

# Third or fourth degree tear



## Information for patients

### Maternity Services



## What is a third degree tear?

The area between the vagina and back passage (perineum) stretches as the baby's head is born, but tears sometimes occur. A **first degree tear** is like a graze and may not even need any stitches; **second degree tears** are deeper and usually need to be repaired. If the tear goes into the deeper tissues it can injure the ring of muscle around the bowel called the sphincter - this is called a **third degree tear**. Occasionally the tear goes through this muscle and into the back passage - this is called a **fourth degree tear**.

The overall risk of a third degree tear in the UK is 2.9%. For women having their first baby the risk is 6.1% and in women having their second and subsequent baby the risk is 1.7%.

## Why does it happen?

It can occur with any type of vaginal delivery but is more common when the baby is large or lying in a less than ideal position, or when forceps are used. Sometimes even if the skin and muscle are cut by the midwife or doctor (episiotomy) this can extend further and cause a third or fourth degree tear.

## Do I need any special treatment?

The doctor will carefully repair the damaged muscle and skin. This is usually done in the operating theatre with a spinal anaesthetic to make you comfortable, but also to help the doctor to see everything clearly. You will be offered antibiotics to prevent infection whilst the tear heals, and bowel softening medicine and laxatives to prevent constipation and to avoid putting any strain on the stitches. The stitches used to repair these tears can take a few months to dissolve and sometimes you may be able to feel them under the skin.

We will arrange for the physiotherapist to see you to advise on muscle strengthening exercises.

It is important that your stools are soft and your bowels open following discharge, this is best achieved by taking adequate doses of laxatives and a high fibre diet.

## **What follow-up will be arranged?**

We will give you an appointment to return to hospital to be seen in a special clinic (known as the Perineal Trauma Clinic) that is provided by a gynaecologist and specialist midwife. This is usually 3-6 months after delivery. At this clinic you will have the opportunity to discuss your labour and birth, how things were after the baby was born, and plans for any future pregnancies.

Any pelvic floor problems that you may have will also be assessed including any bowel, bladder, vagina or sexual problems. Where necessary you will be reviewed by a colorectal (bowel) specialist.

You should still see your GP for your postnatal check at 6 weeks.

## **Are there any long term complications?**

When a third or fourth degree tear is recognised and repaired most women do not have any problems. Some have difficulty controlling the passage of wind and a few women have difficulty holding on to their bowel movements and experience some soiling (incontinence).

Do not worry if this happens in the first few days after the birth as the antibiotics and bowel softeners will affect your bowel motions and things usually improve after the medicines are stopped. It is important that you let your midwife or doctor know if you are experiencing any of these problems.

## What will happen in future pregnancies after a third degree tear?

This will be discussed with you at the Perineal Trauma Clinic and you will be given information and advice about how best to decide on what to do in your next pregnancy. If you have had no bowel problems and choose to have a vaginal birth in the future there is always a small risk of a further tear. If you have any difficulties with your bowels, such as incontinence or loss of bowel control, you may be offered a Caesarean section to prevent further damage and further loss of bowel control. You may feel that you want to avoid Caesarean section if at all possible, or you may feel for personal reasons that you don't want to have a vaginal birth again. The decision to carry out a Caesarean section will only be finally taken during any future pregnancy and will be discussed with you by the doctors who are looking after you at that time.



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