) or going to sleep with a general anaesthetic.

The repair is done by an experienced doctor. The stitches used will dissolve by themselves. Afterwards a suppository is usually given into the back passage for pain relief. You will receive antibiotics for at least five days to help prevent infection.

What happens in the days and weeks following repair?

It is important that you keep on top of your pain by taking regular pain killers, normally diclofenac or ibuprofen will be prescribed with paracetamol. Avoid codeine or other opiate medicates as much as you can. They can cause constipation which will not help your healing as straining puts pressure on the wound.

You will be prescribed laxatives for 10 days; lactulose to soften the stools and fybogel to help move the stool through the bowel. Ensuring you take all these medications will help your healing. A high fibre diet with brown rice, cereal, fruit and vegetables will help with avoiding constipation. A well balanced diet with protein like eggs, meat, fish and cheese helps with healing. You should also drink 2 litres of water every day as this also helps prevent constipation.

You will usually be seen by a physiotherapist on the ward after delivery for exercises and advice. Pelvic floor exercises are important to strengthen the muscles that have been damaged and stretched during delivery. The pelvic floor helps support and controls the bladder, womb and bowel. With these tears involving the back passage exercising the back passage muscles is important too.

Why are the exercises so important?

If you don't do the exercises you can have bladder or bowel problems in later life, try to make the exercises part of your daily routine.

At first you may need to rush urgently to the toilet. You might experience leakage of urine or pass wind involuntarily. Often this is temporary and can improve over time with regular pelvic floor exercises. Sometimes the symptoms might not appear until months after the repair.

If this happens ask your physiotherapist for advice. Normal dissolvable stitches can be gone after 10 days but the type used for the anal sphincter repair can take up to 12 weeks to dissolve.

What should I not do?

Try not to put pressure on the pelvic floor: you should avoid straining on the toilet. Use the position the physiotherapist described when you are opening your bowels. This involves relaxing the pelvic floor and making your waist wide and your tummy bulge out as you strain gently. **DO NOT HOLD YOUR BREATH.** Support the stitches with a pad over your hand.

Avoid sex for 6 weeks will help with healing and avoid pulling part things that have only started healing. When you do start having sex using lubrication may make things more comfortable.

What can I do?

- To avoid pressure on the wound, especially in the first few days, avoid sitting for long periods. If you are breast feeding your midwife will show you some comfortable positions.
- Have plenty of rests on your bed lying on your side or your front.
- Start pelvic floor exercises with a tightening and relaxing technique as soon as you can within the first 24 hours this helps to boost circulation and reduce swelling.
- Always try to pull in the pelvic floor muscles and abdominal muscles before you cough, sneeze, lift or do any exercise to avoid putting strain on the pelvic floor.

- Position pillows to make a valley for the painful area when you are sitting feeding your baby or feeding lying on your side.
- Keeping the wound clean is very important. Frequent warm showers or baths will help with this. Pat the area dry and wear cotton rather than synthetic underwear.
- Don't use bubble baths or salt or other additives in the bath. They can both cause irritation or make the stitches dissolve too fast.
- Changing your sanitary pad frequently is essential.
- Increased pain or smelly discharge are signs of infection you must talk to your GP or midwife as soon as possible.
- Take your prescribed lactulose and Fybogel to prevent the need to strain.

Complications that might happen

- The stitches could come apart before the wound has healed and you might need the sphincter repaired again
- A rectovaginal fistula might develop. This is rare and is when a connection develops between the vagina and the back passage. If faeces (poo) leaks out of your vagina you must contact your GP or midwife.
- Very rarely an ileostomy is needed. If the repair breaks down or a fistula develops it may help to temporarily bring the bowel out through the abdomen with a bag to catch stools over the hole. This allows the perineum to heal. Then the hole can be closed and the bowel joined back together inside with stool coming out of the back passage again.

After care

You will be sent hospital out-patient appointments for:

- The physiotherapist 6 weeks after delivery
- A woman's health (obstetrician/gynaecologist) 6 weeks after delivery
- The bowel surgeon 6 months after delivery for ultrasound check of the muscles of the anal sphincter to check for long term damage.

We would strongly advise you to attend all of these appointments even if you don't have symptoms

What about when I get pregnant again?

We would advise you to wait at least 6 months before you become pregnant. Your doctor should have advised you about ways of giving birth at the 6 week appointment after delivery: either a vaginal birth or a caesarean section. The choice is yours and the doctors and midwives will give you all the support and information you need to make that choice.

Birth reflections

If you want to meet with a midwife and talk through your delivery please contact your community midwife or the unit where you gave birth.

Sources of information

Royal College of Obstetricians and Gynaecologists

www.rcog.org.uk

Useful contact numbers

The Northumbria Specialist Emergency Care Hospital

Northumbria Way

Cramlington

NE23 6NZ

Pregnancy assessment unit: 0191 607 2815

Birthing centre: 0191 607 2318

Ward 16: 0191 607 2016

Berwick Midwifery Led Unit

High Green

Berwick-upon-Tweed

TD15 1LT

01289 356 622

Hexham Midwifery Led Unit

Corbridge Road

Hexham

NE46 1QJ

01434 655 352

Hillcrest Midwifery Led Unit

Infirmery Drive

Alnwick

NE66 2NS

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Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

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General Enquiries **03 44 811 8111**

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