



Episiotomy, second degree perineal tears, and your pelvic floor

This leaflet gives advice on pelvic floor care and exercises following an episiotomy or a second degree perineal tear.

What is an episiotomy?

This means that a surgical cut was made near your vagina to make more space for your baby to be born. Episiotomy normally cuts through the tissue and muscles in your perineum (the space between your vagina and anus) on one side – often the right.

What is a second degree perineal tear?

This means that the tissue and muscles in your perineum tore when you delivered your baby. Second degree relates to how bad the tear is. A second degree perineal tear goes through some of the perineal muscles as well as skin.

Unfortunately, we know that vaginal delivery can cause damage to the pelvic floor muscles and surrounding structures. If you tore or had to have an episiotomy, this damage can be made worse, and can lead to pelvic floor dysfunction.

What are the symptoms of pelvic floor dysfunction?

- Urinary incontinence (leaking wee) on coughing, sneezing, laughing, lifting, sports etc.
- Urinary urgency (needing a wee “right away” and unable to hold on)
- Faecal urgency (needing a poo “right away” and unable to hold on)
- Faecal incontinence (leaking poo)
- Dragging feeling, heaviness, feeling of fullness within the vagina, or feeling like there is a lump at the entrance of the vagina
- Pain or discomfort on sexual intercourse

What can I do straight away?

To start with, you may be sore and swollen.

Pain relief: if you feel sore or swollen, you can use an ice pack in the area. Make sure you wrap it in something so that it does not directly touch your skin. An easy way to make an ice pack is to run a clean sanitary towel under the tap to make it wet, put it in the freezer, and then when frozen you can put it between two pairs of knickers and leave it there for 10 minutes at a time. You can do this several times throughout the day.

If it stings when you pass urine (pee), you can pour warm water down at the same time – this usually takes away the sting.

Pelvic floor exercises, also known as “Kegels”, can be started as soon as your catheter (tube in your bladder for urine to flow out) has been taken out. These exercises increase blood flow to the area and help speed up healing.

Your pelvic floor muscles must be strengthened and kept strong to give you more support, reduce any symptoms you have, and help prevent symptoms from appearing if you do not yet have any. The exercises should be done **3 times per day, every day** – for the rest of your life. It should become a habit, like cleaning your teeth. As you will still be swollen and sore, start small with the exercises – beginning with 3 second holds and gradually building up to 10 second holds.

How to do pelvic floor muscle exercises (“Kegels”)

(Never do these exercises while on the toilet! Research has shown that this confuses the bladder and can lead to incontinence.)

Slow exercises

- Sit comfortably with your knees slightly apart (or lie down with your knees bent).
- Squeeze your vaginal muscles as if you are trying to hold in a tampon, suck something up inside, or stop wind and urine from coming out. Do not use your legs or your buttocks (bum cheeks) when you are doing this exercise. Your buttocks and legs should not move at all.
- Once you are able to do this, squeeze the muscles as tight as you can, and hold for as long as you can, up to 10 seconds. You should continue to breathe normally while doing this. You may not be able to hold it for more than two or three seconds at first. If you find the technique difficult, try lying down and putting a cushion or pillow under your bottom; you might find it easier to locate the right muscles.
- You should be aware of the skin around the back passage also tightening and being pulled up and away from the chair.
- Repeat this 8-10 times, but have a rest in between each one for 4-5 seconds.

Fast exercises

- It is also important to work the pelvic floor muscles to react quickly to stop you leaking when you cough, sneeze, or move quickly. Therefore, practice tightening your pelvic floor quickly and then relax.
- Fast exercises are done in the same way as slow exercises but when you squeeze the muscles, let go immediately so that you only feel a very quick lift in your pelvic floor.
- You should repeat these exercises between 10-20 times.

The fast and slow exercises together make up one exercise session. **If you do less than 3 sessions per day, you risk not building enough strength to help your symptoms.** Your muscles will improve and strengthen with time and exercise.

Both the slow and fast pelvic floor exercises can be done at any time, provided there is at least a gap of 1 hour between sessions. It helps to associate these exercises with activities you do regularly every day. You can download and use the NHS Squeezy App to help you remember and count the exercises, if you think this would be useful to you. The NHS Squeezy App costs a small amount to download. Once a physiotherapist has assessed you, you may also be given a third exercise called “sub max”. This is like a half squeeze.

If you find that after doing the exercises for several weeks you have still developed symptoms, or your symptoms have got worse, you can ask your health visitor or GP to refer you to maternity physiotherapy.

General tips

- Always put your feet on a footstool to raise your knees above your hips when opening your bowels – this straightens out the angle to make it easier for stool (poo) to come out and reduces straining.
- You should also be drinking around 1.5 to 2 litres (2.5-3.5 pints) of clear fluid every day, to keep stools soft and easy to pass, and keep your bladder healthy and working normally.
- If you have a chronic cough, make sure that this is well managed, to reduce bouts of coughing as much as possible.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

J Churches, RBFT Specialist Physiotherapist, Pelvic Health and Maternity, May 2025
Next review due: May 2027