

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone (City Hospital Campus): 0800 052 1195

Freephone (QMC Campus): 0800 183 0204

From a mobile or abroad: 0115 924 9924 ext 65412 or 62301



Minicom: 0800 183 0204

E-mail: pals@nuh.nhs.uk

Letter: NUH NHS Trust, c/o PALS, Freepost NEA 14614, Nottingham NG7 1BR

www.nuh.nhs.uk

If you require a full list of references for this leaflet please email patientinformation@nuh.nhs.uk or phone 0115 924 9924 ext. 67754.

The Trust endeavours to ensure that the information given here is accurate and impartial.

Third/fourth degree perineal tears during child birth

Information for patients

Maternity Department

This document can be provided in different languages and formats. For more information please contact:

Maternity Department
City Campus
Hucknall Road, Nottingham
Tel: 0115 9691169 ext 55174

Aim of the leaflet

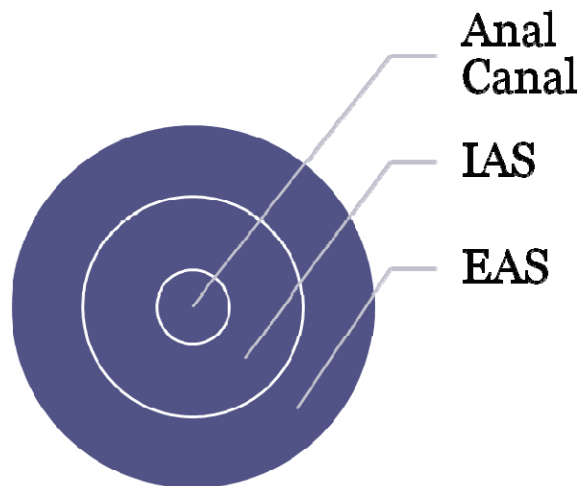
This leaflet is aimed at women who have had a third/fourth degree perineal tear during childbirth.

This leaflet aims to provide these women with detailed information and care specifically pertaining to a third/fourth degree perineal tear.

This booklet is meant to supplement the advice and support given by doctors, midwives and physiotherapists. We would encourage you to ask as many questions as you wish about your perineal tear and the treatment you receive.

What is third degree tear?

This is a tear between the vagina and the anal canal (back passage) involving the muscles that surround the anus known as the anal sphincter. There are two rings of muscle surrounding the anal canal - the inner ring (known as the internal sphincter IAS) and the outer ring (known as the external sphincter EAS).



Notes

Follow up appointments

With the doctor

Before you leave hospital you will be given an appointment to attend the Pelvis after Pregnancy Clinic to see the doctor. This will be at 12 weeks after you have given birth. You may be seen at the City or QMC. We need to do this as clinics can become full or patients may need to be seen at short notice. If you experience any problems before your check ups, you should discuss these with your midwife, health visitor, physiotherapist or GP.

You will be given an appointment to see the Physiotherapist at 6 weeks after you have given birth.

If you require further information or would like to speak directly to a physiotherapist before your appointment please telephone:

If your baby was born at the City Hospital Campus

0115 969 1169 ext 57792

Monday to Friday (9am and 9.30am)

If your baby was born at the QMC Campus

0115 924 9924 ext 63255

Monday to Friday (8am and 8.30am)

Both these muscles are actively involved in the control of your stools and wind from your back passage. Damage to these muscles can be graded according to the depth of the injury.

A third degree tear

3a = partial thickness of the external sphincter torn (<50%)

3b = full thickness of external sphincter torn (>50%)

3c = external + internal sphincter torn

A fourth degree tear

This is a tear that also involves the skin (mucosa) lining the anal canal along with the tear of the anal sphincter, extending further into the back passage and into the lower bowel (rectum).

How common are third/fourth degree tears?

Evidence suggests that approximately 2% of women will sustain this injury during birth. At Nottingham University Hospitals 1-2% of women sustain this injury.

Why did I tear?

For many women there is no clear reason for their tear. The risk of tearing can be increased by the following:

- This is your first vaginal birth.
- You have a large baby (more than 4kg).
- The baby's shoulder gets stuck behind your pubic bone this is known as shoulder dystocia.
- Obesity.
- Forceps/ventouse delivery
- Induction of labour.

What will happen if I have a third/fourth degree tear?

Third and fourth degree tears will need to be repaired by an experienced doctor in an operating theatre. You will be given an epidural or spinal anaesthetic. You will have a drip in your arm to give you fluids and a catheter in your bladder.

The catheter is important as you may not feel the need to pass urine until your epidural or spinal wears off. It is important your bladder does not overflow. Once you have full sensation back in your legs your catheter will be removed. It is important you then pass urine within six hours of your catheter being removed; this will be measured by your midwife.

Medication

Antibiotics - You will be given antibiotics for five days to help prevent infection and wound breakdown.

Pain relieving drugs - You will be offered regular drugs for example paracetamol and diclofenac to relieve any pain and these will be given to take home with you.

Laxatives - For example Fybogel and Lactulose will be given to you to help keep your bowel movement soft and regular to aid healing. (It is important to try to keep your stools like a `toothpaste` consistency).

NONE OF THESE MEDICATIONS WILL INTERFERE WITH BREAST FEEDING.

What are the long term effects of a third/fourth degree tear?

Most women (about 80%) will make a full recovery and have no symptoms one year later. If you do most of these should resolve with physiotherapy, during this time some women may have:

- Pain and soreness within the perineum
- A feeling that they need to rush to toilet to open their bowels urgently

Contact your Midwife or General Practitioner if your stitches become more painful or if there is an offensive smell as these are signs of infection.

Other problems may be:

- Fear about resuming sexual intercourse (not only women who have sustained this tear).
- Fear about future pregnancy.

Very rarely you may develop a fistula (hole) between your anus and vagina after the tear has healed. This can be repaired by further surgery.

Will I be able to have a normal birth next time?

Most women are able to have a vaginal birth next time, depending on individual factors. The doctor at your 12 week appointment will discuss future birth options with you on an individual basis.

What should I do about sexual intercourse?

You are advised to wait to have sexual intercourse until the bleeding has stopped and the tissues have healed. You can then resume intercourse if you feel ready and ensure you have arranged contraception. The stitches to repair a third/fourth degree tear are made of strong material to hold the anal sphincter in a good position whilst healing takes place. When resuming intercourse extra lubrication may be helpful as the sensitive tissues may be tender this will lessen overtime. Different positions may make it more comfortable.

A small number of women have difficulty resuming sexual intercourse following a third/fourth degree tear. This can be for a variety of reasons which include both physical and/or psychological issues. If there are unresolved sexual difficulties you may be advised to be referred to Dr Gribbin Consultant Obstetrician who is specialised in psychosexual medicine. You can be referred by any health professional that you have seen in relation to your maternity care hospital/community midwife, consultant obstetrician or gynaecologist or via your GP.

Taking care of your perineum

Personal hygiene - Wash the perineal area 3-4 times a day. Always pat the area dry from front to back after washing to avoid introducing germs from the rectum to the vaginal area. It is also very important to wash the perineum after a bowel motion.

Change pads at least every four hours to keep the wound as clean as possible.

Keep comfortable - Aromatherapy can also be used please ask your midwife. When feeding shift you're sitting position and lie down occasionally to reduce the pain.

Lie down to rest between 20-40 minutes every hour for the first 2-4 days as this will help with healing. You may find placing a pillow between your knees is comfortable.

Emptying your bowel/bowel care

It is recommended after the repair to eat a high fibre diet to prevent any further damage due to straining when passing a stool. This will produce a stool which is easier to expel.

High fibre - Wholemeal breads, cereal, brown pasta and rice at least 4 servings of fruit and vegetables.

Drink at least 1.5-2 litres of fluid a day. Keep stools soft (consistency of toothpaste). Try not to strain when opening your bowels and use the recommended defecation position taught to you by your physiotherapist.

What is the best way to open my bowels?

Position

Sit and Lean forward

Back straight

Legs apart

Forearms resting on knees

Feet up on a stool if necessary.

Action

Relax - Your jaw (lips open teeth apart).

Bulge - Push your lower tummy forward.

Brace - Make your waist wide

Hold - Maintain this `pear shape` (brace/bulge) for 5-10 seconds whilst breathing gently.

Supporting the stitches with a clean sanitary towel when opening your bowels may help.

You should feel your anal sphincter open. When you have finished, pull up your pelvic floor muscles.

Pelvic floor exercises

Because you have had an extensive tear you are at risk of discomfort and bowel and bladder incontinence problems now and in the future. Pelvic floor exercises will help to prevent this problem and aid the healing process. They are explained in the Fit for Future advice leaflet. To let the stitches heal:

- Start pelvic floor exercises when you feel ready but aim to have started them before 10 days.
- Then, begin gentle pelvic floor exercises. Start gently and rhythmically; lying on your side will be the most comfortable position. Gradually build to holding a squeeze for up to 10 seconds and repeat up to 10 times. Do these three times a day.

Will I need to have the sutures removed?

No, these sutures are dissolvable and can take up to three months to completely dissolve. They can irritate as healing takes place but this is normal and you may notice some fall out.