

Gynaecology Department

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 vaginal birth 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 two to three weeks after giving birth, particularly when walking or sitting. Passing urine can also cause stinging. Continue to take your painkillers when you go home.

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 irritate as healing takes place but this is normal. 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. Most women make a good recovery, particularly if the tear is recognised and repaired at the time: 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). This will reduce the risk of infection.

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You should drink at least two to three 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 physiotherapy advice about pelvic floor exercises to do after surgery.

Looking after a new born 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 general practitioner 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);
- Talk to your GP if you have any other worries or concerns. You can be referred back to the hospital before your follow-up appointment if you wish.

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. You should wait to have sex until the bleeding has stopped and the tear has healed. 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 10–12 weeks after you have had your baby 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 may have along with a plan for the 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 this happening again in a future pregnancy. Between 5 and 7 in 100 women who have had 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 then we would compromise and you would be allowed to have a normal vaginal delivery by a senior midwife/doctor.
- 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 prophylactic episiotomy prevents a recurrence of sphincter rupture and therefore an episiotomy should only be performed if there are predisposing factors such as a big baby, OC (Occiput Posterior) position (the most common foetal position), shoulder dystocia (after head, shoulder gets stuck), fibrotic band or inelastic perineum.
- 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.

Patient Information

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>

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7000 and we will do our best to meet your needs.

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