

Tears and stitches

This leaflet provides information to women on the procedure for treating perineal tears following the birth of their baby.

Perineal tears (when the area between the vagina and anus (back passage) is damaged after giving birth) is common. About 85% of women who have a vaginal birth will experience some degree of tearing (tear or episiotomy) that will require stitches.

Most women who have stitches will feel some discomfort in the perineum for a while after birth but suffer no long-term effects. Women report a wide range of perineal pain from mild to severe. The blood supply of the vaginal wall and the perineum is good and tears tend to heal quickly but healing will depend on the degree of perineal damage, how the damage is repaired and, on the woman's, general health.

The amount of damage is categorised into four degrees, with first and second-degree tears being the most common.

What do the different degrees of perineal tears mean?

There are different types of tear which include the following categories. The most common types of tears are first and second degree tears.

- First degree tear is superficial and may involve the skin and/or present as a graze inside your vagina or anywhere on your labia.
- Second degree tear is deeper, involving the skin and underlying muscle structure. These tears usually extend towards your anus.

The least common types of tears are as follows:

- Third degree tear is more severe and involves skin, muscle and also damage to the rectal muscle (anal sphincter).
- Fourth degree tear involves the same structures as previously mentioned but also include the internal lining of the rectum (i.e. inside your back passage).

For women giving birth vaginally about 1 in 30 (3%) will experience these types of tears.

What if I needed an episiotomy?

An episiotomy is a deliberate cut to help the baby to be born and is only suggested when there is a clinical need for example, an instrumental birth or suspected fetal compromise. An episiotomy is similar to a second degree tear; however, sometimes the cut can tear further.

Episiotomy, first and second degree tears (see following page for specific advice following third or fourth degree tears)

Care of your stitches

The material that is used for your stitches (*Vicryl Rapide*) dissolves after a week or so. This means that it is unlikely that your stitches will have to be removed by a midwife or doctor. Generally, perineal tears heal very rapidly - usually within two weeks. To aid healing it is worth considering the following:

- Wash your hands before and after using the toilet or changing sanitary wear to prevent transfer of infection.
- You should drink 2-3 litres of water every day and eat a healthy balanced diet (fruit, vegetables, cereals, wholemeal bread and pasta). This will ensure your bowels are opened regularly and will prevent constipation.
- If you smoke, stopping smoking will help.
- Starting pelvic floor exercises as soon as possible after the birth, as this will increase the blood circulation to the area. Speak to your midwife who will help you understand the correct technique. You should continue to do these exercises long term.
- Keeping the area clean by bathing or showering.
- Changing your sanitary protection every 2 - 4 hours.
- Keep the area dry even after shower or bath.
- It is advisable to allow a midwife to check the tear before going home and in the community once you return home. This may help to identify signs of infections early before complications set in.

Suggestions for controlling pain and discomfort

- Bathing or showering with plain warm water.
- Applying cool gel pads to the area from time to time for the first 12 to 24 hours. Take care if using ice packs as you may get an ice burn - do not put ice directly on your skin but wrap it in a clean cloth.
- You can hire or buy special 'valley cushions' which can ease pressure on your stitches whilst sitting. If there is a National Childbirth Trust branch near you, you may be able to rent or borrow one from there.
- Take plenty of rest and avoid standing and sitting for long periods.
- Oral painkillers, such as Paracetamol 1g up to 4 times daily, can also help, together with an anti-inflammatory drug such as Ibuprofen, which can be taken every six hours. If you are unable to take anti-inflammatory drugs, Dihydrocodeine may help.
- Some women find that putting 5 drops of lavender oil in the bath can be soothing.

Going to the toilet with stitches

The thought of passing urine can be a bit frightening at first because of the soreness and because you can't seem to feel what you are doing. Sometimes, it is easier to pass urine whilst having a bath or by pouring warm water over your perineum whilst going to the toilet. Both these help as they dilute the urine so that it doesn't sting. Drinking lots of fluids help too.

You probably won't need to open your bowels for a few days after the birth but it is important not to let yourself become constipated. Eating a diet high in fibre, such as fruit, salad, brown bread and drinking plenty of water will help you to pass a stool more easily. A lot of women fear that their stitches will break or the wound will reopen again when passing stools; be reassured this is very unlikely to happen.

When passing a stool (poo), it may be useful to place a clean pad at the site of the cut or tear to enable you to press gently on the cut/tear to relieve the pressure.

How do I know if I am getting an infection?

It is common for women to experience pain and discomfort after birth. As the days go by, this should improve. However, if your wound starts to throb, you develop a fever or you notice a 'smelly' odour or discharge, it is important to seek medical help from your midwife or GP.

Who can I ask if I have any problems with my stitches?

When you have a check-up with the midwife after you have had your baby, she/he will ask you about your stitches and examine your stitches to check for healing. If you are worried in between your visits with your midwife please contact your midwife. Your GP will also be able to help you if you experience any problems that are not helped by any of the suggestions in this leaflet.

Having sex after stitches

This is dependent on how you feel. There is no 'normal' time to resume sexual intercourse. Your GP will discuss this with you at the 6-week postnatal check.

You may feel tenderness the first few times you have sexual intercourse following birth - using a water soluble lubricant can help. If you continue to suffer with pain during intercourse after you have had stitches, please seek advice from your GP.

Third and Fourth degree tears

Aftercare advice

- You should be seen by a physiotherapist before you go home however if you are discharged over the weekend the midwife will arrange for a referral to be made and you will be contacted with an appointment to come to the physiotherapy outpatient department. All women would receive an appointment with physiotherapist after 6 weeks after 3rd/4th degree tear repair.
- 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 can cause 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. 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?

Initially you may experience some lack of control with passing wind or stool. You should continue with the exercises the physiotherapist has given you and this should improve. However if you develop any of the following please seek medical help immediately

- New swelling and throbbing pain.
- The stitches break down and you see a gaping wound in the perineum.
- Worsening incontinence of faeces, i.e. you cannot control your back passage/sudden urgency to open bowels

You will have a swab taken from the wound and will most likely be given antibiotics. You may be advised to sit in a bath partially filled with water to which sea salt is added, until the wound is clean. Re-stitching (if necessary) 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.

Attached is a tool you might find useful to monitor your recovery over the first few days. Please use this to help you discuss any issues you are having with your midwife or GP.

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 would receive an appointment with physiotherapist after 6 weeks to check the strength of your anal sphincter muscles and help you strengthen the muscles.
- You will be offered an appointment at twelve 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 will also be offered a further physiotherapy appointment at six weeks.
- 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.

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.

What happens when you have another baby?

If you previously have had a first or second degree tear, your care in labour will be the same as if it is your first baby. Unless a doctor has advised you to have an episiotomy', the routine use of an episiotomy is not recommended for the second or subsequent babies. Having stitches the first time does not mean that you will need them again.

If you have had a third or fourth degree tear you will have an opportunity to talk to your midwife and obstetrician during your next pregnancy to plan the birth that is suitable for you depending upon how your tear has healed. Just because you experienced a third or fourth degree tear on this birth does not mean that it will necessarily happen again however 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.

References

1. CEMACE – Saving Mother's lives 2006-2008
2. RCOG – Third and fourth degree tears Green-top 29, 2015

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

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