

Third and fourth degree perineal tear

Information for patients

This leaflet is intended to provide information about perineal tears and specifically, third or fourth degree tears.

What is perineal tear?

The perineum is an area of skin and muscle between the vagina and anus. When a baby is born its head stretches the opening of the vagina and this can cause the perineum to tear. If it is a very tight stretch, sometimes a deliberate cut is made through the vaginal wall and the perineum to help the baby's delivery. This is called an episiotomy. However, occasionally further stretching can cause the episiotomy to tear.

Most women, about eight or nine out of ten (80-90%), tear to some extent during childbirth. Perineal tears can vary in severity:

- **First degree tears:** small, skin deep tears which heal naturally
- **Second degree tears:** deeper tears affecting the muscle of the perineum and the skin. These usually require stitches.

Some women, between one and nine out of a hundred (one to nine per cent), tear more extensively. This may be a:

- **Third degree tear** extending downwards from the vaginal wall and perineum to the anal sphincter (the muscle that controls the anus).
- **Fourth degree tear** extending to the anal canal as well as the rectum (further into the anus).

Around one to two per cent of all vaginal deliveries result in ‘obstetric anal sphincter’ injury, i.e. third or fourth degree tears.

Third and fourth degree tears

Can third or fourth degree tears be predicted?

It is not possible to predict or prevent these types of tears. However, although they are uncommon; they are a recognised complication of vaginal deliveries.

The following factors may indicate an increased risk of a third degree tear:

- If the baby’s birth weight is over 4kg
- If the baby is facing the same direction as the mother during labour, the baby’s spine lying alongside the mother’s spine; this can lengthen the first and second stage of labour
- If this is your first baby (although the majority of first time vaginal births do not result in third or fourth degree tears)
- If you needed help to get labour started (induction of labour)
- If you are having an assisted vaginal delivery (forceps or ventouse)
- If one of your baby’s shoulders becomes stuck behind your pubic bone (shoulder dystocia)

Could anything have been done to prevent it?

A third or fourth degree tear cannot be prevented in most situations because it cannot be anticipated.

Research has shown that although an episiotomy makes more space for the baby to be born, it does not prevent a third or fourth degree tear from occurring.

What happens after the birth?

After delivery of your baby, if the midwife/doctor suspects you have a third or fourth degree perineal tear then you will be examined carefully. If their suspicion proves to be correct you will be taken to the theatre where it will be repaired under either epidural (if you already have one) or spinal anaesthesia. Occasionally the repair will be performed while you are under general anaesthetic.

Who carries out the repair?

Third and fourth degree tears are repaired by an experienced doctor, usually a registrar or consultant. All repairs are carried out as soon as possible after delivery, to reduce the risk of complications, including blood loss.

What treatment will I be offered after surgery?

You will be provided with fluids through a drip in your arm 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.

- **Antibiotics**

Because the stitches are very close to the anus, you will be offered a five day course of antibiotics to reduce the risk of infection.

- **Pain-relieving drugs**

You will be offered pain-relieving drugs such as paracetamol, ibuprofen or diclofenac to relieve any pain.

- **Laxatives**

You will be offered laxatives (Lactulose) which will make it easier and more comfortable to open your bowels.

None of the treatments offered will prevent you from breastfeeding.

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

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

- Keep the area clean to reduce the risk of infection. Have a bath or, preferably, a shower, at least once a day. Change your sanitary pads regularly, ensuring you wash your hands both before and after.
- Drink at least two to three litres of water every day and eat a healthy balanced diet including fruit, vegetables, cereals, wholemeal bread, pasta, meat, fish and pulses. This will ensure your bowels open regularly and prevent you from becoming constipated.
- Do pelvic floor exercises as soon as you can after birth; you will be given advice and written information on how to do these. This will increase the circulation of blood to the area and aid the healing process. If needed, a physiotherapy appointment will be arranged.

What are the long-term effects of a third or fourth degree tear?

Most women make a good recovery, particularly if the tear is recognised and repaired at the time. However, during recovery some women may have:

- pain or soreness in the perineum
- fears and apprehension about having sex
- a feeling that they need to rush to the toilet to open their bowels urgently
- faecal incontinence (which can include wind/flatulence, and liquid or solid faeces). When a fourth degree tear has occurred there is a one in four (25%) risk of developing faecal incontinence.

It is difficult to say exactly how long these effects may last; however, please be reassured that any concerns can be discussed at your follow up visit and any necessary steps, e.g. further follow up/referral to other centres, will be taken.

Contact your midwife or GP if:

- your stitches become more painful or smell offensive; this may be a sign of infection
- you cannot control your bowels or flatus (passing wind)
- you have faecal urgency (feeling a need to rush to the toilet to open your bowels)
- you have any other worries or concerns

If you experience any of these problems within six weeks of the birth please contact the midwives on the numbers provided:

The Tunbridge Wells Hospital at Pembury

Maternity Triage

 01892 633500

 01892 633503

or alternatively:

Midwifery Liaison Office (weekdays only)

 01892 633488

 01892 638158

If problems are experienced after six weeks you should contact your GP.

Returning to normal activities

After four to six weeks most women will be able to return to all their normal activities and should no longer be experiencing any pain from the repaired tear. Sexual intercourse can usually be resumed after four weeks, whenever you feel ready.

Your follow-up appointment

You will be offered a follow-up appointment six to twelve weeks after birth. You may have an examination and your obstetrician will check that your stitches have healed properly. You will be asked questions specifically about your urine and bowel functions. If there are any complications you may be referred to a specialist for further assessment.

This appointment also offers you the opportunity to discuss any concerns that you may have. If you have concerns about symptoms you are experiencing before this follow up appointment, you should make an appointment to see your GP.

Can you still have a vaginal birth in the future?

This depends on a number of factors; your obstetrician will discuss these with you at your follow-up appointment or in your next pregnancy.

If you become pregnant again, you will have an appointment in the consultant clinic for antenatal assessment and counselling, and to discuss the method of delivery.

If the tear has healed completely and you do not have any symptoms, then you may be able to have a vaginal birth next time or alternatively, an elective caesarean section may be considered. This will be reviewed on an individual basis in future pregnancies.

This information leaflet is based on what we practice in the Maidstone and Tunbridge Wells NHS Trust and on our guideline, the Royal College of Obstetricians and Gynaecologists guideline, the Mayday Hospital guideline and their leaflet on the management of third and fourth degree perineal tear.



Please use this space to write any notes or questions you may have.



Further information and advice can be obtained from:

Mayday Urogynaecology & Pelvic Floor Reconstruction Unit

The website is produced by specialists at Mayday University Hospital and offers information for patients.

Web: www.perineum.net

Royal College of Obstetricians and Gynaecologists
Information for patients.

Web: www.rcog.org.uk/womens-health/guidelines




The Medicines Helpline  01892 634216
9.00am to 5.00pm Monday to Friday

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the PALS Team. We will do our best to arrange this.

Patient Advice and Liaison Service (PALS)

If you would like to raise any concerns, make comments and suggestions or require information on Trust services, you can contact **PALS**. Office opening times are Monday to Friday 10.00am to 4.00pm. Both offices offer a 24 hour answering machine. Messages will be responded to within one working day, so please do leave a contact number.

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Issue date: August 2014
Database reference: RWF-OPLF-PWC45

Review date: August 2017
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