

Third and fourth degree perineal tear during childbirth

What are the types of tears during childbirth?

Most women, up to nine out of ten, tear to some extent during childbirth. Most tears occur in the perineum, the area between the vaginal opening and the anus (back passage). They may be:

- First degree tears – small skin deep tears which usually heal naturally.
- Second degree tears – deeper tears affecting the muscles of the perineum as well as the skin. These usually require stitches.

For some ladies with a tear, up to nine out of 100, the tear may be more extensive. This may be:

- A third degree tear extending downwards from the vaginal wall and perineum to the anal sphincter, the muscle that controls the anus
- A fourth degree tear extending to the anal canal as well as the rectum (further into the anus)

What is the difference between an episiotomy and a tear?

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. A tear happens as the baby stretches the vagina during birth.

Can a third or fourth degree tear be predicted?

It is not possible to predict or prevent these types of tears. There are some factors that may indicate when a third or fourth degree tear is more likely. This is when:

- One of your baby's shoulders gets stuck behind your pubic bone
- The second stage of labour is longer than expected
- This is your first vaginal delivery
- You have a large baby
- Your labour needs to be started (induced)
- You have an assisted birth

Could anything have been done to prevent it?

A third or fourth degree tear cannot be prevented in most situations because it cannot be anticipated. Research has shown that although an episiotomy makes more space for the baby to be born, it does not prevent a third or fourth degree tear from occurring.

If your obstetrician or midwife suspects a third degree tear or if you had an episiotomy, you will have a detailed examination of the perineum and anus. The obstetrician will confirm the extent of the tear and provide information about treatment.

What is the treatment for a third and fourth degree tear?

This type of tear is repaired in an operating theatre using either general, or more commonly, a regional anaesthetic (a spinal or epidural). This is to ensure that you receive good pain relief during the procedure and allows the doctor to carefully bring the torn muscles back together. A drip in your arm will give you fluids until you feel able to eat and drink. You will receive a dose of intravenous antibiotics and a catheter will be placed in your bladder to drain it, this will remain in place for approximately 12-18 hours following the procedure.

We must by law obtain your written consent to any operation beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

What happens following your surgery?

You will be given antibiotics to take by mouth for five days. It is important to finish the course. This is to reduce the risk of infection because the stitches are very close to the anus.

You will be offered pain-relieving drugs such as paracetamol and diclofenac to keep you as comfortable as possible.

You should be referred to a physiotherapist and, when possible, be seen by the physiotherapist prior to discharge. They will give you information about pelvic floor exercises. These are very important and should be started as soon as you can after the birth, once your catheter has been removed.

The physiotherapists will also give you advice on the best position to adopt to open your bowels. If you are discharged over the weekend and the physiotherapist has not seen you, please ask a midwife to give you this information. You will be given laxatives to make it easier and more comfortable to open your bowels. It is important to let your midwife know when you have opened your bowels.

You may find it useful to adopt the following position to empty your bowels:

Place your feet on a stool (or a telephone directory, a pile of magazines or an up-turned washing up bowl) so your knees are higher than your hips. This position helps to open the back passage allowing you to open your bowels more easily. Make sure that you bulge out your waist - 'brace and bulge' - and do not pull in your tummy muscles. Breathe out gently as you 'brace and bulge'. Take your time and try not to strain. You may find that placing a sanitary towel on the perineum and applying gentle upward pressure gives you reassurance and more confidence to open your bowels.

How can I look after the wound?

It is important that you keep the area as clean as possible. Have a bath or a shower at least once a day and change your sanitary pads regularly (washing your hands both before and after you do so). Long soaks in the bath should be avoided as they can

cause the stitches to dissolve too early. Pat dry rather than wipe to avoid pulling the stitches.

It is important to use maternity pads which are softer and thicker than normal sanitary pads. These should be changed at regular intervals. Cotton underwear may be more comfortable.

You may find ice therapy beneficial in relieving pain. Use a few ice cubes in a plastic bag or a pack of peas and wrap them in a damp towel (the ice must not be placed directly on the skin as this will burn). Place the ice pack over the stitches for a maximum of 10-15 minutes. This can be repeated as many times a day as required.

To ensure the best possible results and reduce the risk of incontinence problems in the future, pelvic floor exercises should be practised three times a day and ideally every day for the rest of your life.

None of these treatments offered will prevent you from breastfeeding.

What are the short and long-term effects of a third or fourth degree tear?

Most women make a good recovery, particularly if the tear is recognised and repaired at the time. During recovery, some women may have:

- Loss of control of the bowels/wind
- Pain or soreness in the perineum
- Fears and apprehension about having sex – lubrication may help with this
- A feeling of needing to rush to the toilet to open their bowels urgently
- Fear about a future pregnancy and birth

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 a sign of infection.
- You cannot control your bowels or flatus (passing wind).
- You feel the need to rush to the toilet to open your bowels.
- You have any other worries or concerns.

What happens after I leave hospital?

It is routine to have a physiotherapy follow-up appointment at eight weeks after delivery. The physiotherapist will check whether you are doing your pelvic floor exercises correctly and help you to strengthen your muscles. They can also give you advice if the healing scar is still tender. You will be sent a letter asking you to contact the department to book an appointment.

Some of the doctors like to see you for your postnatal appointment at six weeks after delivery. You will be informed prior to discharge if this is the case.

A special scan of your anal muscles will be arranged approximately three to four months after your delivery. This is a scan that involves a probe being gently inserted into your back passage to assess the extent of any muscle damage. **It is very important for you to attend this scan even if you are well and have no symptoms.**

Following the scan you will be given an appointment at your consultant's Gynaecology Clinic. At this appointment the consultant will discuss your scan results with you and you will be able to discuss any problems or concerns you may have. This appointment is very important as it will help with the plan of care for the delivery of any future babies and ensure your continuing good health.

If you have any questions or concerns it is very important that you tell your midwife, GP or consultant as they can advise you accordingly.

Contact details

St Mary's Maternity Unit
Poole Hospital NHS Foundation Trust
Longfleet Road
Poole BH15 2JB

Tel: 01202 665511

Postnatal Ward:
Royal Bournemouth Hospital:

Tel: 01202 442519
Tel: 1202 444685

Women's Health Physiotherapy Department:
(An answerphone is in operation out of hours.)

Tel: 01202 442506

For further general health-related information, please ask the relevant department for an Information Prescription or contact:

The Health Information Centre

Poole Hospital NHS Foundation Trust
Longfleet Road
Poole
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