

PERINEAL TEARS – THIRD AND FOURTH DEGREE



the women's
the royal women's hospital
victoria australia

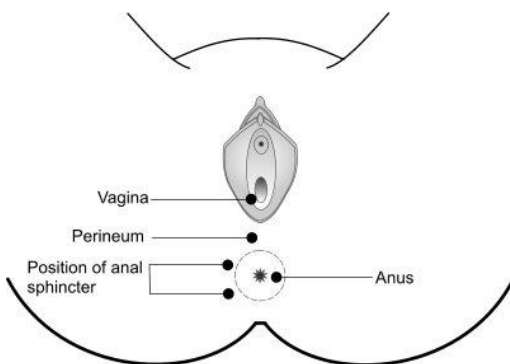
It is common for the perineum to tear during a vaginal birth. Most often a tear will simply need to be stitched and will heal well. Some tears are worse than others and can affect your broader health and wellbeing. A third and fourth degree tear will need more attention and time to heal.

What is a third or fourth degree tear?

Usually, if a woman tears during a vaginal birth, the tear will only go as far as the perineum (see below). Some women may tear as far as the anus or back passage. The “degree” of the tear refers to how serious the tear is.

A third degree tear involves partial or complete tearing of the back passage.

A fourth degree tear involves injury to the back passage into the bowel.



Your care after a tear

A doctor will explain the type of tear you have and how you can best care for yourself. They will recommend medicines to manage your pain and to prevent constipation.

You cannot take any medicines that have to be inserted into your back passage (your anus).

A physiotherapist, midwife, pharmacist and, in some cases, a dietitian will also be involved in your care. They will advise:

- how to avoid constipation and help your wound to heal (a special diet may be required).
- how to use ice for pain relief and decrease inflammation
- how to do pelvic floor exercises and when to start them
- how to manage personal hygiene in the affected area (which will also help with healing)
- on ways to manage pain
- medicines to assist with pain and reduce the risk of infections.

The first six weeks

Healing can take up to six months.

The first six weeks are particularly important for muscle and soft tissue recovery.

Rest

It is important to lie down as much as you can during the first few days. This will help decrease swelling and discomfort. Aim for an hour each morning and afternoon during the first six weeks after your baby is born.

Ice

Continue to use ice for as long as you feel swelling or pain around the perineum. Place

the ice pack inside your pad and apply for 20 to 30 minutes, every two to three hours while you are awake. This will help decrease swelling and discomfort.

Compression

Firm, supportive underwear such as shapewear or compression wear may help support the area and minimise swelling.

Exercise

Pelvic floor exercises help to stimulate blood supply to the perineum, which is important for healing. It is safe to start these exercises one to two days after the birth of your baby, provided there is no increase in your pain.

During the first six weeks it is important to minimise additional strain on the muscles of your pelvic floor and perineum. Avoid constipation, heavy lifting (e.g. children, shopping bags, washing baskets) and high impact exercise.

Diet

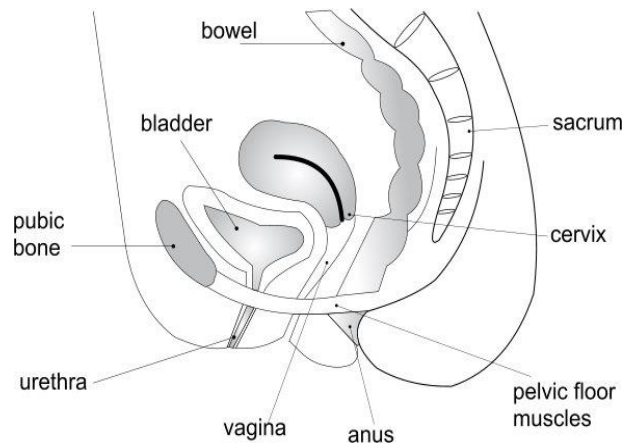
For the first seven to ten days it's best to eat foods that reduce the need to use your bowel. The dietitian can tell you what foods to reduce or avoid. After ten days, move gradually to a high fibre diet.

Sex

Sex should be avoided until after your six week appointment in the Perineal Clinic.

Pelvic floor muscle exercises

The pelvic floor muscles are an important group of muscles deep inside the pelvis. They support the pelvic organs and control the emptying of the bladder and bowel. It is important that you retrain these muscles to prevent problems such as incontinence/leakage.



Gentle program – days two to five

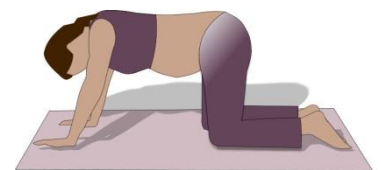
Lie down on your back with your knees bent up and supported or



lie on your side. Gently tighten the muscles around your vagina and back passage – so you feel as though you are closing these openings, stop if you feel any pain. Hold the muscle tight for up to three seconds then slowly release. Relax for five seconds and then repeat. Do six repetitions and stop if you feel muscle fatigue. Repeat this exercise at least three times each day.

Getting stronger – days five to fourteen

You will now feel more confident exercising your pelvic floor muscles and can



begin to work harder with each exercise. You can lie on your back, as with the gentle program above, or be on your hands and knees (pictured). Strongly tighten around the pelvic openings and lift the pelvic floor muscles. Hold for three to six seconds. Feel a definite release, relax for five seconds and do eight to ten repetitions. Repeat this exercise three times a day.

Recovery program – weeks three to six

Progress your exercise program to tighten more strongly, and hold for longer. Aim to hold for five to ten seconds and repeat ten times.

Repeat this exercise three times a day in different positions, such as sitting and standing. Also incorporate pelvic floor tightening when coughing or lifting.

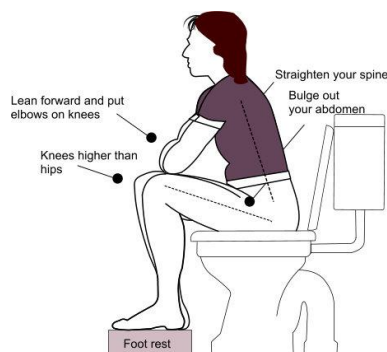
Normal Bowel Function

Avoid constipation and straining when on the toilet as this can weaken your pelvic floor. Good bowel habits help you to protect your pelvic floor and will minimise the risk of both bladder and bowel incontinence.

Aim to:

- Eat plenty of high fibre foods (e.g. fruits, vegetables, whole grains, prunes and natural fibre supplements such as psyllium)
- Drink 1.5-2 litres of water a day
- Enjoy some daily exercise such as walking.
- Don't ignore the urge to go
- Take your time when going to the toilet to ensure you completely empty

A good toilet position



- Use a foot stool so your knees are above hips
- Sit leaning forward, with your feet apart and your elbows on your knees.
- Allow your tummy to relax.
- Don't hold your breath. Sigh deeply or make a hissing sound.

- Support your stitches with your hand particularly when opening your bowels.

Follow up appointments

Your follow-up appointments are important for discussing concerns, bladder and bowel function, sex and a plan for future pregnancies. You will be invited to attend the following:

- **At two to three weeks:** a post-natal physiotherapy class. A dietitian and physiotherapist will be available to give information and answer any questions you may have.
- **Six weeks:** a physiotherapist appointment in the Perineal Clinic. You will be assessed and have the opportunity to talk privately with the physiotherapist.
- **Three months:** an appointment with the urogynaecologist in the Perineal Clinic. This involves another assessment and possibly an ultrasound later on to ensure that you have completely recovered. You will have the opportunity to talk with the specialist about any concerns you may have. This is an important review and we encourage you to attend even if you feel you have completely healed.

Please contact the Perineal Clinic if you do not receive your appointment times.

There is more information on our website

www.thewomens.org.au

For more information contact the following services at the Royal Women's Hospital

Physiotherapy Department (03) 8345 3160

Monday to Friday 8.30am - 5.00pm

Perineal Clinic: (03) 8345 3144

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