

Third and Fourth Degree Tears

Patient information leaflet

**If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.**

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لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

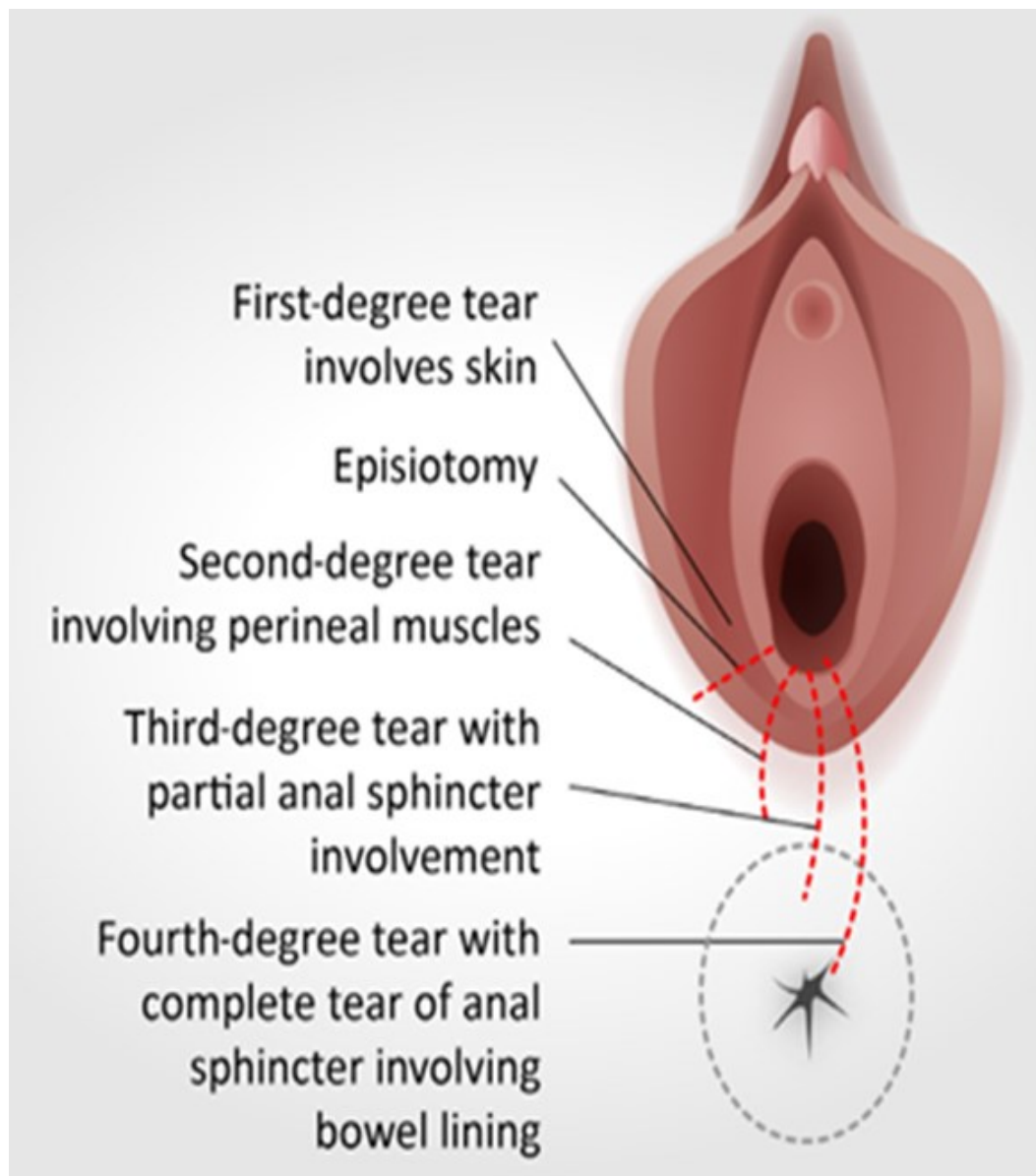
إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

What is a third- or fourth-degree tear?

For some women, a tear that happens at delivery may be deeper than average and extend into the muscle that surrounds and controls the anus (this muscle is known as the anal sphincter).

Tears like this are known as “third- or fourth-degree tears” (also known as an obstetric anal sphincter injury/OASI). They happen in up to 6 out of 100 births (6%) for first time mothers and less than 2 in 100 births (2%) of births for women who have had a vaginal birth before.

A rectal buttonhole is a rare injury that happens, when the anal sphincter does not tear, but there is a hole between the back passage and the vagina. This means that wind and faeces may be passed through the vagina instead of via the anus.



About the repair

If you have sustained a third-degree, fourth-degree or rectal buttonhole. You will be transferred to an operating theatre as soon as possible after your baby is born, to repair the tear.

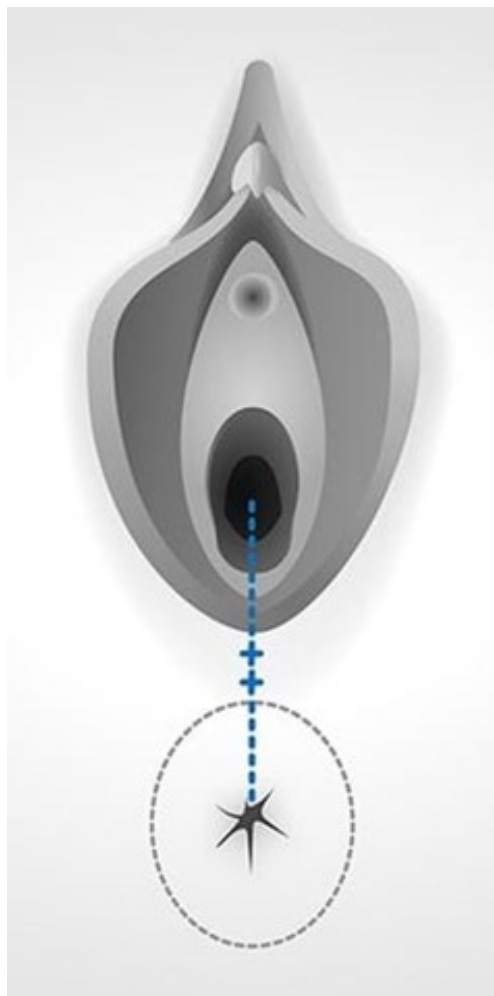
What are my options?

You have the option of letting the healing process happen on its own, without suturing. However, this significantly increases your risk of anal incontinence and as such, is not recommended.

The anaesthetic & repair process

The anaesthetic – You will be given spinal or epidural anaesthesia (or general anaesthetic if the alternatives are not appropriate). So that you have good pain relief whilst your muscles are repaired.

The operation – The surgeon will identify the torn muscle and repair it, along with the rest of the tear. You will have dissolvable stitches between your vagina and anus and also underneath your skin, which holds the muscles and tissues together until they have healed.



After the operation – You may need a drip in your arm to give you fluids and intravenous antibiotics until you feel ready to eat and drink. You are likely to need a catheter (tube) in your bladder to drain your urine. This is usually kept in until any spinal or epidural anaesthesia has worn off and you are able to walk to the toilet. You will be given a course of antibiotics, pain relief and some mild laxatives to avoid constipation. These medications should not affect your ability to breastfeed.

What if I do not pass urine? – This is not uncommon but is usually temporary. If you cannot pass urine, you will have a catheter inserted to rest your bladder. You will be allowed home with the catheter, shown how to use it and change the bags. You will be seen back on the ward a week later, to remove the catheter and try again to pass urine.

Aftercare

How do I prevent infection?

Good hygiene is important. Wash your hands both before and after you go to the toilet or change your sanitary pads, to reduce the risk of infection in the stitches. Use only water to keep the area clean, wash or shower at least once a day and change your sanitary pads regularly.

How do I know if my wound is infected?

Signs of infection include:

- Red, swollen skin around the stitches.
- Discharge, or pus from the wound.
- Increase in pain, or tenderness at the wound.
- A smell that is not normal for you.
- Fever.

If you have any of the above signs or symptoms, you should contact triage, your GP or walk-in centre (whatever is most convenient and where you can be seen the quickest). You may require antibiotics to help you heal, or if you have already been given antibiotics you may need your medication reviewed.

Pelvic floor exercises

It can sometimes be difficult to identify your pelvic floor muscles. You should not be working the muscles in your legs, buttock or above your tummy button. You should not hold your breath when performing pelvic floor exercises. Exercising your pelvic floor muscles should not show at all on the outside, however it is normal to feel a slight tension in your lower abdominal muscles.

To begin, lie down with your knees bent and feet on the bed with practice you can perform these exercises stood upright. Slowly tighten and pull up the muscles around your vagina and anus. This squeezes the muscle upwards and inwards. Imagine you are trying to stop yourself passing wind, as well as stopping your flow of urine midstream. Once you have identified these muscles, see how long you can squeeze the muscle for and how many times you can repeat it. Try and work towards this routine from day 1 postnatal:

- **Long squeezes** - squeeze and lift your pelvic floor muscles as hard as you can, hold for 10 seconds then relax your pelvic floor muscles. If your pelvic floor muscles feel too weak initially to hold for 10 seconds, aim to build the time up slowly. Repeat 10 times.
- **Short squeezes** - tighten and lift your pelvic floor muscles as quickly and strongly as you can, then relax. Repeat this 10 times.
- Aim to do this routine 3 times a day, every day.
- Remember to squeeze and lift your pelvic floor every time you pick up anything heavy e.g. baby, car seat, before and after coughing/sneezing. This helps your pelvic floor muscles to support the increasing downward pressure.
- Make time for these exercises for example when feeding baby, resting in bed. There are lots of mobile phone apps that can help with reminders and timing of squeezes, to ensure you are doing them correctly.

Pelvic floor exercises need to be done effectively and often to notice an improvement. It can take several weeks to months to regain pelvic floor strength following birth. You should notice a difference by 6 weeks.

Bowels

After a tear like this, it is very common to be worried about opening your bowels. Mild laxatives and stool softeners help you to open your bowels, without stretching the sphincter too much. It is also wise to avoid opiate painkillers, such as codeine or tramadol as much as possible because they can cause constipation.

If I get constipated, will the tear open again?

Opening your bowels should not affect your stitches. After your third- or fourth-degree tear is repaired, you will be given some laxatives for the first few days, so that you do not get constipated and do not need to strain to open your bowels. Sometimes, the laxatives work so well that you may struggle to get to the toilet in time. This should improve and settle over the first few days. It is important to eat well and drink plenty of water to help avoid constipation. You should drink at least 2 litres of water every day and eat a healthy balanced diet (for instance: fruit, vegetables, cereals, wholemeal bread and pasta).

What will help to open my bowels?

It can be helpful to put your feet on a footstool to raise your knees above your hips while sitting on the toilet (see the below image). This helps straighten out the bowels. Try to relax and rest your elbows on your knees. Do not strain, as this weakens the pelvic floor. Bulge out your tummy by taking big abdominal breathes, as this will help expel your faeces without straining. Straining weakens your pelvic floor and anal sphincter muscles, which is something you want to avoid. Gently push down from your back passage rather than holding your breath. Most importantly, take your time and do not rush.



How can I improve my bowel control?

Do not delay if you have the urge to empty your bowels. It is important to do pelvic floor exercises as soon as you can after birth. Gentle pelvic floor exercises strengthen the muscles around the vagina and the anus, which should help improve bowel control. You may also feel that you have difficulties working with your pelvic floor and that you have very little sensation. This usually improves with time and the more you can work your pelvic floor muscles, the quicker your recovery will be.

What is anal incontinence?

Anal (or faecal) incontinence is when you have problems controlling your bowels. Symptoms include sudden, uncontrollable urges to open your bowels, or not being able to control passing wind. You may also soil yourself or leak faeces. Do not be embarrassed about talking to a healthcare professional if you have these symptoms, as support and treatment is available for you.

Will I get anal incontinence in the future?

Most women who have a third- or fourth-degree tear heal completely and have no lasting complications. A small number of women however, will experience difficulty in controlling their bowels or passing wind. Those who experience these symptoms should receive appropriate care, which may include physiotherapy or surgery. Physiotherapy will include teaching you how to correctly squeeze and strengthen your anal sphincter muscles, to help reduce incontinence.

Recovery at home

Personal hygiene – It is better to shower than bathe for long periods of time for the first couple of weeks. It is advisable not to use tampons for around six weeks. Mild vaginal discharge is part of the normal healing process. If it becomes excessive or offensive, it may indicate an infection.

Bowels – Avoid constipation and straining when opening your bowels, as this puts unnecessary pressure on the repair.

Stitches – All stitches are dissolvable. If you see any stitch material, it is better to leave it alone. If it is bothersome, please contact us via triage or ask for a referral to the perineal clinic to get it checked. Do NOT pull them.

Medication – Please finish the course of any antibiotics you may have been prescribed.

Activity – Everyone's experience will be slightly different, and what you view as normal daily activities will differ. For 4-6 weeks, you should avoid strain or pressure on the anus, and avoid high impact exercise or heavy lifting. After this, you can gradually increase your general activity. Looking after a newborn baby and recovering from a third- or fourth-degree tear can be hard. Support from family and friends can help you, whilst your body gradually adjusts and gets better.

Sexual intercourse

It is common to be worried by the thought of having sexual intercourse after giving birth, particularly if you have experienced a third- or fourth-degree tear. Once your stitches have healed and bleeding has stopped, you can have sex again when it feels right for you. Perineal massage, either on your own or with your partner, may help you feel more comfortable before you begin having sex again.

Prior to commencing intercourse, you should consider a suitable method of contraception. It is possible to get pregnant very soon after giving birth. Sometimes, women who have recently had a baby may notice the vagina is drier than usual, this can be the case particularly if you are breastfeeding. As such you may wish to use an appropriate lubricant for the first few times you have intercourse (if you are using condoms, you should use a water-soluble gel). Sex may be a little uncomfortable and feel different at first, but the discomfort should not persist. If you are unable to have intercourse due to pain or it is not physically possible, you should seek a referral to a gynaecologist. Chatting with your partner about sex, any anxieties either of you may have and choosing a time when you both feel relaxed can help.

Contact your GP or call 111 if:

You think you may have developed an infection (vaginal or urinary) and inform them, that you have recently had a prolapse repair. Signs for this include one or more of the following symptoms:

- Offensive vaginal discharge.
- Bleeding from the vagina that starts again after any initial post-operative bleeding has stopped (called secondary bleeding).
- You have a fever.
- A worsening burning sensation on passing urine.
- The urine is cloudy and offensive.
- You notice some blood in the urine.
- The pain relief is not controlling your pain.

Attend an Emergency Department or call 111 if:

- You feel unwell and need urgent medical care.
- You are unable to pass urine.
- You experience severe lower abdominal pain which is unmanageable.
- The bleeding in your urine/vagina becomes very heavy, and/or you are passing clots.

Follow-up appointment

You will usually be offered an appointment with a physiotherapist, within approximately 6-8 weeks after you had your baby to make sure that you are recovering well.

At the appointment, you will be able to discuss any concerns, ask any questions you may have about the birth of your baby and any of your symptoms or concerns about future pregnancies.

You should also be given an appointment for tests, to look at the healing and function of the sphincter muscle as well as a Consultant clinic appointment to discuss the events, test results and implications for future pregnancies.

Future pregnancies

Many women go on to have a straightforward vaginal birth after a third- or fourth-degree tear. If you continue to experience physical or psychological symptoms following a third- or fourth-degree tear, you may wish to consider a planned caesarean section.

You will be able to discuss your options for future births, at your follow-up appointment or early in your next pregnancy. Your individual circumstances and preferences will always be considered, so that you can make a decision that is right for you.

Post-traumatic stress disorder

Having a third- or fourth-degree tear can be very distressing and disturbing for women, their partners, and their families. For some women who experience any birth trauma, there is a risk of post-traumatic stress disorder (PTSD).

Symptoms include flashbacks, heightened anxiety, low mood or isolation. You may find it hard to bond with your baby. PTSD can develop immediately after the event, or can occur after several weeks, months or years later.

If you, or your partner, experience signs of PTSD, contact your healthcare professional as help is available for you.

Support

Other reasons to contact a healthcare professional:

- If you are concerned about your stitches in any way (for instance they are painful, swollen, smelly).
- If you are worried that a repaired tear has opened.
- If you experience general signs of infection (eg fever).
- If you are experiencing any signs of anal incontinence.
- If you pass faeces through your vagina.
- If you experience pain during sexual intercourse.
- If you experience signs of PTSD.
- If you have any concerns.

Organisations offering information and support

The MASIC Foundation

<https://masic.org.uk>

Birth Trauma Association

www.birthtraumaassociation.org.uk

Bladder and Bowel Foundation

www.bladderandbowel.org

Pelvic, Obstetric & Gynaecological Physiotherapy

<https://thepogp.co.uk>

Further reading

RCOG patient informational leaflet - Third- or fourth-degree tear during childbirth

Sex and contraception after childbirth

<https://www.nhs.uk/conditions/-pregnancy-and-baby/sex-contraception-after-birth/>

Caring for yourself after an episiotomy or tear during childbirth

<https://www.nct.org.uk/labour-birth/you-after-birth/episiotomy-during-childbirth>

Post-traumatic stress disorder

<https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/>

Useful contact numbers Whiston Hospital:

- **Main Switchboard**
0151 426 1600.
- **Maternity Triage**
0151 290 4489.
- **2E Postnatal Ward**
0151 430 1515 / 1516.
- **Pelvic Health Physiotherapy**
0151 430 1878.
- **Urogynaecology clinical coordinator**
0151 676 5619 - (for clinic appointment queries only – Mon to Fri 09.00 - 17.00).

Useful contact numbers Ormskirk Hospital:

- **Main Switchboard**
01695 577 111.
- **Maternity Triage**
01695 656 604.
- **Maternity Ward**
01695 656 920.
- **Pelvic Health Physiotherapy**
01695 656 268.
- **Perineal Pelvic Health Midwife**
01695 656 949.

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Dicconson Way,
Wigan Road,
Ormskirk, Lancashire,
L39 2AZ
Telephone: 01695 577 111

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
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St Helens Hospital
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