

Physiotherapy advice

Looking after a third or fourth degree tear following childbirth



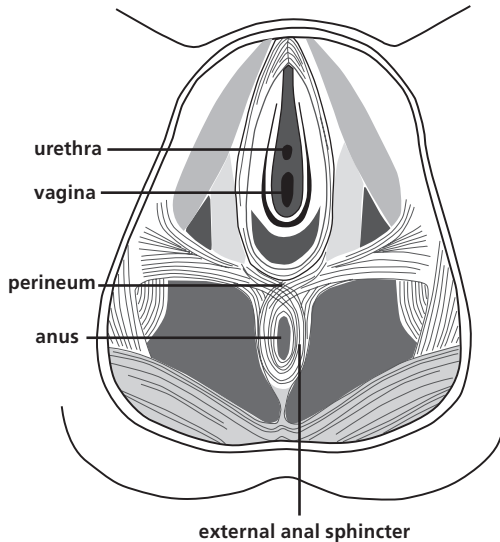
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What is an injured perineum?

The perineum is the area of skin between your vaginal opening and your back passage (anus). Some women give birth without injury to the perineum, however, injuries or tears can occur at the time of vaginal delivery.

There are four types of perineal tear:



- 1st degree tears involve injury to skin only
- 2nd degree tears involve injury to the perineal muscles
- 3rd degree tears involve injury to the perineal muscles and anal sphincter
- 4th degree tears involve injury to the perineal muscles, anal sphincter and the lining of the rectum.

How often do third and fourth degree tears occur?

Evidence suggests that approximately three percent of women having a vaginal birth will sustain a third or fourth degree tear. It is slightly more common for those giving birth vaginally for the first time, with a rate of 6 percent compared with two percent for those who have had a vaginal birth before.

Clinical research and audit show that although these injuries cannot be predicted or avoided certain techniques could help to reduce rates such as; antenatal perineal massage and the use of warm packs applied to the perineum in the second stage of labour. (RCOG. 2015)

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

These injuries are more complicated and are repaired by a senior member of the obstetric team in the operating theatre.

Following the repair to the anal sphincter muscle, antibiotics are prescribed for seven days to reduce the risk of infection. Regular painkillers and anti-inflammatory medication will help keep you comfortable but can make you constipated so you will be encouraged to take laxatives.

It is important to take a laxative dose sufficient to ensure the easy passage of soft stools but not so much that bowel control is a challenge. Sometimes this balance can be difficult to achieve so do discuss this with your midwife if you are having any problems.

What's the best way to care for my tear?

The first thing to do is look after yourself.

In the first 48 hours rest as much as possible. Try lying on your back with your knees bent up, or lie on your side with a pillow between your legs.

Ice or perineal cold packs can help decrease pain and swelling.

Wrap ice cubes in a wet cloth (this protects the skin) and hold it next to the wound for up to 10 minutes. This is often easiest lying on your side. Cold shallow baths can also help reduce swelling and this in turn will promote healing. However, do not soak for longer than 10 minutes.

It is important to keep the area clean, paying particular attention to washing with mild soap and warm water after a bowel action. Avoid using a sponge or flannel to wash around your stitches. Dry the area carefully by patting dry with toilet paper or a soft clean cloth. Do not dry using the cold setting on a hairdryer. This dries up natural oils produced by the body.

When sitting for any length of time, especially when feeding, try to get really comfortable and reduce the pressure on the area. You can try positioning cushions to support you or choose a firm chair and arrange a rolled up towel to support under the thighs. This reduces the pressure on the area of injury: You could try some feeds when lying on your side with your baby next to you.

Will it hurt when I go to the toilet?

Avoid constipation by eating a healthy balanced diet and drinking plenty of water. Try to keep an intake of 1.5 – 2 litres of fluid daily. With laxatives and painkillers a bowel motion shouldn't be painful but don't rush things. It can be helpful for someone to care for the baby when you have your bowels open for the first time. Things that can help include:



- A relaxed position on the toilet can help make bowel movements easier. Sit comfortably on the toilet seat;
- Check that your knees are higher than your hips. A footstool or ‘toddler training stool’ may help;
- Rest your forearms onto your knees and lean forwards;
- Relax the pelvic floor muscles and stomach wall;
- Relax your jaw and try not to hold your breath. Grunt!
- Holding a sanitary pad over the perineum can provide support for this area and help you to feel more confident and comfortable when opening your bowels.

Will the tear affect my bowel control?

As a third or fourth degree tear affects the muscle of the back passage some women develop problems with bowel control while the area is healing. Symptoms can include a feeling of urgency to empty the bowel so that it is difficult to ‘hold on’. There may be poor control of wind, difficulty wiping clean or loss of solid or liquid stools.

Do be patient. Give the tissues time to heal and work to steadily strengthen the pelvic floor muscles. These are the muscles that support the pelvic organs and help bladder and bowel control so it makes sense to work them back to strength after a difficult delivery.

Caffeine (coffee, tea and certain soft drinks) may make the bowel more urgent so plain drinks are best if bowel control is a challenge.

Work a little every day on pelvic floor exercises from the very first day after the birth to help reduce the swelling and promote healing. Start gently. You’ll be surprised that it won’t hurt! Over time, increased

strength in these muscles will help restore good bowel control. By the time of your follow-up week clinic appointment your muscles should be starting to feel stronger.

The exercises are detailed in the next section of this leaflet. If you should experience problems of bowel urgency, try tightening the muscles of the pelvic floor and the lower stomach wall gently – just a little – and aim to maintain this strength for a full 20 seconds to help control the urge and give you a little more time to get to the toilet.

How do I do my pelvic floor exercises?

Sit comfortably or rest lying on your side. These are good starting positions if these exercises are new to you.

Close the back passage as if you are trying to stop yourself from passing wind. Once you feel the back passage drawing in, try and work this feeling forward into the vagina, as if closing the urinary passage too. This feeling of 'squeezing' and 'lifting' internally is the basic pelvic floor contraction.

The stomach muscles can also help the muscles of the pelvic floor to work. First of all relax your stomach wall. Then gently draw in the lower part of your stomach wall towards your spine. Hold with easy effort and with easy breathing for a few seconds before letting go.

Now try and work these two muscle groups at the same time. Pull up the pelvic floor muscles and draw in the lower part of the stomach wall. Feel the support these 'core stability' muscles provide to your pelvis and spine, and to the pelvic tissues.

It is important to do these exercises correctly. Always try to work with easy effort and easy breathing: no jaw clenching or tightening your buttocks as you do these exercises.

Also try to feel how the muscles 'let go' when you stop working them.

Spend a little quiet time finding out how to work these muscles. Once you are sure that you are working these muscles correctly and once the soreness is settling, you are ready to start a strengthening programme.

Do ask your midwife to check that you are doing the exercises properly before you leave hospital. There is further more detailed information available about postnatal exercises in our electronic postnatal information booklet which you can access via www.mypregnancymatters.co.uk under 'Postnatal Care'.

Remember!

To strengthen weak muscles try and build up to 30 tightening's a day. Three short sessions of 10 tightening's generally works well. The muscles do tire quickly in the early days so don't forget to rest for a short time between contractions. As with all muscles, you can experience some soreness after you have worked well on strengthening exercises so increase your programme gradually.

Try to fit the exercises around your activities throughout the day. Perhaps start the day with an exercise session before you get out of bed. Repeat them as you get up and move around.

It can help to link the exercises with something you do regularly: while feeding your baby, waiting for the kettle to boil, while cleaning your teeth, with a song on the radio.....

You will need to think about bracing the pelvic floor and stomach muscles if you need to lift anything heavy. Try to keep the amount of lifting you do to a minimum, particularly in the early days after your baby is born, ideally lifting nothing heavier than your baby.

Delegate any heavier tasks while the tissues are healing and try not to stand for long periods of time.

Will I be offered any physiotherapy?

It is so important that in the six weeks following delivery that you work on daily pelvic floor exercises as a home programme.

The strength in these muscles can be assessed by internal examination. You will be sent a Physiotherapy appointment in the post. This appointment is to offer help and advice with progressing your pelvic floor exercises. This is different from the review appointment with your Consultant which is usually around twelve weeks following the birth of your baby.

What should I do about sexual intercourse?

Once the bleeding has stopped and the tissues have healed, you can of course resume sex whenever you feel ready. The timing of this is unique to every individual couple and a tear doesn't necessarily delay this in comparison to a more straightforward delivery. It is perfectly understandable that with the demands of feeding and broken nights, even without the added complication of stitches, that many couples do not rush back to intimacy.

Do keep in mind that the stitches to repair a third or fourth degree tear are made of strong material designed to hold the anal sphincter muscle in a good position while it is healing and consequently the stitches may not dissolve fully for 30 days.

For some new mothers even with the best reassurance it can take many months to feel confident about sexual intercourse. You could consider gently examining yourself first to see how comfortable the tissues feel. Sensitive tissues will become less tender over time when they are touched and gently stretched or massaged.

When you do resume intercourse, extra lubrication can be helpful and some positions will be more comfortable than others. Start gently and try to keep the pelvic floor muscles relaxed for initial penetration.

What will happen at my clinic check?

To ensure full recovery you will be offered an appointment to review your progress. The repair will be checked, pelvic floor exercises advised and any concerns that you have can be fully discussed with an experienced member of the obstetric team. Your clinic appointment is usually made before you leave hospital.

If you need advice before your clinic appointment you can contact your midwife up to 28 days after delivery. If you have been discharged by your midwife then you can make an appointment to see your GP to talk through any concerns.

We hope that you find this information reassuring and helpful.

Should you have any concerns or questions regarding the information in this leaflet, please contact the Physiotherapy Department and leave a message for the Women's health Team Lead.

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Further information:
Bladder and Bowel Foundation;
www.bladderandbowelfoundation.org
Pelvic Obstetric and Gynaecological Physiotherapists
pogp.csp.org.uk

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