

Recovery advice after a 3rd or 4th degree perineal tear (Obstetric Anal Sphincter Injury) - Patient Information

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This patient information leaflet has been written by the Pelvic Health Physiotherapy Department at the James Paget University Hospital to help patients recover after a 3rd or 4th degree perineal tear, also known as Obstetric Anal Sphincter injury (OASI).

This information aims to help you better understand your health and highlight important advice and exercises which can aid recovery, reduce the risk of adverse symptoms, and to make you feel more comfortable.

Your healthcare team are there to support you in decision making and answer any questions you may have.

What is a perineal tear?

Your perineum is the area that extends between your vagina and the anus. Many women experience perineal tears during childbirth as the baby stretches the vagina and perineum. 1st degree tears are skin deep and usually heal naturally. 2nd degree tears are deeper and affect the muscles of the perineum, these usually require stitches.

What is a 3rd or 4th degree tear?

A 3rd degree tear affects the muscles that control the anus, called the anal sphincter. A 4th degree tear extends further into the lining of the anus or rectum.

Three in every one hundred women having a vaginal birth develop a 3rd or 4th degree tear. It is more common with a first vaginal delivery, occurring in six out of one hundred women compared to two in one hundred women who have had a previous vaginal delivery.

What happens if I have a 3rd or 4th degree tear?

When a 3rd or 4th degree tear is suspected or confirmed this will usually be repaired in theatre soon after you have delivered your baby. You will need an epidural or spinal anaesthetic and have a catheter in until you feel able to walk to the toilet.

After the repair surgery you should be offered pain relief, and a course of antibiotics to reduce your risk of infection. You will be advised to take laxatives (see 'what do I need to know about my bowels?' section).

You will be contacted by the Women and Men's Health Physiotherapy team after your delivery and reviewed by them approximately six weeks later in an outpatient appointment to assess your pelvic floor muscles. You will also have an appointment to see a gynaecology consultant in approximately four months' time.

Six-eight out of 10 women have no long lasting symptoms after having it surgically repaired and given time to heal. A small number of women may experience difficulty in controlling their bowels or holding wind in. This is called anal incontinence.

Other symptoms to be aware of after any type of delivery include:

- A sensation of a lump in the vagina
- Urgency or leakage of urine
- Pain during intercourse
- Pain and/or discomfort around the scar

What can I do to help me recover?

Keep the area clean. Wash daily using only water, do not use any product on the area. Change your sanitary pads regularly. Wash your hands before and after you do so and when using the toilet. This will reduce your risk of infection. A clean wound is a healthy wound.

What do I need to know about my bowels?

Your stitches should not be affected by opening your bowels. You may find it harder to control your bowels in the first few days after a 3rd or 4th degree tear than compared to before you had your baby. It is important to avoid straining and constipation, the following advice can help:

- **Drink at least 2 litres of water every day**
- **Eat a healthy balanced diet** of both soluble (fruit, vegetables), and insoluble fibre (cereals, wholemeal bread, pasta, rice).
- **Laxatives** – Can be taken to make it easier and more comfortable to open your bowels, such as a stool softener (lactulose) or a bulking agent such as Fybogel.
- **Sit down relaxed on the toilet** when opening your bowels do not hover. The best position to sit in is with your feet on a stool to raise your knees above your hips. Try to relax with your forearms on your thighs whilst keeping your back straight. Bulge your tummy outwards by taking deep abdominal breaths. Keep your mouth slightly open and your jaw relaxed. Breathe out. This will help to expel your bowel motion without straining. Take your time, do not rush. When finished pull up your anal muscles to encourage closure of these muscles.

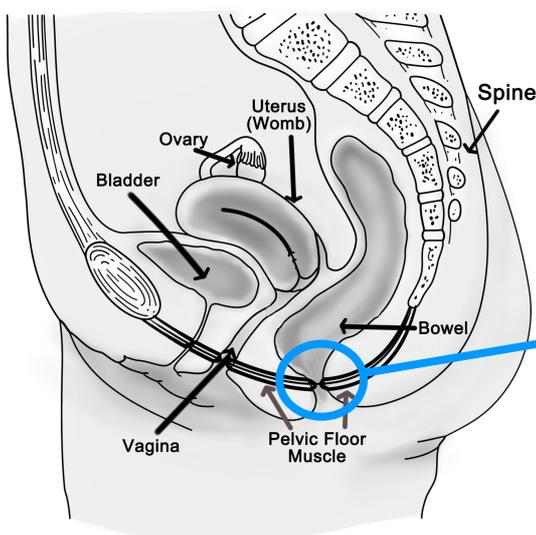


What can I do to improve or prevent bladder or bowel problems?

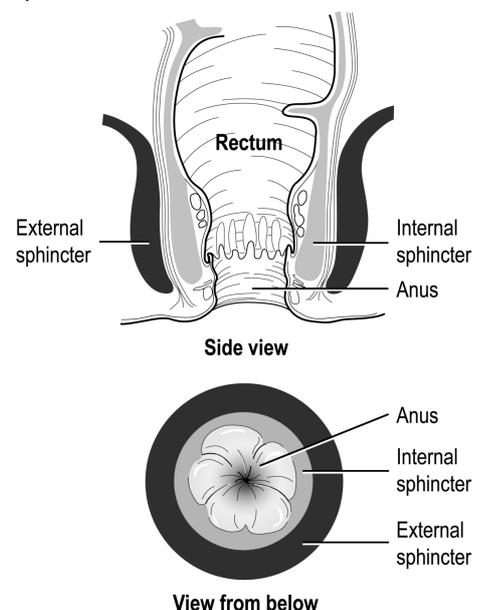
Pelvic floor and anal sphincter exercises

It is important to start pelvic floor exercises as soon as you can, ideally the day after your delivery. This strengthens these muscles and helps healing.

Your pelvic floor muscles help you to control your bladder and bowel by closing the urethra and back passage, thereby preventing incontinence. They also support the bladder, womb and bowel in the correct position, preventing prolapse. They can also help improve sex. Your anal sphincter muscles work to close the anal canal (preventing incontinence of wind or poo).



Pelvic Floor Muscles



Anal Sphincter Muscles

Your pelvic floor muscles will not be very strong after birth and you may initially have very little sensation in your pelvic floor, but this should improve the more you practise your exercises.

To do the exercises, imagine that you are trying to stop yourself passing wind and urine at the same time. You can also think of squeezing tight in the vagina. You should feel your pelvic floor muscles and back passage squeeze and lift.

Your pelvic floor and anal sphincter exercises can be performed in any position but you may find it easier to start with in lying or sitting. As your muscles improve try to progress to doing them standing up.

Try not to squeeze your buttocks and legs, and breathe normally while you are doing these exercises. Do not practise stopping the flow of urine mid-stream as this could affect your bladder function in the longer term. You may feel a gentle tightening in your lower abdominal muscles which is normal.

You need to practise both long squeezes and short squeezes and gradually build up your routine.

How often should I do them?

Start gently as pain allows for the first few days. Gradually build up on your home exercise programme increasing the number of squeezes and the length of hold as your muscles get stronger. Aim for:

- 10 short squeezes
- 10 long squeezes of up to 10 seconds each.
- 3-5 sets a day.

You should also try to tighten your pelvic floor and anal sphincter muscles before you do anything that may put them under pressure, such as lifting, coughing or sneezing (this is called 'The Knack'). You can also squeeze these muscles to defer any urgency you might experience with your bowel or bladder.

They need to be practised lifelong. Make your pelvic floor exercises part of your daily routine, just like brushing your teeth.

Top tips to help you remember to do your pelvic floor exercises. Practise them when:

- Feeding your baby
- Cleaning your teeth
- Washing your hands
- Use a reminder app.

What should I expect with my recovery and return to normal daily activities?

Every women's recovery and expectations of what they view as normal activities will differ. After having a 3rd or 4th degree perineal tear you should avoid heavy lifting or strenuous activity for 4-6 weeks. After this you can gradually increase to your normal activities. Listen to your body.

Recovering from surgery after a perineal tear and caring for your new born baby can be hard. Seek support from family and friends whilst your body gradually recovers and you become more able.

Some birth experiences may leave women feeling traumatised, distressed, anxious or confused. For some women, the birth they experienced was very different from the birth they hoped to have, which can be hard to come to terms with. You can access the Birth Afterthoughts Service to talk about these feelings, and to better understand what happened to you during your birth.

Some women also experience feelings of anxiety, panic, flashbacks or nightmares connected to their birth experience. Birth Trauma Resolutions Therapy is a specially designed treatment for birth trauma, which can be offered by one of our specially trained midwives. The treatment involves using

relaxation techniques which help the brain to process the traumatic experience and help the person to move on from their difficult experience. The treatment can be offered to women who meet certain criteria and can usually be completed in two - three one hour sessions.

Please email birthafterthoughts@jpaget.nhs.uk to access this service, or ask your midwife to refer you.

When is it okay to have sex?

Many women are nervous about the thought of having sexual intercourse again after having a baby, particularly following a 3rd or 4th degree tear. You may also feel tired, not find the time or lack desire to.

Once your stitches have healed and bleeding has stopped you can have sex again when it feels right for you and your partner. Don't put pressure on yourself to go straight to sex, focus on being physically close to your partner.

Perineal massage before you return to have sex may help you feel more comfortable by easing tension in the tissues. This can be done by yourself or with your partner. Using a lubricant during sex can help to make it feel more comfortable.

Sex may feel different and uncomfortable at first but this should resolve over time. You and your partner may feel anxious about returning to sex, and talking about your feelings and concerns may help. If pain persists then it is recommended you raise any concerns to your health professional.

What follow up appointments will I have?

The Pelvic Health Physiotherapy Team will aim to see you whilst you are on the maternity ward. If not you will be contacted via letter once you are home.

You will be provided with an outpatient appointment to see the physiotherapist at approximately six weeks after your delivery where you will have the opportunity to discuss any symptoms you may be experiencing. It is important you attend this appointment even if you are not experiencing any symptoms, and you should continue with your pelvic floor exercises until this time.

A vaginal and back passage examination is offered to assess the strength of your pelvic floor and anal sphincter muscles. This will help the physiotherapist recommend further treatment options available to you. Subsequent treatment sessions can then be arranged if deemed appropriate.

You will also be provided with a 3-4 month follow up appointment at the hospital with a gynaecologist. This is important to attend to review the tear once it is healed, and to provide an opportunity to discuss any symptoms you may be experiencing or answer any queries.

If you have concern regarding any symptoms prior to this, please contact your midwife or General Practitioner.

If you have any queries or concerns with any information in this booklet please contact the Women and Men's Health Physiotherapy Team on 01493 452378.

References

The Royal College of Obstetricians & Gynaecologists (2019) Information for you: Care of a third- or fourth-degree tear that occurred during childbirth (also known as Obstetric anal Sphincter injury-OASI)

RCOG perineal tears hub: www.rcog.org.uk/tears

Mothers with Anal Sphincter Injuries in Childbirth (MASIC): <https://masic.org.uk>

Birth Trauma Association: www.birthtraumaassociation.org.uk

Pelvic Obstetric & Gynaecology Physiotherapy (2015)

The Pelvic Floor Muscles – A Guide for Women

<http://pogp.csp.org.uk/publications/pelvic-floor-muscle-exercises-women>

St Marks Hospital (2009)

Anal Sphincter exercises for leakage patient information leaflet,

<http://www.stmarksnhshospital.org.uk/wp-content/uploads/2014/05/Anal-sphincter-exercises-for-leakage.pdf>

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

TRUST VALUES: We CARE for...
our patients... each other... ourselves

BEHAVIOURS:

Courtesy and respect

Attentively kind and helpful

Responsive communication

Effective and professional

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of the
Paget**

 **IN TRAN**
communication for all

The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240