

Physiotherapy following a grade 3 or 4 perineal tear

What is a third or fourth degree tear?

A third or fourth degree tear is a tear of the vaginal skin and the muscles between the vagina and anus. If the tear extends into the muscle surrounding the anus it is called a third degree tear and this is further categorised according to the depth of the tear. A fourth degree tear is a tear which extends into the inside of the anus. They are also called Obstetric anal sphincter injuries (OASIS).

Approximately 3% of all deliveries will result in a third or fourth degree tear in the UK. With approximately 6% of first deliveries resulting in a third or fourth degree tear.

Factors that may increase the risk of having a third or fourth degree tear include a prolonged second stage of labour, the birth weight of the baby exceeding 4 kilograms, requiring assistance with ventouse or forceps during labour and the babies position during delivery such as a 'back to back' presentation. However, often there is no specific reason identified.

How is the tear treated?

The tear will be repaired in theatre under spinal anaesthetic or epidural. These stitches will dissolve. You will be given antibiotics after the repair and a catheter will remain in your bladder until the anaesthetic has worn off. You will also be given laxatives on the ward after the repair to keep your stool soft while the tissues heal.

What will happen afterwards?

A pelvic health physiotherapist will see you on the ward (Mon-Fri) team will see you on the ward to teach you pelvic floor exercises (see below) and give you advice on bowel emptying techniques (see below), avoiding heavy lifting, supporting your undercarriage when you cough or sneeze (see below) and improving your posture.

Pelvic floor exercises

It is important that your pelvic floor exercises are all done within a range of comfort. Sit or lie comfortably with your legs slightly apart. Imagine that you are trying to stop yourself from passing wind. Once you feel the back passage drawing in, try and work this feeling forward into the vagina, imagine you are trying to stop the flow of urine. This feeling of 'squeezing and lifting' internally is called the basic pelvic floor contraction.

- Do not tighten your buttocks/ thighs or hold your breath as you work the pelvic floor muscles
- Ensure the muscles 'let go' or relax fully when you stop tightening
- Try and do some exercises every time you feed your baby.

One set of pelvic floor exercises should include both of the exercises below:

Long squeezes

Tighten your pelvic floor muscles, hold them as tightly as you can for 3 to 5 seconds, then release and let them fully relax for 3 to 5 seconds.

Repeat this squeeze and relax sequence 5 times or until you feel the muscles tire.

Short squeezes

Pull up the pelvic floor muscles quickly and tightly, then immediately let go fully. Repeat 5 to 10 times.

Abdominal recruitment

You may feel your lower abdominal muscles contract when you lift up your pelvic floor muscles. This is normal as these muscles often work together.

Progression

Build up your exercises gradually you should notice an improvement within 3 months. Missing days will delay your improvement.

Remembering the exercises is often the most difficult part! Try a reminder on your phone or one of the pelvic floor exerciser apps on the market, such as the 'Squeezy' app. Try associating them with an activity such as feeding your baby. It is important **not** to exercise the pelvic floor whilst actually passing urine or if you have a catheter in situ.

Decreasing the strain on your pelvic floor

Avoid unnecessary strain such as heavy pushing, pulling or lifting. Tighten your pelvic floor muscles as you engage in activities which increase pressure on your pelvic floor such as lifting, coughing and sneezing.

It is important to avoid constipation and straining. Straining puts pressure onto the pelvic floor and over time will weaken vaginal tissues. Ensure that you have a balanced diet and drink adequate fluids. The following tips may be helpful in avoiding straining.

Sit comfortably on the toilet with your legs slightly apart. Check that your knees are higher than your hips. A foot stool or large book to put your feet on may help especially if your toilet seat is high. Rest your elbows on your knees. Relax your jaw. As you relax your pelvic floor to open your bowels relax your abdominal wall and make a gentle effort to widen your waist.

What will happen after leaving the hospital?

After you have left the hospital you will receive a letter inviting you to a physiotherapy appointment. This will be between 6 and 12 weeks after your delivery date. At this appointment you will be asked about your delivery and the bowel or bladder symptoms that you might have.

You will be examined to make sure the muscles have healed properly and assess your pelvic floor muscle function and strength. This will allow a more specific pelvic floor exercise programme to be set to ensure the muscle function continues to improve.

In addition to this you will receive a letter inviting you to an appointment at Bexhill Hospital for a scan of the entrance of the anus. This allows the doctor to confirm that the anal muscles have healed together. This scan may be slightly uncomfortable but it should not be painful.

Sources of information

Royal College of Obstetricians and Gynaecologists (2015) Guidelines for the management of third and fourth degree tears. International Urogynaecological Association. Pelvic, Obstetric and Gynaecological Physiotherapy Courses and Publications.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4500 Ext: 135860 or by email: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Ext: 138352

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

Pelvic Health Physiotherapy Department

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Responsible clinician/author: Pelvic Health Physiotherapy Team

Directorate: OOH

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