

# Physiotherapy advice following a third or fourth degree tear



## Information for patients

Women's Health Physiotherapy





## What is a 3rd or 4th degree tear?

Most women will tear to some degree during childbirth. The tear happens in the perineum, which is the area between the vaginal opening and the back passage.

A third or fourth degree tear happens in about 9% of women.

- A third degree tear runs from the vagina to the back passage and affects the outer and **sometimes** the inner part of the muscle that controls the anus (anal sphincter)
- A fourth degree tear affects the outer **and** inner part of the anal sphincter

## Why did I tear?

Often there is no clear reason for the tear. The risk of tearing can be increased when:

- There is a very long or short second stage of labour (pushing stage)
- This is your first vaginal delivery
- You need to have an assisted delivery (forceps or ventouse)
- The baby's shoulder gets stuck behind your pubic bone (shoulder dystocia)
- Labour needs to be started (induction)
- You have a large baby over 4kg

## Could anything have been done to prevent it?

In most cases, a third or fourth degree tear cannot be avoided because it happens without warning. Research has shown that even though an episiotomy (a planned cut to the perineum) makes more space for a baby to be born, it does not prevent the tear from occurring.

A third or fourth degree tear is usually repaired with stitches in theatre by a specialist doctor.

## What happens after the tear has been repaired?

You will be offered:

- Pain relieving drugs
- Antibiotics - you will be advised to take a course of antibiotics to reduce the risk of infection
- Laxatives - in order to make it easier and more comfortable to open your bowels

Note – none of the above affect breastfeeding.

## What can I do to help the tear heal?

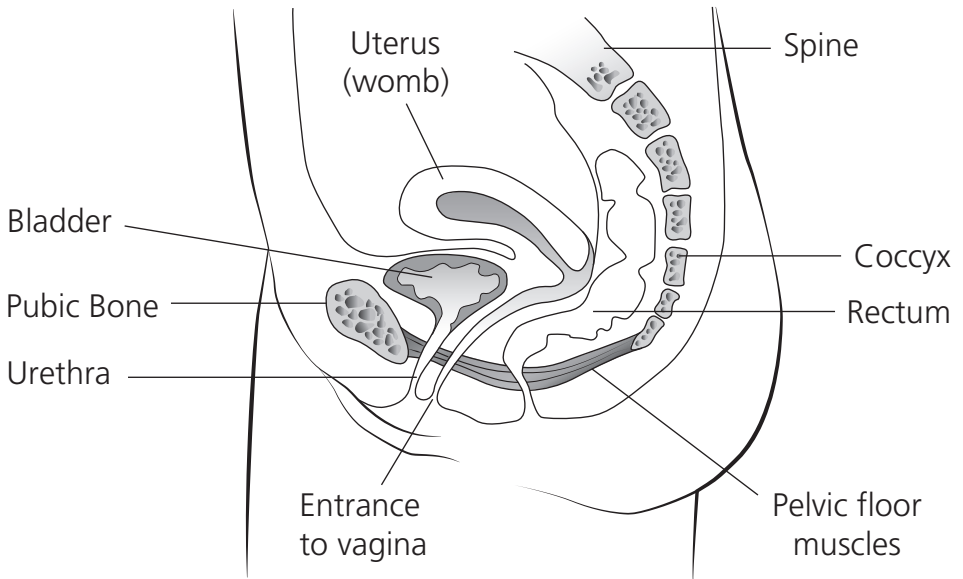
- Drink at least 2 litres of fluid every day, which helps to avoid constipation.
- Eat a healthy balanced diet.
- Keep the area around your stitches clean and change your sanitary pad regularly.
- If sitting is uncomfortable, rest on your side with a pillow between your knees if that helps.
- Go to the toilet as soon as you have the urge to empty your bowels. Try to relax around your back passage and **avoid straining**. It may take several days for your bowel pattern to return to normal.
- If it helps, when emptying your bowels try supporting your perineum with a clean sanitary towel.
- If breastfeeding, lying on your side may be a comfortable position when feeding your baby.
- Do your pelvic floor exercises.

## When can I begin my pelvic floor exercises?

You can begin gentle pelvic floor exercises on the first day after surgery or after your catheter has been removed. Doing these exercises will improve the circulation and help the healing process. It is important to exercise these muscles regularly as these muscles have been weakened by your pregnancy, delivery and by your tear.

## How do I do the pelvic floor exercises?

- Start your pelvic floor exercises lying on your side or on your back
- Do your exercises every time you feed your baby or at least 3 times a day
- At first you may feel very little muscle activity because of swelling and soreness – but keep trying these exercises



There are 2 different exercises, which include gentle holds and short squeezes. Over the next six weeks before you see a women's health physiotherapist you can try the following:

### **Gentle holds**

- Tighten your pelvic floor gently and hold for up to 10 seconds. Repeat 5 times.

### **Short squeezes**

- Tighten your pelvic floor muscles as tight as you can for one second and then relax. Then tighten your pelvic floor again quickly. Repeat this until your muscles get tired.

It takes approximately 3 to 6 months to notice an improvement.

## **How long will the stitches take to heal?**

About 6 weeks. Some will take longer to dissolve. Speak to your midwife, health visitor or GP if you are worried.

## **Do I need to see the doctor in the hospital again?**

You should be given an appointment before going home to attend the Perineal Trauma Clinic at 3-4 months after delivering your baby. This appointment covers the ongoing management of the tear and decisions about future pregnancies, including the type of delivery. It is very important that you attend.

You may have a telephone follow-up appointment and will be assessed to see if you need a one-to-one appointment at the hospital.

## **Will I see a physiotherapist?**

You will usually see a women's health physiotherapist on the ward before you go home and be offered an outpatient appointment for approximately 6 weeks after delivery. The appointment usually involves the women's health physiotherapist looking at your perineum to check the healing and recovery of your pelvic floor muscle. The physiotherapist will also ask you if you have had any problems with your bladder and bowels and give you advice and exercises to help recovery.

If you have already gone home then a physiotherapist will usually phone you at home. If you have any concerns you can speak to a physiotherapist for advice or to discuss your appointment by calling: **0114 271 3090.**

## **What can I do at home?**

- Both rest and activity (gentle walks) are important for your recovery
- If possible for the first six weeks, try to avoid lifting anything heavier than your baby
- Where possible in the first few weeks let someone else lift the buggy / car seat and even your toddler where appropriate
- Continue your pelvic floor and post natal exercises
- Enjoy getting to know your baby

## **When can I have sexual intercourse?**

- Many women worry about this even if they have not had a tear. It is recommended that you wait 6 weeks before you have intercourse or wait until your stitches are healed and the area is less tender.
- Try different positions as this may make intercourse more comfortable
- A suitable lubricant may help

## How long will it take to recover?

Most women recover well from a 3rd or 4th degree tear. While your tear is healing you may notice:

- Pain or tenderness in the perineum
- A need to rush to the toilet to open your bowels
- Difficulty controlling wind

Your symptoms should have improved by the time you have contact with the hospital doctor at 3-4 months.

## Is there anything I should look out for?

Contact your Midwife or GP if you have any of the following:

- Increased pain, redness and swelling in the perineal area
- An offensive discharge
- Difficulty in controlling your bowel movements
- Any other concerns or worries

## Where can I find further information?

For further information you may find the following physiotherapy website helpful:

- <http://pogp.csp.org.uk/>



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