



Third or Fourth Degree Perineal Tear

Patient information Leaflet

August 2019

You have been given this leaflet because you have had a perineal tear which involves the muscle or the lining of your anus (back passage). This sort of tear is called a 3rd or 4th degree tear.

This leaflet explains

- what has happened
- how to help yourself now and in the future
- what to expect at your follow-up appointments

What is a perineal tear?

Most women, up to nine in ten (90%), tear to some extent during childbirth.

Most tears occur in the perineum, the area between the vaginal opening and the anus (back passage). They may be:

- **First degree tears** – small, skin-deep tears.
- **Second degree tears** – deeper tears affecting the muscle of the perineum

For some women, the tear may be more extensive. This is slightly more common with a first vaginal birth, occurring in 6 in 100 women, compared with 2 in 100 women who have had a vaginal birth previously.

The tear may be:

- **Third degree tear** involving the vaginal wall, perineum and anal sphincter (the muscle that controls the back passage).
- **Fourth degree tear** involving the vaginal wall, perineum, anal sphincter and also involve the lining of the back passage.

What is the difference between an episiotomy and a tear?

An episiotomy is a cut made 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.

Why did I tear?

For many women there is no clear reason for their tear. The risk of tearing can be increased when;

- this is your first vaginal birth
- you are South Asian origin
- there is a very long second stage of labour (pushing stage)
- you have an assisted delivery (need forceps or ventouse)
- one of the baby's shoulders gets stuck behind your pubic bone (shoulder dystocia)
- you have a large baby (more than 4kg / 8lb 13oz)
- you have had a 3rd or 4th degree tear before

Could anything have been done to prevent it?

A third- or fourth-degree tear cannot be prevented in most situations..

What treatment will I be offered after surgery?

- **Antibiotics**
You will have been given one dose of antibiotics during the repair of the tear. You may be advised to take a further 3-day course of antibiotics.

- **Pain-relieving drugs**
You will be offered pain-relieving drugs such as paracetamol, ibuprofen and diclofenac help with any pain.
- **Laxatives**
You will be advised to take a 10-14 day course of laxatives to make it easier and more comfortable to open your bowels.

A drip in your arm will give you fluids until you feel able to eat and drink. A catheter (tube) in your bladder will collect urine until you feel able to walk to the toilet.

None of the treatments offered will prevent you from breastfeeding.

Once your stitches have been checked to see that they are healing properly, you should be able to go home.

A doctor will see you after the surgery, before you are discharged home, to answer any questions that you may have.

How can I help myself?

- Take regular pain relief tablets. It is important to take these regularly to keep your pain controlled. Your midwife will help you with this.
- Start gentle pelvic floor muscle exercises when your catheter has been removed, and you can pass urine normally. These are safe to start today, even if you have stitches.
- Try to keep mobile.
- You can use a shower or bath to wash as usual. You should clean your perineum (area between the vagina and back passage) with lukewarm water each time you use the toilet. You can use a jug to pour water over your perineum while you sit on the toilet. Some women prefer to use the shower attachment or a bidet. Dry the area carefully using an ordinary towel or dry flannel. Keep a special towel for this area and change it daily. You could use a disposable cloth or a sanitary towel to dry yourself instead.
- Make sure you change your sanitary towel regularly, at least four times per day (wash your hands both before and after you do so).
- It is important that you avoid constipation after a 3rd or 4th degree tear. You will be given laxatives to take for two weeks to help with this.
- Drink 2-3 litres of fluid each day
- Eat a healthy balanced diet
- Don't delay if you have the urge to empty your bowel

Will I have any long-term problems?

Most women make a good recovery, particularly if the tear is recognised and repaired at the time. 6 to 8 in 10 women will have no symptoms a year after birth. If you do have any symptoms, most of these will resolve with physiotherapy.

During recovery, some women may have:

- pain or soreness in the perineum, particularly when walking or sitting
- passing urine can cause stinging
- fears and apprehension about having sex – many women worry about this even if they have not had a third- or fourth-degree tear
- a feeling that they need to rush to the toilet to open their bowels urgently
- fear about future pregnancy and birth.

Very rarely, you may have a fistula (hole) between your anus and vagina after the tear has healed. This can be repaired by further surgery.

Contact your midwife or general practitioner if:

- Your stitches become more painful or smell offensive – these may be signs of an infection
- Increased pain
- You cannot control your bowels or flatus (passing wind)
- You feel a need to rush to the toilet to open your bowels

When can I have intercourse?

You are advised to wait to have sexual intercourse until your tear has healed and bleeding has stopped. This may take several weeks

Some women find that they need to use a vaginal lubricant to make sex more comfortable.

Will I be able to have a normal delivery next time?

Most women go on to have a straightforward birth after a third- or fourth-degree tear.

However, there is an increased risk of this happening again in a future pregnancy. Between 5 and 7 in 100 women who have had a third- or fourth-degree tear will have a similar tear in a future pregnancy.

You may wish to consider a vaginal delivery if you have recovered well and do not have any symptoms. If you continue to experience symptoms from the third- or fourth-degree tear, you may wish to consider a planned caesarean section.

You will be able to discuss your options for future births at your follow-up appointment or early in your next pregnancy. Your individual circumstances and preferences will be taken into account.

Your follow-up appointment

You will be sent a follow up hospital appointment between 6-12 weeks after you have given birth. This is to ensure that your tear has healed well, and to discuss future deliveries.

You will be asked questions specifically about your urine, bowel functions and sexual intercourse. If you are having symptoms, the doctors can advise you and make any necessary referrals.

Sometimes it may be helpful to write down any questions you would like to ask the doctor about your delivery, before your visit. This makes it easier for you to remember everything.

If There Is A Problem

If you experience any problems before your hospital appointment, you should discuss these with your midwife, health visitor, physiotherapist or GP.

Other Useful Contacts of Information

NHS Direct 0845 46 47

Patient Information Centre 0161 922 5332

Source Of Good Practice

RCOG.ORG.uk/repair-third-and-fourth-degree-perineal-tears-following-childbirth June 2015

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

आपनि यदि এই তথ্য পড়তে বা বুঝতে না পারেন, তাহলে অনুগ্রহ করে এখনিক হেল্প লাইন টিমের সাথে টেলিফোনে যোগাযোগ করুন 0161 331 5149/5150 এই নাম্বারে, তখন তারা আপনাকে সাহায্য করতে পারবে।

જો આપ આ માહિતી વાંચી કે વાંચવા માટે મુશ્કેલી પડી હોય, અથવા કોઈપણ પ્રશ્ન હોય તો 0161 331 5149/5150 નંબર પર સંપર્ક માટે તેઓ આપને જરૂર મદદ કરશે.

اگر یہ معلومات پڑھ نہیں سکتے ہیں یا آپ کو اس کی سمجھ نہیں آتی ہے تو براہ مہربانی آٹھنک ہیلپ لائن ٹیم کے ساتھ ٹیلی فون نمبر 0161 331 5149/5150 پر رابطہ کریں تو وہ آپ کی مدد کر سکیں گے۔

Document control information

Author: Dr S Salleh/Sr J. Evans
Update: Dr V Hall & Sarah McManus
Division/Department: Maternity
Date Created: November 2009
Review Date August 2019