

### Further sources of information

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

### Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net). This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email [sfh-tr.patientinformation@nhs.net](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

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## INFORMATION FOR PATIENTS

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# Physiotherapy advice following your third or fourth degree perineal tear

Please use this space for any notes you may wish to take

## What happens now?

You will be seen by a specialist women's health physiotherapist in the next 3-4 weeks to check how you are healing, discuss any concerns and commence regular pelvic floor exercises to minimise the risk of long term effects. Information on when this will be and where will be provided by your physiotherapist either on the ward or via post.

You will also be seen by an obstetrician in around 12 weeks time. This will allow you to discuss any concerns you may have regarding symptoms, returning to everyday life or future births.

## Further information

**For further information or advice, the following resources may be helpful:**

- Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) <http://pogp.csp.org.uk/>
- Royal College of Obstetricians and Gynaecologists website <https://www.rcog.org.uk/>

**Or contact your women's health team on 01623 672384.**

## Physiotherapy appointment

**Date:**

**Time:**

**Physiotherapist:**

**Location:**

## What is a third/fourth degree tear?

Most women will tear to some degree during childbirth. The tear happens in the perineum, which is the area between the vaginal opening and back passage.

A third degree tear runs from the vagina to the back passage and affects the outer and sometimes inner part of the muscle that controls the anus (anal sphincter).

A fourth degree tear affects the outer and inner part of the anal sphincter and also continues into the lining of the back passage (rectum).

## What happens afterwards?

The perineum will have been repaired in theatre with dissolvable stitches which usually dissolve within a few weeks.

You may notice some stitch material coming away or may feel irritated as the healing process occurs.

You will be offered:

- Pain relief.
- Antibiotics- which you are advised to take a 7-10 day course to minimise the risk of infection.
- Laxatives (lactulose) - to make it easier and more comfortable to open your bowels.

## Short term effects

After a third or fourth degree tear it is normal to develop some mild urinary or bowel symptoms, these usually settle as you begin to heal. Below is a list of these possible symptoms:

- Difficulty in controlling wind.
- Bladder and/or bowel urgency.
- Small amounts of stool streaking in underwear.

## Long term effects

After a third or fourth degree tear you are at an increased risk of developing more longer term problems such as the following:

- Vaginal wall prolapse- this is where the uterus (womb), bladder or bowel descends downwards towards the vaginal opening.
- Faecal incontinence- this can be anything from the inability to control wind to bowel motions.

Appropriate follow up with your physiotherapist and obstetrician can help to reduce the risk of these problems occurring. Should you experience any of the above symptoms ensure you discuss these at your follow up appointments.

## Sexual intercourse

In the weeks after having a baby, many women feel sore, whether they have had a perineal tear or not. Following a third or fourth degree tear, returning to intercourse can be uncomfortable for longer.

It is advised you wait until you have stopped bleeding and the tear has healed. This may take several weeks but after that you can start having intercourse when is right for you.

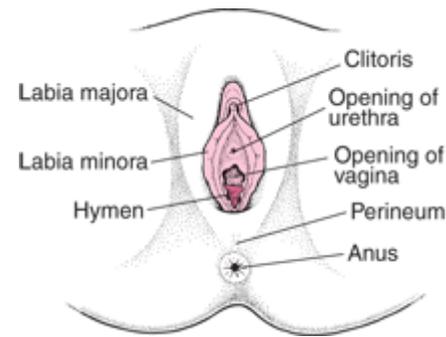
A small number of women have difficulty having sex and continue to find it painful. If this is the case you may find it helpful to use a lubricant or discuss with your physiotherapist or obstetrician.

## Is there anything I should look for?

Contact your midwife or GP if you have any of the following:

- Increased pain, redness or swelling in the perineal area.
- Any offensive discharge.
- Difficulty in controlling your bladder or bowels, to the point where you are not making it to the toilet in time.
- Any other concerns you may have.

## Perineal care



The perineum is the area of skin between the vaginal opening and back passage (anus). This area is often the cause of discomfort initially after you have had your baby.

### Pain management:

- Ice/cool packs for 15-20 minutes up to 6 times a day for at least the first 72 hours. This can help to reduce both pain and swelling and encourage the healing process.
- Sitting with pillows under thighs to raise the perineum can help to offload and create a more comfortable position, particularly when feeding baby.

### Hygiene

Keeping the perineal area clean after birth is very important, especially in minimising the risk of infection:

- Ensure sanitary pads are changed regularly.
- Ensure good hand hygiene, before and after toileting.
- Have a bath or shower at least once daily and pat dry or allow to dry naturally afterwards.

## Bladder and bowel care

Maintaining a healthy bladder and bowel is important after birth to avoid straining and ensure the bladder behaves normally after catheter removal.

- Keep well hydrated - we recommend around 2 litres of fluids a day.
- Avoid large volumes of caffeine, fizzy drinks or citrus juices as these can irritate your bladder.
- Eat a healthy well-balanced diet, particularly high in fibre.
- Regularly move around to encourage bowel movements.
- Do not ignore the urge to open your bowels.
- Take your time and try to relax.

### Correct toileting position:

- Sit leaning forwards from your hips so that your elbows rest on your knees.
- A footstool (or something similar) may help to position your knees above your hips.
- To empty your bladder or bowel, gently relax your abdomen and breathe out.
- You may find it helpful to support your perineum with a your hand using a clean sanitary pad.



## General advice

### Walking

This is a great form of exercise to gradually increase your fitness after having your baby.

In the first two weeks afterwards it is important to give your body time to rest and heal; therefore keep active but ensure regular rest breaks.

After the first two weeks you can start to increase how much you walk gradually.

Most importantly listen to your body, not everyone heals and recovers at the same rate so take your time.

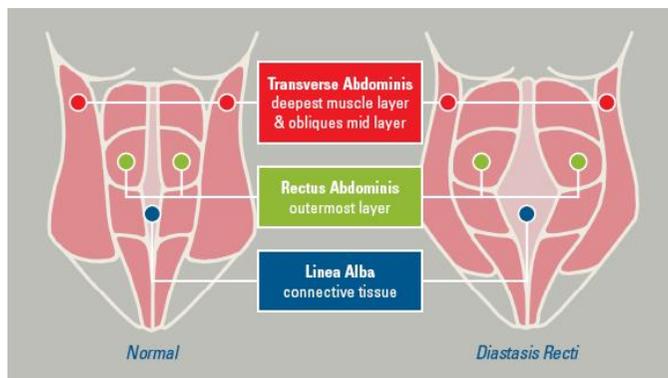
## Back care

It is important to protect your back during the initial postnatal period as you are more prone to injury due to joint laxity and weakened abdominal and pelvic floor muscles:

- Avoid lifting anything heavier than your baby for the first 6 weeks after birth.
- Be cautious with heavier lifting for up to 6 months.
- Ensure you bend your knees, keep your back straight, tighten your pelvic floor and abdominal muscles and keep objects close whenever lifting.
- Make sure surfaces are of a good height, e.g. when changing baby.
- Use pillows to support when feeding your baby to allow for good posture and reduced strain.

## Abdominal muscles

During pregnancy a combination of factors such as hormonal changes and abdominal muscles stretching as your baby grows can lead to a separation of the abdominal muscles called a diastasis recti.



Your physiotherapist will assess for this abdominal stretch either whilst you are on the ward or at your first outpatient appointment. They will then tailor your exercises accordingly and provide any further advice.

### Deep abdominal muscle activation

Once you feel comfortable the exercise below will start to encourage strengthening of the abdominal muscles:



- Take a deep breath in.
- As you breathe out draw your abdominal muscles in towards the spine, tilting your pelvis.
- Hold for 3-5 relaxed breaths.
- Repeat 5-10 times, up to 3 times a day.

## Deep breathing exercises

These exercises are important to improve your lung function after having your baby. During pregnancy your ability to take a deep breath reduces due to the expanding uterus causing your diaphragm to raise. As you are unlikely to mobilise as you would normally to begin with after birth, the likelihood of you naturally taking deep breaths is reduced, therefore regular exercises can help this return to normal:

- Take in a deep breath through your nose, ensuring air reaches the bottom of your lungs, and slowly release the breath out through the mouth.
- We suggest you repeat this 5 times up to twice a day for around 8 weeks after birth or until you are mobilising normally.

## Circulation exercises

After the birth of your baby you are at an increased risk of developing a deep vein thrombosis (blood clot) in your legs, for the first six weeks, especially if mobility is limited.

The exercises below can help to minimise this risk and also manage swelling:

- Circle your feet.
- Bend and straighten one knee at a time.
- Press the backs of your knees into the bed when legs straight.
- Avoid crossing your legs.
- Repeat regularly for the first 6 weeks after birth or until you are mobilising normally.

## What is the pelvic floor?

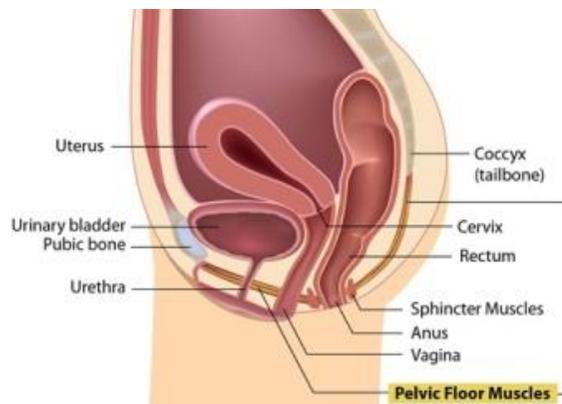
The pelvic floor muscles lie deep in the pelvis attaching from the front pubic bone to your tailbone at the back, therefore creating a hammock like support.

The muscles have 3 main functions:

- Supporting the pelvic organs and assisting in stabilising the pelvis.
- Controlling bladder and bowel function.
- Sensation during sexual intercourse.

These muscles can become weak during pregnancy due to hormonal changes and the increased pressure from baby. Any form of perineal injury will weaken the muscles further.

It is very important to regain the strength in the pelvic floor muscles to ensure correct function and help to prevent any long term complications.



## Pelvic floor exercises

**Gentle** programme - start when comfortable and the catheter has been removed:

- Lie down on your back or side with knees bent.
- Gently tighten the muscles around your vagina and back passage (imagine you are stopping yourself from urinating or passing wind).
- Hold the squeeze for up to 3 seconds and slowly release. Repeat up to 6 times, less if the muscle feels fatigued.
- Repeat the muscle tightening, but this time without the hold and repeat up to 6 times.
- **Stop if you experience any pain.**

**Progression** — after a few days of completing the above and up to 3 weeks postnatal:

- Continue in lying or progress to sitting.
- Hold the squeeze for 3-6 seconds and slowly release. Repeat up to 10 times, less if the muscle feels fatigued.
- Repeat the muscle tightening without hold up to 10 times.

**Recovery program** - week 3 onwards postnatal:

- Continue in lying or progress to sitting.
- Hold the squeeze for up to 10 seconds and slowly release. Repeat up to 10 times, less if the muscle feels fatigued.
- Repeat the muscle tightening without hold up to 10 times.
- This program will vary once seen and assessed by your physiotherapist as they will tailor it to your pelvic floor strength.