

Third and fourth degree perineal tears

What is a perineal tear?

A vaginal or perineal tear happens during birth if the delivery causes the birth canal to stretch beyond its limits. Tears can be on the surface (superficial), or might involve one or other muscles in the perineum or around the anus. Most women, 8 - 9 out of 10 (85%), have a tear during childbirth. Tears usually occur in the perineum, the area between vagina and the anus (back passage). They may be:

- **First degree tears** – small, skin tears which heal naturally. A few women may not require stitches.
- **Second degree tears** – deeper tears affecting the muscle of the perineum as well as the skin. All second degree tears require stitches to ensure they heal properly.

Second degree tears do not usually cause any long-term problems. Of the women who tear, 1- 9 out of 100 women (1-9%), have a more extensive tear.

This may be:

- **A third degree tear** – involves the vaginal wall, perineum and layers of the anal sphincter (the muscle that controls the back passage).
- **A fourth degree tear** – also involves the inner lining of the back passage.

The stitches used for all perineal tears are always dissolvable and do not need to be removed. Most stitches will have disappeared by 6 weeks after the birth, although you may still have a few stitches that you can feel at this time.

It is very important to recognise and treat perineal tears properly. After your baby is born, the midwife or obstetrician will examine you carefully to check for these tears. A second opinion might also be requested.

If third or fourth degree perineal tears are identified and properly surgically managed, most women will recover well without any bowel control problems.

What is the difference between an episiotomy and a tear?

An episiotomy is a surgical cut made through the vaginal wall and perineum to make more space to deliver the baby. This procedure is usually done under local anaesthetic. An episiotomy might also be made to quicken a delivery if the baby is becoming distressed. Sometimes episiotomies extend causing further tearing.

Why did I tear?

For many women there is no clear reason for their tear. The risk of tearing can be increased when;

- This is your first vaginal birth
- You are older and your muscles and tissues weren't able to stretch enough, or quickly enough (on average, the vaginal opening muscles needs to stretch more than 3 times their length to let a baby pass through)
- There is a very long or very quick second stage of labour (pushing stage)
- The baby's shoulder gets stuck behind your pubic bone (shoulder dystocia)
- You had a large baby, or the baby came through the birth canal awkwardly
- You have an assisted birth (forceps ventouse)

What happens if I have a significant perineal injury or tear of the anal sphincter muscles?

These tears need to be surgically repaired by an obstetrician in the operating theatre where there is good lighting and proper anaesthesia. This will help minimise the risk of you having long term pain, sexual dysfunction and / or inability to properly control your bowels.

Your care will be transferred to the hospital team although your lead maternity Carer (LMC) will stay involved in your care.

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After your surgery you will be given fluids through a drip (IV) in your arm and you will have a catheter (tube) to drain your bladder. The catheter is important as you may not feel the need to pass urine until your epidural or spinal wears off and it makes sure that your bladder doesn't get over-full.

You will be prescribed pain relief. It is best to take this regularly and let the staff know if you are having spasm pain around your anal area. This would need special medication to overcome the spasm and stop the pain.

A member of the team will visit you on the postnatal ward and discuss your injury, what surgery was done, and what to expect. Plans for follow up should be given and advice for your next birth may be discussed.

Personal Hygiene

Change your sanitary towel regularly .To reduce the risk of infection. Make sure you wash your hands both before and after changing your sanitary towel.

You can shower or bath to wash as usual. You do not need to add anything special to your bath to help your stitches heal. Dry the area carefully using an ordinary towel or dry flannel kept for this area. Make sure that you change the towel flannel daily. If you prefer you could use a disposable cloth or sanitary towel.

Physiotherapy / Bowel / Bladder Care

You will be seen by a physiotherapist. They are particularly helpful with advice regarding the position to ease bowel emptying.

After a 3rd or 4th degree tear it is important that you avoid constipation. To help prevent you from becoming constipated and to ensure that your bowels are opened regularly drink at least 2–3 litres of water every day. Eat a healthy balanced diet, with fruit, vegetables, cereals, wholemeal bread and pasta. Don't wait if you have the urge to empty your bowel.

When you empty your bowels you may find that the following advice helps:

- Empty your bladder first if you need to
- Use a clean hand or sanitary towel to support your perineum (area between vagina and back passage)

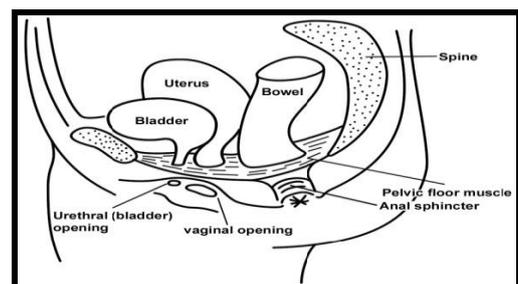
When you are sitting on the toilet keep your back straight, with your feet supported. Your knees should be in line with your hips. A foot rest may help get your knees at the same level as your hips. Relax your lower tummy. Keep your lips slightly open and your teeth apart and breathe out slowly. (See diagram). This can help make passing a bowel motion easier and bladder emptying better.



Pelvic Floor Muscle Exercises

Start gentle pelvic floor muscle exercises once your catheter has been removed, and you are able to pass urine normally. The squeezing action of the muscles will help to relieve swelling and bruising. These exercises are safe to start in the immediate post natal period (even if you have stitches) and will increase the circulation of blood to the area and help the healing process. These muscles have been weakened by pregnancy and birth as well as by your tear.

Your pelvic floor muscles form a sling underneath your pelvis. The tube from your bladder (urethra), your vagina and back passage pass through these muscles. They work to control your bladder and bowel, support you, and help with intercourse.



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A good way of remembering to do your pelvic floor muscle exercises is to do them when you feed your baby.

All women should do pelvic floor exercises throughout their life, to prevent bladder, bowel or prolapse problems. If you have had a 3rd or 4th degree tear you may need to work a little harder.

What are the long-term effects of a perineal tear?

Most women make a good recovery, particularly if the tear is recognised and repaired at the time.

During recovery, some women may have:

- Pain or soreness in the perineum; Fears and apprehension about having sex. A feeling that they need to rush to the toilet to open their bowels urgently
- Concerns about a future pregnancy and birth. Discussing follow up and plans for future birth may help
- Very rarely, you may have a fistula (hole) between your anus and vagina after the tear has healed. This can be repaired by further surgery

Contact your midwife or general practitioner if:

- Your stitches become more painful or smell offensive – these may be signs of an infection. You have not opened your bowels by Day 3 after birth
- You cannot control your bowels or flatus (passing wind)
- You feel a need to rush to the toilet to open your bowels
- You have any other worries or concerns

Your follow up appointment

Your LMC will check your perineum and check that your stitches have healed properly. Your LMC will ask questions specifically about bladder and bowel functions. If there are any complications, you may be referred to a specialist.

Follow up plans will be recommended by the doctor who did your repair. Minor injuries will be followed up by the LMC. All women who have had an anal sphincter injury involving more than 50% of

the external anal sphincter will be given a follow up appointment with the obstetrician who cared for you or alternatively at the OASIS (obstetric anal sphincter injuries) clinic at Wellington Hospital within 3 months. Women with symptoms of poor control of wind or faecal soiling will have follow up in the OASIS clinic.

At the follow up visit, the obstetrician will review your labour and birth information and assess how well you have healed and recovered. There will be discussion regarding longer term implications. On-going plans will be made if you have continuing problems. You will also be given advice and recommendations for how best to have your next labour and birth.

Is it advisable to have another vaginal birth in the future?

This depends on a number of factors. The obstetrician will discuss these with you at the follow-up appointment and/or early in your next pregnancy. If you continue to experience symptoms with poor control of bowels or wind after a tear you may be advised to consider having a caesarean section.

All women with this injury are routinely referred to an obstetrician during any future pregnancies for further discussion. It is usually recommended that a vaginal birth is avoided for future pregnancies when:

- The tear involved your internal (deeper part) anal sphincter
- There was a fourth degree tear
- When there are on-going symptoms of anal sphincter weakness
- If there is identifiable weakness of the anal sphincter

The decision may also be influenced by the estimated birth weight of the next baby.

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Who do I contact after discharge from hospital?

When you are discharged from hospital your LMC and GP will be sent discharge information.

During the time you are under the care of your LMC, they will be able to review you and give you advice. If your LMC has any concerns about your wound healing they may refer you to your own doctor (G.P.) or the Women's Assessment Service. It is important that you attend your hospital follow up appointment.

If you have any concerns regarding your tear or your follow-up appointment please contact:

Charge Nurse Manager - Women's Clinics
Level 3 North, Wellington Hospital, Direct dial
number 04 806 0784