

## Third or fourth degree tear: advice to improve postnatal recovery

### What are third and fourth degree tears?

Third and fourth degree tears are types of injury to the perineum (region between the anus and the opening of the vagina). This degree of tear affects the pelvic floor muscle and the ring of muscles around the back passage. These include the internal anal sphincter muscles (IAS), closest to the lining of the anus, and the deeper external anal sphincter muscles (EAS).

Classification is based on the depth of tear:

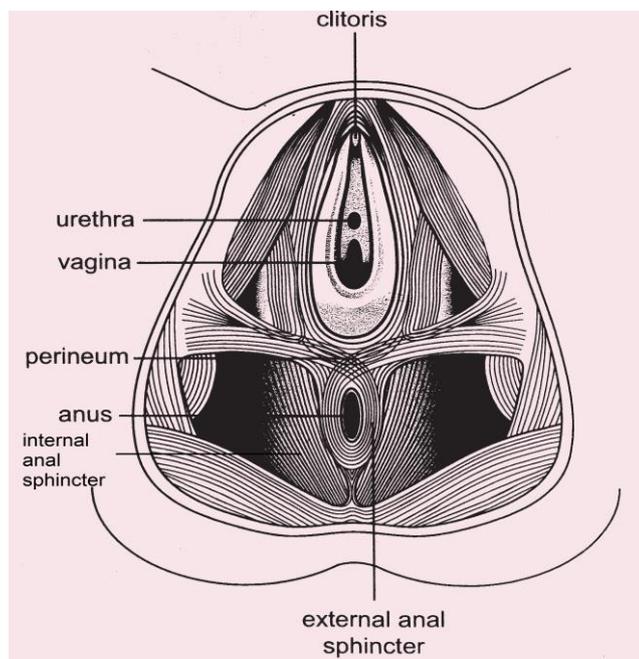
3a - less than 50% of EAS thickness

3b - more than 50% of EAS thickness

3c - both EAS and IAS injured

4 - injury to sphincter complex (IAS and EAS) and lining of the anus

### The Female Perineum



## What are the risk factors for third and fourth degree tears?

- During first time vaginal delivery
- During assisted deliveries (forceps or ventouse)
- After an episiotomy (a cut made into the vagina)
- Delivering a baby over 4kg
- During a prolonged second stage of labour or a very rapid delivery
- Caused by the position of the baby during labour

## What are the symptoms of third and fourth degree tears?

The pelvic floor and anal sphincter muscles help to keep the anus closed until you are ready to pass a bowel motion. Following a third or fourth degree tear some women develop problems with bowel control due to muscle weakness and occasionally injury to the nerve that activates the muscles. Typical symptoms include poor control of wind, feeling an urgency to empty the bowel so that it is difficult to hold on until reaching a toilet, and leaking of bowel motion. Weakness of the pelvic floor muscle may also result in urine leaking.

These problems are often minor and temporary, but they can last longer. Some women do not develop symptoms until much later in life. This is because muscles and other tissues in that area tend to get weaker as we get older. Carrying out a self-management programme in the postnatal period will help to reduce future problems. We strongly recommend that you attend a Postpartum Pelvic Floor Clinic appointment where a full assessment will be carried out.

## Initial medical treatment

Following the birth of your baby, a midwife or doctor will examine your vagina and rectal area to assess the degree of injury. An experienced obstetrician will repair the tear in an operating theatre and you will be offered an epidural/spinal anaesthesia to provide pain relief. Following the procedure you will be prescribed antibiotics to reduce the risk of infection. Laxatives are also used to ensure easy passing of bowel movement while the muscle is healing and to prevent straining the pelvic floor muscles and healing scar.

## Pain relief

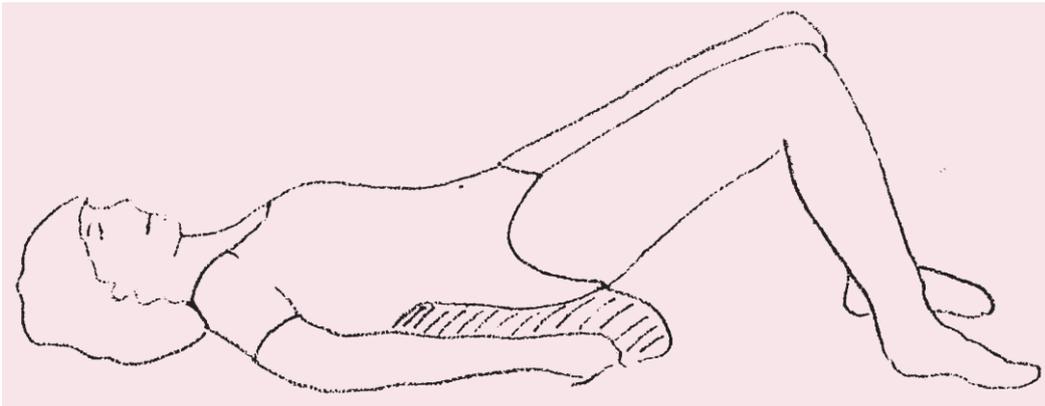
While in hospital you will be offered regular pain relief. At home take pain medication as required.

Ice can help reduce swelling and pain in your perineum. Use an ice pack (such as a bag of frozen peas, or a water-filled condom, which is then frozen) wrapped in a towel and place directly over the perineum for 20 minutes. Ensure the ice is covered in a towel to avoid burning the skin. Repeat several times a day, for as many days as you feel necessary.

Cold, shallow baths can also reduce swelling and keep the perineum clean, which promotes healing.

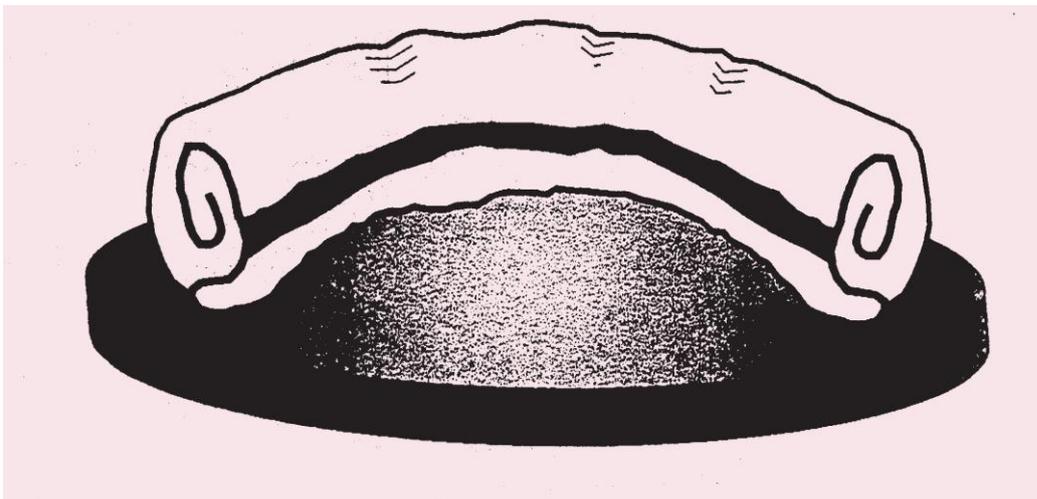
In the first 48 hours postnatally don't over-exert yourself and rest when tired. Try lying on your back with your knees bent and pelvis supported on a pillow. This elevates the area and may help to reduce swelling.

## Resting position



Positioning: It is essential that you find a comfortable position to feed, relax and sleep. Lying may be more comfortable on your side with a pillow placed between your knees. Try sitting on a rolled towel in an upside down “U” shape on the chair. This will allow the weight of your body to go through the bones in your bottom rather than directly onto your perineum.

## Sitting comfortably



## Bladder and bowel

Pouring water over your perineum as you pass urine can help reduce any ‘stinging’ sensation.

Avoid constipation by drinking 1.5 to 2 litres of non-caffeinated fluid a day (water, herbal tea or squash). Double this amount if breastfeeding. Also aim to eat 8 portions of fruit and vegetables daily.

Position yourself on the toilet with your feet on a stool so that your knees are higher than your hips and lean forwards. It may be more comfortable to support the perineum with a sanitary towel or wad of tissue paper when opening your bowels.

## Pelvic floor exercises

Start your pelvic floor exercises as soon as possible after giving birth. Exercises can promote healing and reduce perineal pain. Exercises are extremely important for rebuilding strength. See our factsheet 'Understanding Pelvic Floor Muscle Exercises for Women' for full instructions.

### Technique

Tighten and lift your pelvic floor, closing and drawing up the back passage, vagina and urinary passage, as if trying to stop yourself passing wind, gripping the vaginal walls together and stopping the flow of urine at the same time. The pelvic floor muscles should move upwards and forwards toward the pubic bone. In the first week after giving birth do the exercises gently within pain limits and often and little. After a week, build up to full effort contractions.

Slow contractions: Tighten the muscles and hold for up to a count of 10. Relax for the same amount of seconds, then repeat 10 times.

Fast contractions: Quickly tighten the muscles fully and then relax them fully, without holding the muscles. Repeat 10 times.

Aim to do these six times daily for the first six weeks after giving birth.

### Sex

Wait until you feel ready. Everyone is different; many women do not start until three months after giving birth.

Wait until the bleeding has stopped, the scar is healed and you do not feel any vaginal discomfort.

You may need to use a lubricant. Try varying the positions if you feel discomfort (the woman has more control and less pain if she goes on top).

### What happens next?

- Six week postnatal check
- Six-twelve week appointment in the Postnatal Pelvic Floor Clinic for a full assessment of your bladder and bowel function and muscle strength. We strongly recommend that you attend this appointment even if you do not have any symptoms.

This is an opportunity for you to ask questions about the tear, your recovery and how it may affect you in the future. You may choose to be referred for an ultrasound scan of your tear. Our pelvic floor team includes a gynaecologist, specialist pelvic, obstetric and gynaecological physiotherapist and specialist continence nurse.

You may seek GP referral to this clinic for up to a year after your baby is born. If you have not received a first appointment please contact the specialist physiotherapist on 020 7288 5660.

- You may benefit from physiotherapy treatment to help recover your muscle strength. If you have poor control of bowel movements or have difficulty doing pelvic floor muscle exercises please contact us on 020 7288 5660 and ask to speak to the specialist physiotherapist.

- You may request a labour debriefing appointment where you can discuss the events of your labour in detail with an obstetrician and midwife. You can arrange this appointment by requesting a referral at either of your postnatal hospital appointments. You can also self-refer at any time (even a year later) through the Patient Advisory Liaison Service by phoning 020 7288 5551.
- If you feel that you would like to be referred to our women's health counselling service please request a referral at one of your postnatal hospital appointments.

<u>Type of Appointment</u>	<u>Date and Time</u>
Six Week Postnatal Check	
Postpartum Pelvic Floor Clinic	

**Patient advice and liaison service (PALS)**

If you have a question, compliment, comment or concern please contact our PALS team on 020 7288 5551 or

[whh-tr.whitthealthPALS@nhs.net](mailto:whh-tr.whitthealthPALS@nhs.net)

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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