

Type of appointment	Date and time
Six week postnatal check	
Postpartum pelvic floor clinic (RS3PF)	

Third or fourth degree tear

Advice to improve postnatal recovery

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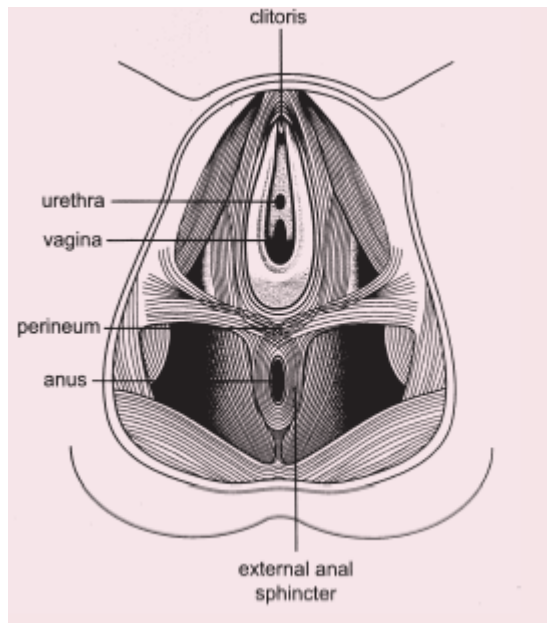
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A patient's guide



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 anal sphincter muscle (the ring of muscle around the back passage).



What are the risk factors for having a 3rd and 4th degree tear?

- First time vaginal delivery
- Assisted deliveries (forceps or ventouse)
- Episiotomy (a cut made into the vagina)
- Baby over 4kg

We strongly recommend that you attend this appointment even if you do not have any symptoms. about the tear, your recovery and how it may affect you in the future. If you are still having symptoms you may be referred for further investigations. Our pelvic floor team includes a gynaecologist, specialist physiotherapist and specialist 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 ring us on 020 7288 5660.

- You may be referred for physiotherapy treatment to help recover your muscle strength.
- 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 contact us on 020 7288 5660 to arrange an appointment, or request a referral at one of your postnatal hospital appointments.

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 to go through the bones in your bottom rather than directly onto your perineum.



Sex

Wait until you feel ready. Everyone is different; many women do not start until three months postnatally. Wait until the bleeding has stopped, scar is healed and you feel no vaginal discomfort.

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

What happens next?

- Six week postnatal check

Six-12 week appointment in the Postnatal Pelvic Floor Clinic for a full assessment of your bladder and bowel function and muscle strength.

- Prolonged second stage of labour or a very rapid delivery
- Position of the baby during labour

Symptoms

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 and 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 a toilet can be reached, and leakage of bowel motion. Weakness of the pelvic floor muscle may also result in leakage of urine.

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 program 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 where a full assessment will be carried out.

Initial medical treatment

Following the birth of your baby, a midwife or doctor will examine the vagina and rectal area to assess the degree of the injury. An experienced obstetrician will repair the tear in the operating theatre. Epidural/spinal anaesthesia is offered to provide pain relief.

Following the procedure you will have been prescribed antibiotics to reduce the risk of infection. Laxatives are also used to ensure easy passage of soft stools while the muscle is healing and to prevent straining of the pelvic floor muscles.

Pelvic floor exercises

Start your pelvic floor exercises as soon as possible following the birth. Exercises can promote healing and reduce perineal pain. Exercises are extremely important for rebuilding strength. See your “Fit for Motherhood” leaflet for full instructions.

Technique:

Imagine that you are trying to stop yourself passing urine and ‘wind’.

The feeling is of ‘squeezing and lifting’, closing and drawing up the muscles around the front and back passages.

In the first week following the 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 ten. Relax then repeat 10 times.

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

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

Bladder and bowel

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

Avoid constipation by drinking plenty of non-caffeinated fluid (1.5-2L daily) and eating fruit and vegetables.

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.

Pain relief

While in hospital you will be offered regular pain relief. At home take pain medication as required. Ice can help decrease swelling and pain in your perineum. Use an ice pack (e.g. bag of frozen peas, frozen water-filled condom) wrapped in a towel and place directly over the area 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 area clean, which promotes healing. In the first 48 hours, keep activity light 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.

