Perineal trauma – management of third and fourth degree tears

This leaflet is for women who have experienced perineal tearing during labour and explains how the tears are treated. If you have any questions or concerns, please speak to your midwife or doctor.

Perineal trauma or tears happen when the area between the vagina and anus (back passage) is damaged after giving birth. The amount of damage is categorised into four degrees, with first and second-degree tears being the most common. A tear that involves the anal sphincter (the muscle at the opening of the back passage which controls evacuation of faeces when you go to the toilet) is called a third degree tear. A fourth degree tear also involves damage to the rectal mucosa (internal lining of the back passage). These deep tears need special attention as they can result in long term incontinence.

Who is at risk?

In most cases deep tears cannot be prevented. An episiotomy (small cut performed at delivery to widen the opening of the vagina) does not always prevent these tears. There are some women who are at a small increased chance of sustaining deep tears, for instance:

- Women delivering their first baby.
- If baby is large - over 4kg (above 9lb) and difficult birth.
- If the baby comes face up (face to pubis delivery).
- If instruments, especially forceps, are required to deliver the baby.
- If the labour progressed very rapidly and the mother could not control her pushing.
- If midline episiotomy (a straight cut made to the muscle between the vagina and back passage, to widen the vaginal opening for delivery) is used. Midline episiotomy is not performed in our unit because this type of cut can easily extend down towards the anus.
- If you had a bad tear in the previous delivery.

What happens if I get a third or fourth degree tear?

Soon after the birth, you will be taken to the operating theatre where an experienced doctor will repair your tear. The theatre staff will ensure there is good light and that you are positioned correctly, you will be given appropriate anaesthesia (to numb the area) and
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antibiotics (to prevent infection). The material used for the stitches and the technique used will follow guidelines produced by the Royal College of Obstetricians and Gynaecologists\(^1\).

Aftercare advice

- **Infection prevention**: Always wash your hands before and after using the toilet or when changing sanitary towels/pads in order to stop the spread of infection.

- **Ice therapy**: You may find it helpful to apply crushed ice, *wrapped in a clean, thin cotton cloth* to the stitched area for 20 minutes every three hours during the first 24-hours or until the swelling goes down.

- **Painkillers**: You need to take the prescribed painkillers as specified in the dosage. This will make the pain bearable once the anaesthetic wears off. Common examples are Paracetamol, Ibuprofen and Voltarol. Dihydrocodeine should be avoided if possible as this often causes constipation and may affect healing.

- **Catheter**: You will have a catheter inserted into your bladder (fine tube and collecting bag). This will prevent the build-up of urine. The catheter will remain in place for a few hours until your anaesthetic has worn off and you are mobile again.

- **Laxatives**: You will be started on laxatives, e.g. *Fybogel* or *Lactulose*. Continue taking these for 10 days. This is to prevent constipation as passing hard stools may damage the stitched area.

- **Try to lie down with your legs together during the first 24-hours. Do not sit still for long periods.**

- **Keep the stitched area clean using warm water and patting the area dry with a soft towel. Do not use tissues or cotton balls. Wipe your bottom from front to back.** If you have a bidet at home, you could use it to wash yourself.

- **After 24 hours, if the area is very sore, sitting in a bath with sea salt or lavender oil will help.** When you go home, you can fill the bath tub with four inches of warm water, add a few drops of lavender oil or a handful of sea salt and sit so that your perineum alone is soaked.

- **Application of witch hazel (available over the counter from chemists) to the wound may help relieve pain.**

- **Complete the course of antibiotics.**

Midwives will help to check the wound before discharge from hospital and in the community during post-natal visits to ensure your stitches are healing. **Do not use rectal suppositories or have an enema after these repairs.**

**How do I know if there is a problem?**

- You develop swelling and throbbing pain.

- The stitches break down and you see a gaping wound in the perineum.

- You develop incontinence to wind/gas and faeces, i.e. you cannot control your back passage.

If you experience any of the above, seek medical help immediately. You will have a swab taken from the wound and will most likely be given antibiotics. You will be advised to use a
sitz bath (a large basin filled with water) or to sit in a bath partially filled with water to which sea salt is added, until the wound is clean. Re-stitching will be done only when there is no sign of infection. Sometimes, this could be delayed for up to three months. If the injury is particularly complex the repair will be dealt with by the colorectal surgeons.

Post-operative follow up

- A blood test to check your iron levels is only done if you had a large bleed during the birth.
- You may feel that you are incontinent to gas and faeces the first few days, but this will improve with time.
- Most women are back to normal by the end of six months.
- You will be offered an appointment at six weeks after delivery in the postnatal clinic to discuss your concerns, your recovery and care for any future pregnancies and births.
- You may be examined. This may involve examinations of both front (vaginal) and back passages.
- If the healing is progressing and you are able to control your bladder and bowel movements, you will be discharged from our care.
- You need to continue doing pelvic floor muscle exercise after your discharge.
- You can resume sex as soon as you feel comfortable. However, it is recommended that you wait until after your six week postnatal check.
- Just because you experienced a third or fourth degree tear on this birth does not mean that it will necessarily happen again. You could have a straightforward birth next time.

Referral to colorectal surgeons

You may be asked to see a rectal surgeon if you happen to be experiencing any problems after delivery, you may be offered tests like the endoanal ultrasound and anal manometry, which will check the tone of the muscles in your back passage. A subsequent surgical repair may be planned, depending on the findings of the tests.

If you have continuing weakness or need further surgery, another vaginal birth could damage the muscles further, in which case, you may be offered an elective Caesarean section if you want further babies.

Prevention

Recent research has proved that perineal massage with almond oil or olive oil after 35 weeks of pregnancy will soften the tissues and help the skin to stretch during the birth. Ask your midwife for advice.

Support for the perineum when delivering the baby could prevent tears and prevent episiotomy cuts from extending to cause more damage. Again, speak to your midwife about this.
References

2. Managing complications in pregnancy and childbirth - A guide for midwives and doctors  
   http://apps.who.int/iris/bitstream/10665/43972/1/9241545879_eng.pdf

This document can be made available in other languages and formats upon request.

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