Patient Information

University Hospitals Coventry and Warwickshire NHS Trust

Gynaecology

Perineal tear – Advice and aftercare

What is a perineal tear?

Many women experience tears to some extent during childbirth as the baby stretches the vagina. Most tears occur in the perineum, the area between the vaginal opening and the anus (back passage).

Small, skin-deep tears are known as first degree tears and usually heal naturally. Tears that are deeper and affect the muscle of the perineum are known as second degree tears. These usually require stitches.

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.

What is a third- or fourth-degree tear?

For some women the tear may be deeper. A tear that also involves the muscle that controls the anus (the anal sphincter) is known as a third-degree tear. If the tear extends further into the lining of the anus or rectum it is known as a fourth-degree tear.

How common are third- or fourth-degree tears?

Overall, a third- or fourth-degree tear occurs in about 3 in 100 women having a vaginal birth. It is slightly more common with a first vaginal birth, occurring in 6 in 100 women, compared with 2 in 100 women who have had a one or more vaginal births previously.

What happens after I have a third- or fourth-degree perineal tear?

After the third- or fourth-degree perineal tear has been repaired, you will be:

- offered pain-relieving drugs such as paracetamol, ibuprofen, or diclofenac to relieve any pain
- advised to take a course of antibiotics to reduce the risk of infection because the stitches are very close to the anus
- advised to take laxatives to make it easier and more comfortable to open your bowels.

Will I be able to breastfeed?

Yes. None of the treatments offered will prevent you from breastfeeding.

What can I expect afterwards?

After having any tear or an episiotomy, it is normal to feel pain or soreness around the tear or cut for 2 to 3 weeks after giving birth, particularly when walking or sitting. Passing urine can also cause stinging. Pouring warm water on your perineum when you pass urine can help dilute the urine so it doesn't sting as much, and will help to keep the area clean. Also, continuing to take your painkillers when you go home will help with any discomfort.

Most of the stitches are dissolvable and the tear or cut should heal within a few weeks, although this can take longer. The stitches can cause irritation as a normal part of the healing process. You may notice some stitch material fall out, which is also normal.

To start with, some women feel that they pass wind more easily or need to rush to the toilet to open their bowels. These symptoms often resolve and most women make a good recovery, particularly if the tear is recognised and repaired at the time of injury. 6-8 in 10 women will have no symptoms a year after birth.

What can help me recover?

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). Always wipe from front to back after passing either urine or stool). This will reduce the risk of infection.

You should drink at least 2 to 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 will prevent you from becoming constipated.

Strengthening the muscles around the vagina and anus by doing pelvic floor exercises can help healing. It is important to do pelvic floor exercises as soon as you can after birth. You should be offered advice and support with pelvic floor exercises by a physiotherapist within 12 weeks of delivery.

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

When should I seek medical advice after I go home?

You should contact your midwife or GP if:

- your stitches become more painful or smelly – this may be a sign of an infection
- you cannot control your bowels or flatus (passing wind)
- you have any other worries or concerns – you can be referred back to the hospital before your follow-up appointment if necessary

When can I have sex?

In the weeks after having a vaginal birth, many women feel sore, whether they've had a tear or not. If you have had a tear, sex can be uncomfortable for longer. It is best to wait until the bleeding has settled and the tear has healed before having sex again. This may take several weeks. After that, you can have sex when you feel ready to do so.

A small number of women have difficulty having sex and continue to find it painful. Talk to your doctor if this is the case so that you can get the help and support you need.

It is possible to conceive a few weeks after your baby is born, even before you have a period. You may wish to talk with your GP or midwife about contraception or visit your local family planning clinic to discuss this.

Your follow-up appointment

Following a third- or fourth-degree perineal tear, you will be offered a follow- up appointment at the hospital in the OASIS clinic 10 to 12 weeks after you have had your baby. This is to check that your stitches have healed properly. You will be asked questions about whether you have any problems controlling your bowels. You will be offered a scan of the anal sphincter with or without anal sphincter manometry (pressure studies).

You will also have the opportunity to discuss the birth, and any concerns that you have along with a plan for any future pregnancy and mode of delivery.

Can I have a vaginal birth in the future?

- Most women go on to have a straightforward birth after a third- or fourth-degree tear.
- However, there is an increased risk of a repeat third- or fourth-degree tear. Between 5 and 7 in 100 women who have sustained a third- or fourth-degree tear will have a similar tear in a future pregnancy.
- In general, if you have good control over your bowel movement and no evidence of significant anal sphincter damage, a subsequent vaginal delivery can be attempted.
- If you continue to experience symptoms from the third- or fourth-degree tear, you will be counselled and offered a planned caesarean section - however, this is also associated with some risks.
- There is no evidence that a prophylactic episiotomy prevents a recurrence of anal sphincter injury. An episiotomy should only be performed if there are predisposing factors for a third- or fourth-degree tear such as; a big baby with an estimated fetal weight above the 90th centile, persistent occiput posterior position (OP – i.e., the back of the

fetal head lies near the mother's tailbone in the pushing phase of labour and cannot be rotated), shoulder dystocia (the fetal shoulder gets stuck behind the mother's pubic bone), fibrotic band, or inelastic perineum etc.

You will be able to discuss your options for future births at your follow-up appointment or early in your next pregnancy. Your individual circumstances and preferences will be taken into account. We would support you in the decision-making process.

Further information

If you have any questions or would like further information, please contact the **Gynaecology Department via telephone on 024 7696 7000**.

Further information can also be found in the following leaflet:

RCOG - Patient Information: A third- or fourth-degree tear during birth (also known as obstetric anal sphincter injury – OASI) –

https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-third--or-fourth-degree-tear-during-birth.pdf

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