

Perineal care following a 3rd or 4th degree tear



Obstetrics & Gynaecology

patientinformation

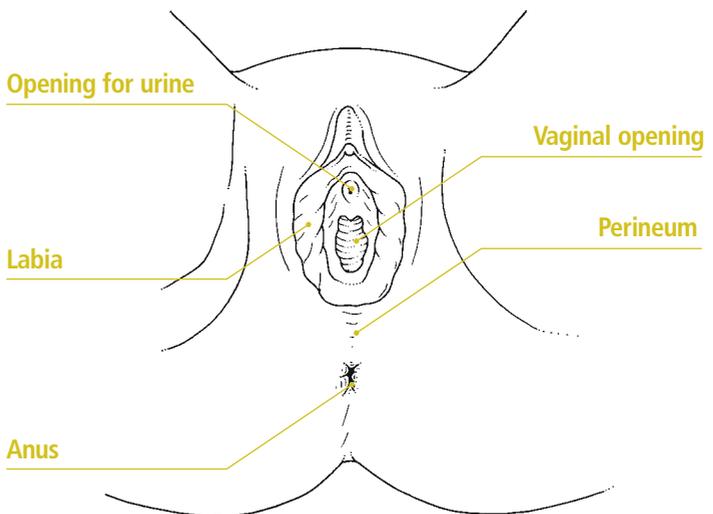
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For some women having a tear can be more extensive for 3 in 100 (3%) this can be a 3rd degree extending downwards from the vaginal wall and the perineum to the anal sphincter (the muscle that controls the anus).

A 4th degree tear extends to the anal canal as well as the rectum (further into the anus).

The Doctor or Midwife will assess the type of tear you have sustained. This will include a detailed examination of the vagina and anus.



Specific treatment following repair of a 3rd or 4th degree tear

When you come out of the operating theatre you will have a drip in your arm to give you fluids. A catheter (tube) in your bladder will collect urine until you feel able to walk to the toilet.

- **Antibiotics** - a 5 day course to reduce the risk of infection because the stitches are close to the anus
- **Pain relieving drugs** - such as Paracetamol, Ibuprofen or Diclofenac
- **Laxatives** - to make it easier and more comfortable to have your bowels open

Once you have had your bowels opened and stitches checked, you may go home. You will have follow up appointments to see a specialist midwife around 6 weeks after delivery and the consultant around 12 weeks after delivery. You will be asked questions about your urine and bowel functions. If there are any complications you will be referred to a specialist for further assessment. These appointments offer you the opportunity to discuss any concerns you have, such as sexual intercourse. None of the above treatment will interfere with breastfeeding your baby.

Could anything have been done to prevent it?

A 3rd or 4th degree tear cannot be prevented in most situations, because it cannot be anticipated. Research has shown although an episiotomy makes more space for baby to be born, it does not always prevent a 3rd or 4th degree tear from occurring.

Can 3rd and 4th degree tears be predicted?

No, these types of tears cannot be predicted or prevented. Some factors may indicate when a 3rd or 4th degree tear is likely. These are:

- You have had an assisted birth (forceps/ventouse)
- A difficult birth (when one of the baby's shoulders gets stuck behind your pubic bone, shoulder dystocia)
- First vaginal birth
- Big baby over 4kg (8lbs 13ounces)
- Labour needs to be started (induced)
- When the second stage of labour is longer than expected (from when the cervix is fully dilated)
- After a previous third/fourth degree tear

What are the long term effects of a 3rd or 4th 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:

- 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
- Very rare is a fistula (hole) between your anus and vagina after the tear has healed, this can be repaired by further surgery

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You should contact your Midwife or GP if:

- Your stitches become more painful or smell offensive. These may be signs of an infection
- You cannot control your bowels or flatus (passing wind)
- You have faecal urgency (feeling a need to rush to the toilet to open your bowels)
- You have any worries or concerns

Caring for your stitches and keeping your perineum clean

- Keep clean by showering daily, using the shower hose or pouring water over the area every time you go to the toilet will help prevent stinging
- Keep dry, pat gently with toilet paper from front to back (to prevent germs from your rectum infecting your stitches). We do not advise you to use a hairdryer over the perineum as this can damage the stitches and delay healing
- To help keep the area dry, the use of breathable materials is advisable eg. cotton or disposable briefs, worn with loose trousers or a skirt
- Change sanitary pads frequently to reduce infection
- It is advisable to wash your hands before as well as after going to the toilet to help prevent infection

Ways to ease discomfort

- **Painkillers** - such as paracetamol can help with stinging, and anti-inflammatory drugs such as ibuprofen can help reduce the swelling. Both these drugs are safe when breastfeeding. Read the label carefully and/or seek advice before taking if you are unfamiliar with these drugs
- **'Cold therapy'** - e.g. Ice/cool packs can help reduce swelling in the first 2-3 days. These should be applied for $\frac{1}{2}$ hour at a time and at least an hour rest in between. It is very important the ice pack is wrapped in a clean flannel to avoid a painful ice burn. Ideally we recommend a cool pack
- **Position** - Lie on your side when resting, avoid sitting for long periods
- **Alternative therapies** - adding aromatherapy oils to a warm bath such as Lavender or Camomile which have antiseptic and soothing qualities may help, (however, the evidence is limited as to the benefits). Adding salt is not beneficial
- **Arnica (leopards bane)** - is a popular herbal remedy, believed to reduce bruising and stimulate tissue repair, although there is no conclusive evidence that it is effective. (we are unable to recommend its use)

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- **Creams and sprays containing local anaesthetic** may be available in chemists. However, they are expensive and there is no proof that they are effective. Do not use preparations containing steroids as these are known to be slow healing

Other common issues and concerns

- Having your bowels open for the first time may cause you to worry about your stitches. You can safely open your bowels, this will not hurt and your stitches will not fall out
- Avoid constipation by drinking plenty of fluids and eating a high fibre diet to minimise discomfort
- Gentle laxatives will soften stools if needed - ask your Midwife or GP
- When resuming sex, there is no right time. For some it is 2 weeks, for others it can be 6-12 months. Take things slowly and be prepared for it to be different. While women breastfeed, the vagina is often drier, it may help to use a lubricating jelly. Also consider birth control before resuming sex. If intercourse is painful, see your GP or Health Visitor for advice
- There is a Perineal care Clinic at Greenoaks which runs on Monday afternoons from 1.00 to 4.30pm. You can refer yourself to this clinic by ringing 01709 428478

Pelvic Floor Exercises

These muscles prevent the leakage of urine, wind and stools. During birth they are stretched and may be damaged, they must recover their strength (tone) in order to maintain bladder control in later life.

The exercises can be started as soon as possible (even with stitches). They will help the tear heal by increasing the blood supply to the damage tissue.

Begin with gentle squeezes on your pelvic floor, ask your Midwife for advice and refer to separate leaflet.

References

Arnold L. 2008 R.C.O.G.

A third or fourth degree tear during childbirth.
Information for you.

Henderson C, Bick D. editors 2006. Perineal care:
an international issue.

N.I.C.E 2006. Perineal care. Normal labour.
Care of baby and woman immediately after birth.

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How to contact us

Greenoaks Antenatal Clinic

Telephone 01709 424347

Labour Ward

Telephone 01709 424491

Switchboard

Telephone 01709 820000

Your local midwife and GP contact numbers will be on your handheld maternity notes.

Useful contact numbers

NHS Direct

Telephone 0845 4647

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

Patient Services

Telephone 01709 424461

A&E

Telephone 01709 424455

**For GP out of hours,
contact your surgery**

Useful websites

www.nhs.uk

www.direct.gov.uk

www.therotherhamft.nhs.uk

We value your comments

If you have any comments or concerns about the care we have provided please let us know, or alternatively you can write to:

Patient Services

The Rotherham NHS Foundation Trust

Rotherham Hospital

Moorgate Road

Oakwood

Rotherham

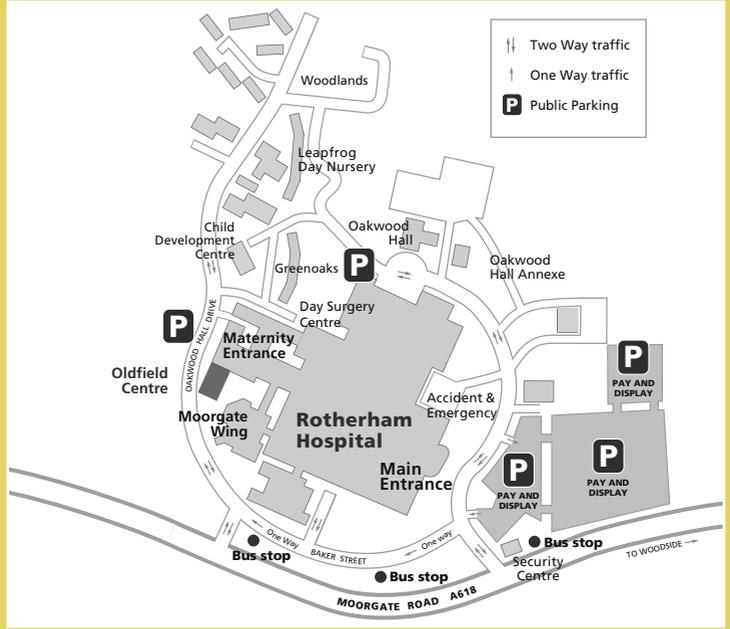
S60 2UD

Telephone 01709 424461

Email complaints@rothgen.nhs.uk

How to find us

Hospital site plan



Rotherham main routes





LS 638 05/12 V2 WFO



The Rotherham **NHS**
NHS Foundation Trust

Rotherham Hospital
Moorgate Road
Oakwood
Rotherham
S60 2UD

Telephone 01709 820000
www.therotherhamft.nhs.uk

