

3rd and 4th degree perineal tears after vaginal delivery

Information and advice for patients

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What are 3rd and 4th degree perineal tears?

A perineal tear is a tear between the vagina and the anus (back passage). A 3rd degree perineal tear is a tear involving the muscles around the anus (anal sphincter). These muscles help to control the passage of wind and stools (poo) from your anus. A 4th degree tear is a tear that also involves the skin lining the anal canal.

Less than 5 in 100 women who have a vaginal birth will have a 3rd or 4th degree tear.

What causes 3rd and 4th degree perineal tears?

In a lot of cases it is not possible to say why a tear occurred, but you are more at risk of a tear if:

- this is your first vaginal birth
- the baby is in an unusual position
- the birth is very quick
- forceps are used to help with delivery
- your baby weighs more than 4kg (8½ lbs)

Although we know these things can increase the risk of a tear, in most cases we are unable to do anything to prevent them from occurring.

How are 3rd and 4th degree tears diagnosed?

After giving birth you will be examined by your midwife or doctor who will check for any tears. This examination is carried out gently but you will be able to use gas and air or have a local anaesthetic if needed. If your midwife or doctor suspects a 3rd or 4th degree tear you will be examined in theatre with a spinal anaesthetic; if you prefer to have a general anaesthetic (be put to sleep) you will be able to discuss if it is appropriate with the anaesthetic doctor.

How are 3rd and 4th degree tears treated?

3rd and 4th degree tears are repaired with surgery as soon as they have been diagnosed in theatre whilst you are still under the anaesthetic.

What are the benefits of the surgery?

The benefit of having the tear repaired is that you will avoid the complications of a tear. These complications are difficulty in controlling wind and stools (poo).

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What are the risks of the surgery?

The risks of the procedure are:

- The area could become infected which could lead to the repair breaking down.
- 1 – 4 in 100 women will still have problems in the control of passing wind and stools after the repair.

There are also risks involved in having an anaesthetic which you can discuss with the anaesthetist and find more information on from the Royal College of Anaesthetists website.

What are the risks of not having a 3rd or 4th degree tear repaired?

If you do not have the tear repaired you will have difficulty in the control of passing wind and stools.

Are there any alternatives treatments?

There are no other treatments to repair a 3rd or 4th degree tear.

After the repair

You will be given antibiotics during the repair which you will need to take for the next 5 days to reduce the risk of developing an infection. You will also be given painkillers to take if you have any discomfort.

It is important that you avoid getting constipated after the operation as it may cause the repair to breakdown if you strain. To help prevent this you will be given a stool softener (Lactulose 15 mls twice daily) for 10 days which you can increase to 3 times a day if needed, or reduce it if your stools are soft and you do not need to strain too much.

Going home

You will be able to go home from hospital when your midwife/doctor have examined you and feel it is safe for you to do so.

It usually takes around 12 weeks for a 3rd or 4th degree tear to heal properly and most women make a good recovery, without any long-term problems. The stitches that are used to repair the tear are dissolvable so will not need to be removed.

It is normal for you to experience pain and soreness in your vagina and perineum during your recovery, and some slight bleeding from the area. Taking painkillers such as paracetamol as instructed on the packet can help to relieve the pain.

You may also experience some leakage of faeces (poo) or uncontrolled passage of wind for the first day or 2, but this is rare and if it continues after this time please speak to your midwife.

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You can have sex whenever you feel ready, although some women prefer to wait until after their follow-up appointment. You can go back to sport, swimming and driving when you feel able, you are no longer in pain and your symptoms are improving.

It is important to keep the area clean by having regular baths or showers and changing sanitary towels every 2 – 3 hours, to reduce the risk of infection. Please do not use any soaps or bubble baths etc on the area until it has healed.

Pelvic floor exercises can also help healing as they help improve the tone and strength of the muscles so do them regularly.

Follow-up

When you go home you will be sent a follow-up appointment for 8 - 12 weeks after the birth of your baby so that the consultant can check how well you are healing and identify any problems.

Symptoms to report

Please contact the antenatal clinic to arrange an appointment with a consultant if your pain or your control of wind and stools becomes worse.

If you have a sudden gush of foul smelling discharge please contact triage in Maternity.

Future pregnancies

Most women have no long term problems following their tear and can have a vaginal birth in the future, although some women may be offered a caesarean section if they have any on-going symptoms as a result of the tear.

Contact details

If you have any questions or concerns about your tear after being discharged home, please contact us on one of the following numbers:

Antenatal Clinic

0121 507 4386 (Monday – Friday)

Labour ward

0121 547 4703 (open 24 hours)

Triage

0121 547 4181 (open 24 hours)

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Further information

For more information about our hospitals and services please see our website:

Sandwell and West Birmingham Hospitals NHS Trust

www.swbh.nhs.uk

Further information about pregnancy, labour and birth can be found on the maternity pages of the site.

For more information about anaesthetics:

Royal College of Anaesthetists

www.rcoa.ac.uk/patients

Sources used for the information in this leaflet

Royal College of Obstetricians and Gynaecologists, Green Top Guidelines 29: 'The management of third and fourth degree perineal tears', 2007

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email: swb-tr.swbh-gm-patient-information@nhs.net



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