

# Third or fourth degree tear

Information for patients



## You are receiving this leaflet because you have been told you have had a tear that involved your anal sphincter during the birth of your baby, but what does this mean?

Most women, up to nine in 10 (90%), experience a graze, tear or episiotomy during the delivery of their first child to some extent during childbirth.

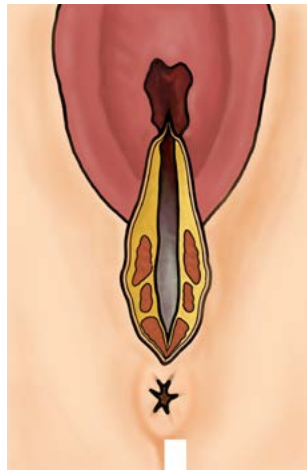
Most tears occur in the perineum (the area between the vaginal opening and the back passage). The tear may be:

- **First-degree tear** - small tears to the skin which usually heal naturally.
- **Second-degree tear** - deeper tears affecting the muscle as well as the skin, these usually require stitches.

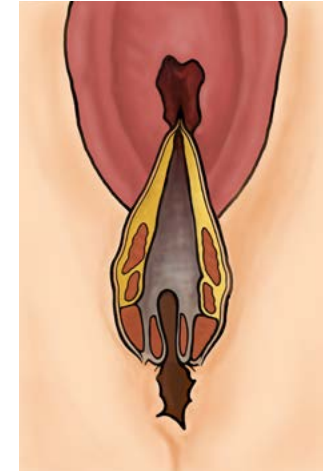
For some women with a tear, up to 6 in 100 (6%), the tear may be more extensive.

### *This may be:*

- **A third-degree tear** extending downwards from the vaginal wall and perineum to the anal sphincter (the muscle that controls the back passage).



- **A fourth-degree tear** extending to the anal canal as well as the rectum (further into the back passage).



### **What is the difference between an episiotomy and a tear?**

An episiotomy is a cut made by a doctor or midwife through the vaginal wall and perineum to make more space to deliver the baby. A tear happens as the baby stretches the vagina during birth.

### **Could anything have been done to prevent it?**

A third or fourth-degree tear cannot be prevented in some situations because it cannot always be anticipated. Research has shown that, an episiotomy performed correctly and at the appropriate time, can reduce the risk of a sphincter injury with spontaneous vaginal deliveries as well as assisted deliveries. An episiotomy makes more space for the baby to be born, but it doesn't always prevent a third- or fourth-degree tear from occurring.

## What happens after birth?

Following delivery all women will have a detailed examination of the perineum and anus to assess the extent of perineal trauma. All third and fourth degree tears are repaired in theatre by a registrar or consultant under anaesthetic. This is usually an epidural or a regional spinal anaesthetic. In very rare circumstances a general anaesthetic has been required.

## What treatment will I be offered after surgery?

**Physiotherapy** - Start pelvic floor muscle exercises, once your catheter has been removed - see instructions later in this booklet

**Antibiotics** - You will be given intravenous antibiotics in theatre followed by a course of oral antibiotics, this is to reduce the risk of infection

**Pain-relieving medication** - You will be offered pain-relieving medication to help you to manage any pain or discomfort

**Laxatives** - You will be advised to take laxatives to make it easier and more comfortable to pass stools from your bowel

Initially, after birth, a catheter (tube) in your bladder will collect urine until you feel able to walk to the toilet. When the catheter is removed, you should have normal sensation to go to the toilet and have full control of your bladder.

None of the treatments offered will prevent you from breastfeeding.

*If you experience any of the following symptoms below, discuss this immediately with the midwife on the ward:*

- You cannot feel the need to go to the toilet
- You are not able to go to the toilet within 4 hours of the catheter coming out of your bladder
- You have leakage of the bladder
- You feel like you are not emptying the bladder properly

## What can I do to speed up healing of the tear?

Keep the area clean. Have a bath or a shower, at least once a day and change your sanitary pads regularly (wash your hands both before and after you do so). This will reduce the risk of infection.

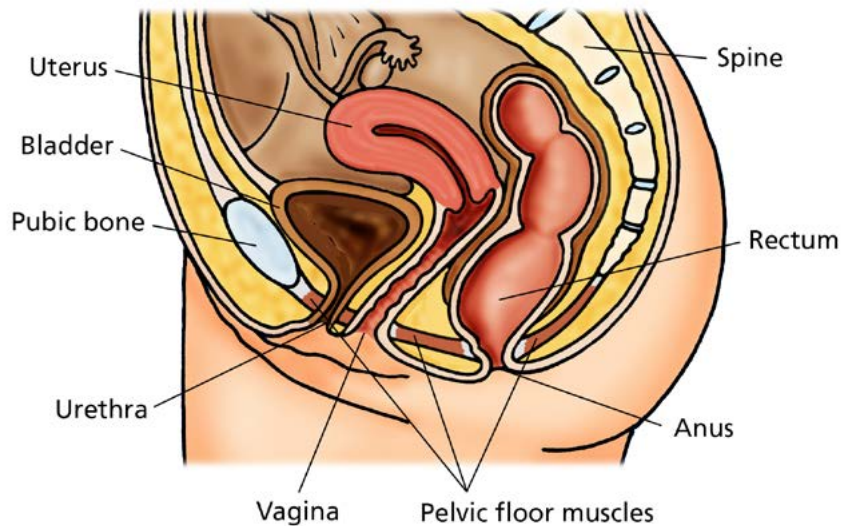
Drink at least 2-3 litres of water every day especially if you are breast feeding. Fizzy drinks and caffeine can irritate bladder symptoms. After the delivery of your baby it is normal to go to the toilet 4-6 times a day. You should also try to eat a healthy balanced diet (fruit, vegetables, cereals, wholemeal bread and pasta). This will ensure that your bowels open regularly and prevent you from becoming constipated and straining on the toilet. Try to keep your bowel motions soft without letting them become too loose to control. You may wish to support your perineum (over the stitches) with your hand and tissues when opening your bowels

Use an ice or gel pack wrapped in clean cloth on your perineum to help with swelling and discomfort. It is possible to burn with ice so check the area intermittently; use for 10 minutes, 3-4 times a day

- Avoid prolonged standing or sitting in one place as this may cause the area to throb and ache. Make sure you pace your activities throughout the day
- Do pelvic floor exercises as soon as you can after the catheter is removed, this will increase the circulation of blood to the area and aid the healing process. Start with gentle pelvic floor exercises and build up as able

## Pelvic Floor Muscles

These muscles sit at the bottom of your pelvis.



### What do the Pelvic Floor Muscles do?

- They help to support the bladder, womb and bowels, and the front passage (urethra), vagina and back passage (anus).
- This support helps to prevent incontinence or prolapse.

- Good support and pelvic floor muscle strength can increase pleasure for both partners during sexual intercourse.
- They support the pelvic bones and work with the deep abdominal muscles to help protect the spine.

## Doing Pelvic Floor Muscle exercises

There are two types, it helps to do both.

### Type I - Squeeze and hold

This can be done in any position. It is easier to start in a lying or sitting position and do it in a standing position when the muscle feels stronger

Squeeze around the back passage as if trying to stop wind escaping, at the same time squeeze in front as if trying to stop the flow of urine

You should feel a squeeze and lift, a drawing up feeling inside - this is a pelvic floor muscle contraction

Hold this squeeze and lift for a few seconds (up to 10), then relax and repeat a few times (up to 10)

### Type II - Quick contractions

Do the same squeeze and lift but relax immediately. Repeat up to 10 times

Allow a few seconds for the muscles to completely relax in-between contractions

Use 'the knack' technique - squeeze your pelvic floor muscle with coughing, sneezing or lifting your baby

## Your Individual Exercise programme

### How long can you hold the contraction?

(up to 10 secs) .....

How many times can you repeat it? (up to 10) .....

How many quick ones can you do? (up to 10) .....

### *Do this 3 - 4 times a day.*

There are phone apps available to help you remember to do your exercises e.g. Squeezy, Kegel Kat.

## What are the long-term effects of a Third- or Fourth-Degree Tear?

A majority of women make a good recovery, particularly if the tear is recognised and repaired at the time. 6-8 in 10 women will have no lasting complications after it has been repaired and given time to heal.

### *During recovery, some women may experience:*

#### **Pain or soreness in the perineum**

A feeling that they need to rush to the toilet to open their bowels urgently.

#### **Fear about future pregnancy and birth**

Fears and apprehension about having sex (many women worry about this even if they have not had a third- or fourth-degree tear.)

Anal incontinence is a recognised complication of 3rd or 4th degree tears in spite of repair and good healing.

### *Contact your midwife or GP if:*

- Your stitches become more painful or smell offensive - these may be signs of an infection.

### *Contact your physiotherapist if:*

- You cannot control your bowels or flatus (passing wind)
- You feel a need to rush to the toilet to open your bowels
- You cannot control your bladder
- You have to rush to pass urine
- You feel like you are not emptying your bladder
- You have any other worries or concerns.

Physiotherapy: **(0113) 206 6252** (Mon - Fri 8.00 am - 4.00 pm)

## Your follow-up appointment

You will be contacted by letter, by the physiotherapy department to check for any symptoms with the bladder, bowel or perineum. If you have any symptoms, you will be offered an appointment to attend for treatment. If you are having symptoms and need advice or treatment before this, please contact us on **(0113) 206 6252**.

At around 10 - 12 weeks after giving birth, you will also be offered a perineal clinic appointment with the doctor at St. James's University Hospital. You will be asked questions specifically about your bladder and bowel functions.

This appointment offers you the opportunity to discuss your birth, and any symptoms or concerns that you may have such as sexual intercourse.

## Can I have a vaginal birth in the future?

This depends on a number of factors and will be discussed with you at your perineal clinic appointment. If all heals well and you have no problems, we would usually recommend a normal birth next time.

## Mental Health

Having a third or fourth degree tear can be very distressing and disturbing for women, their partners and their families. There is additional support available if you feel your mental health has been affected by your birth experience, or the effects of a tear. If you have can any concerns regarding this please discuss this with your midwife or GP.

## Acknowledgement

This information is based on the Royal College of Obstetrics and Gynaecologists (RCOG) information for patients. A third- or fourth-degree tear during pregnancy: Published by the RCOG in June 2015.

*You can find this online at:*

<https://www.rcog.org.uk/en/patients/patient-le>

## A space for your notes or questions...

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



## What did you think of your care?

Scan the QR code or visit [bit.ly/nhsleedsfft](https://bit.ly/nhsleedsfft)

*Your views matter*



© The Leeds Teaching Hospitals NHS Trust • 2nd edition (Ver 1)  
Developed by: Jenna Reuthe, Physiotherapist  
Produced by: Medical Illustration Services • MID code: 20201113\_003/JG

LN004975  
Publication date  
03/2021  
Review date  
03/2023