

# Advice following a 3<sup>rd</sup> or 4<sup>th</sup> degree perineal tear

## Information for patients

This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.



During the delivery of your baby you have had a 3rd or 4th degree tear to your perineum (the skin and muscles around the entrance to your vagina).

This leaflet tells you how it has been repaired and gives advice about how you can help it to heal.

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

During childbirth it is common to get tears of the skin and muscles around the entrance to the vagina. Sometimes tears can reach from the vagina to the muscle around the anus (the opening to the back passage). This is known as a 3rd degree tear. Sometimes the rectal mucosa (lining of the lower bowel) may also be slightly torn. This is then known as a 4th degree tear.

About 1 woman in every 100 who have a vaginal delivery can have a 3rd or 4th degree tear.<sup>1</sup>

## **Why does a perineal tear happen?**

Anyone can get a perineal tear during a vaginal delivery. Some reasons which may increase the chances of a 3rd or 4th degree perineal tear happening include:

- when you have your first baby
- having a large baby
- the direction the baby is facing at delivery
- shoulder dystocia (one of your baby's shoulders becomes stuck behind your pubic bone)
- induction of labour
- having an epidural
- having a long labour or you are pushing for a long time
- having a forceps or suction delivery.<sup>1</sup>

If you have one of these tears it is unlikely you could have done anything to stop this happening.

## **How is the tear repaired?**

It is important the tear is repaired as soon as possible. Tears are sutured (stitched) layer by layer.

This is usually done in the operating theatre after you have been given an anaesthetic.<sup>1</sup> These sutures will not need to be removed but will usually have dissolved by 6 weeks.

If an epidural was used for your labour then usually this can be continued during the repair. If not, then a spinal anaesthetic (which provides total pain relief from the waist down) or general anaesthetic (a state of carefully controlled and supervised unconsciousness that means you are unable to feel any pain) can be given. This will be discussed with you.

To help prevent infection you will be given antibiotics through an intravenous infusion (a drip) and a suppository (a small tablet inserted into your anus) during the repair. You will also be given another suppository at the end of the procedure to help reduce pain once the anaesthetic wears off. This will be discussed with you.

During, and shortly after pregnancy, your blood can become slightly thicker and more likely to clot. This can increase the risk of thrombosis (clots) forming. Having an operation can further increase this risk, which is why you will be given treatment to help prevent thrombosis.

Depending on your body mass index - BMI (your weight and height) you will be given support stockings and possibly injections to thin your blood slightly.<sup>2</sup>

You will be provided with support stockings and advised to wear these for approximately 6 weeks. However, the use and number of injections will be dependant on your BMI; this will be explained to you at the time.

## **What happens after the repair?**

It is important to have good pain relief by taking painkillers, for example, paracetamol. Other painkillers, such as Diclofenac or Ibuprofen may also be prescribed, but if you have asthma or any stomach ulcers these may not be suitable for you.

You will also be prescribed dihydrocodeine which is a stronger painkiller you can take if needed. Tablets containing codeine can cause constipation so should not be taken too often.

To avoid pressure on your wound in the first few days it is best to lie on your side and avoid sitting for long periods. Your midwife will give you advice about comfortable positions.

Following repair of your tear you will be asked to stay in hospital until you have had your bowels opened, at least once. You will be given Lactulose to help with this as soon as you are able to eat and drink after your repair. Lactulose is given to soften your faeces (poo).

Constipation causes straining and pressure on the repair so you will be advised to eat plenty of fruit and foods containing fibre and drink at least 2 litres (3½ pints) of fluid each day.

You will be prescribed Lactulose to take for about 7 days after you go home. If you find Lactulose gives you stomach cramps, or your bowel motion becomes very loose you may need to stop taking the Lactulose. You should discuss this with your midwife or GP.

Tears can be uncomfortable and become infected or fail to heal.<sup>1</sup> You will be given a course of antibiotic tablets to take following your repair to try to reduce the risk of infection.

## **What can I do to help the repair to heal?**

You should take regular baths in warm water to keep your wound clean. You should then pat the area dry using a soft clean towel.

**You must not** have the water too hot. Do not put salt or products such as bubble bath or oils in the water as this may delay healing. Salt can make the stitches dissolve too quickly.

**You must** contact your midwife or GP if you notice any increase in pain or have an offensive discharge as you may be developing an infection.

You will be given a leaflet “Pelvic Floor Exercises for Women”. These help tone up the muscles that are natural supports for your bladder, womb and bowel and which may have become weak during pregnancy and delivery.

During the first few days the area around your repair may feel numb and sore. It may be difficult to do your pelvic floor exercises during this period but keep practising.

It is very important to do your pelvic floor exercises. Pelvic floor exercises should be continued for at least 6 months to help prevent problems in the future.<sup>1</sup>

Always try to pull in your pelvic floor and abdominal muscles before you cough, sneeze, lift, or do any exercise to avoid stress on the pelvic floor.

## Is there anything I should avoid?

It is important not to put pressure on your pelvic floor, so straining when opening your bowels should be avoided.

It is advised not to have sex for 6 weeks after your repair or until your vagina has healed and you feel comfortable. You may find using lubrication such as KY jelly can make you feel more comfortable.

You are advised to use contraception (birth control) as it is possible for you to fall pregnant again straight away. Your midwife will discuss contraception with you.

## What are the risks and possible complications?

Possible risks include:

- **A need to rush to the toilet.** Following a repair some of your nerve endings and muscles will have been affected and you may not feel the urge to go to the toilet until it's almost too late.
- **Leakage of urine from the bladder or wind or bowel motions from the anus.** Some women will have symptoms such as leakage of urine from the bladder or wind or bowel motions from the anus. Following a repair some of your muscles will have been affected and take time to heal.

These problems are often temporary and can improve over time by doing regular pelvic floor muscle exercises. For some women symptoms may appear several months after the repair.<sup>1</sup> If you have concerns about any leakage please see your GP.

- **Sutures.** These usually dissolve by 10 days. Sometimes a knot of the suture can remain and be uncomfortable. All sutures will eventually dissolve.

Sutures in the muscles around your anus can take up to 12 weeks to dissolve and make passing bowel motions uncomfortable. You should make sure you do not become constipated.

If the pain increases or you lose blood with the bowel motion **you must** see your GP.

- **Rectovaginal fistula.** Rarely a connection can form between the vagina and the rectum.<sup>1</sup> If you notice any unexpected leakage of faecal material (poo) from your vagina **you must** see your GP **immediately**. You may need an operation to repair it.
- **Deep vein thrombosis - DVT (blood clots in the leg veins) or pulmonary embolism – PE (blood clots in the lungs)**  
Some patients may develop a DVT after an operation. This can be due to the effects of the anaesthetic, bed rest and reduced activity during your recovery. Your doctor will discuss your individual risks with you.
- **Infection.** To reduce the risk of infection you will be given antibiotics. Despite being given antibiotics, an infection may still develop. If this happens you will be prescribed another course of antibiotics.

It is important to take these to prevent the infection spreading. If you are still taking antibiotics when you go home, **you must** finish the full course.

## **Will there be any hospital follow-up?**

All women who have a 3rd or 4th degree tear will be given an appointment to be seen in an outpatient clinic about 3 months following the repair. Your GP can arrange an earlier appointment, if needed.

Your doctor will ask if you have any symptoms causing you problems. If symptoms are still occurring then further tests may be arranged. For a small number of women a further operation may be needed.<sup>1</sup>

## **What about future pregnancies?**

It is advisable to wait at least 6 months before becoming pregnant again to allow your body to recover. Having a 3rd or 4th degree tear with one birth does not mean this will happen again.<sup>3</sup>

However, you will be referred to a consultant early in your next pregnancy to discuss the plans for your labour and delivery. It will be your choice how your next baby is planned to be delivered.

## **What if I have problems later on?**

If you have any problems after discharge from the outpatient clinic you should see your GP, who will refer you back to hospital, if needed.

## **Contact numbers**

### **University Hospital of North Tees**

#### **Community Midwives**

Monday - Friday, 8.30am - 9.30am

Ragworth Children's Centre  
St John's Way  
Stockton

If you live in Billingham or Stockton North  
Telephone: 01642 383441 or 01642 383442

If you live in the Stockton South or Thornaby team  
Telephone: 01642 373439 or 01642 383440

Non-urgent messages can be left on answering machine and will be picked up throughout the day.

If your call is urgent you should contact the hospital where you had your baby.

#### **Antenatal Day Unit**

Telephone: 01642 624239

Monday - Friday, 8.30am – 8.00pm

Saturday – Saturday, 9.00am – 5.00pm

Outside these hours calls are transferred to the Delivery Suite.

#### **Delivery Suite**

Telephone: 01642 382718

24 hours a day, 7 days a week

## **Antenatal/Postnatal Ward**

Telephone: 01642 382722

24 hours a day, 7 days a week

## **University Hospital of Hartlepool**

### **Antenatal Day Unit**

Telephone: 01429 522879

Monday - Friday, 9.00am – 5.00pm

When the unit is closed calls are transferred to the Delivery Suite, North Tees.

### **Community Midwives**

Telephone: 01429 522279

7 days a week, 9.00am – 10.00am

Non-urgent messages can be left on the answering machine.

### **East Durham Community Midwives**

Based at Peterlee Community Hospital

Telephone: 01429 522270

Monday – Friday, 9.00am – 10.00am

## **References**

1. RCOG Greentop Guideline 29 'Management of third and fourth degree Perineal tears following vaginal delivery', 2007.
2. RCOG Greentop Guideline 37, Thromboprophylaxis after Vaginal Delivery, 2004.
3. NICE, 2007, Intrapartum care, Guideline 55.

This leaflet has been produced in partnership with patients and carers. All patient leaflets are regularly reviewed, and any suggestions you have as to how it may be improved are extremely valuable. Please write to the Quality Assurance Team, University Hospital of North Tees or email: [patientinformation@nth.nhs.uk](mailto:patientinformation@nth.nhs.uk)

## **Comments, Concerns, Compliments or Complaints**

We are continually trying to improve the services we provide.

We want to know what we're doing well or if there's anything which we can improve, that's why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

telephone: 01642 624719

Monday – Friday, 9.00am – 4.00pm

Messages can be left on the answering machine and will be picked up throughout the day.

freephone: 0800 092 0084

Email: [patientexperience@nth.nhs.uk](mailto:patientexperience@nth.nhs.uk)

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

telephone: 01642 617617

24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 1.30pm – 4.30pm. The office is based on the ground floor at the University Hospital of North Tees.

## **Data Protection and use of patient information**

The Trust has developed a Data Protection, Caldicott and Disclosure Policy (IG5) in accordance with the Data Protection Legislation (General Data Protection Regulations and Data Protection Act 2018) and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

telephone: 01642 383551 or email: [information.governance@nth.nhs.uk](mailto:information.governance@nth.nhs.uk)

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