



A guide to...

Perineal Tears and Episiotomy Advice

Patient Information

Watford General Hospital Hemel Hempstead Hospital St Albans City Hospital West Hertfordshire Therapy Unit



Perineal Tears

Many women tear to some extent during childbirth. Tears usually occur in the perineum, the area between the vagina and the anus (back passage).



Why did I tear?

It is not possible to predict or prevent these types of tears. The risk of having a tear can be increased when;

- This is your first vaginal birth
- You are of South Asian origin
- The second stage of labour is very long or very short (pushing stage)
- You have an assisted delivery (forceps or ventouse)
- The baby's shoulder gets stuck behind your pubic bone (shoulder dystocia)
- You have a large baby (more than 4kg / 8lb.13oz)
- You have had a previous third or fourth degree tear.

Perineal Tears

- **First degree tears** small skin tears which usually heal naturally.
- Second degree tears deeper tears affecting the muscles of the perineum as well as the skin which require stitches. Second degree tears do not usually cause long term problems.



For some women a deeper more extensive tear may occur. This may be:

- **A third-degree tear** involving the vaginal wall, perineum and the muscle that controls the back passage (the anal sphincter)
- **A fourth-degree tear** extends further and also involves the lining of the back passage
- **Third- and fourth-degree tears** are also known as obstetric anal sphincter injuries (OASIS)

Perineal Tears

Medication post third or fourth degree tears

You may be prescribed the following with third / fourth degree tears:

- Antibiotics you will receive a course of antibiotics to reduce risk of infection (because stitches are close to the anus) Complete the course once you have been discharged from hospital.
- Pain relieving drugs it is important that you take regular analgesia.
- Laxatives you will be advised to take laxatives to make it easier and more comfortable to open your bowels



• These medications are safe with breast feeding.

Scan the QR code to see a video with more information:

Episiotomy

An episiotomy is a cut or 'incision' that has been made through the vaginal wall to make more space for your baby to be delivered.

An episiotomy may be needed when you required assistance with your delivery (eg forceps or ventouse) or your baby's health may have been compromised during the labour.

What can I expect afterwards?

- Women who have a third or fourth degree tear will have stitches which repair the tear.
- It is normal to feel pain or soreness around the tear or cut for two to three weeks after giving birth.
- Passing urine may cause stinging.
- The stitches can irritate as healing takes place. They are dissolvable and do not need to be removed, although you may notice some stitch material fall out.
- After 6-12 weeks they should have disappeared, however it is possible that some may still be there at this time. If these tears are identified and managed properly most women with third or fourth degree tears recover well without any further problems.

Caring for all perineal injuries after repair

From day one:

- Take pain relief tablets regularly to keep your pain controlled. Your midwife will help you with this.
- Start gentle pelvic floor exercises, the squeezing action of the muscles will help increase circulation to the area thus relieve swelling and bruising. These are safe to start today, even if you have stitches.
- Ice can be used to relieve pain and swelling. Pour a small amount of water onto a fresh sanitary towel. Place in clean freezer bag and allow it to freeze in the freezer. Apply to your perineum (area between your vagina and back passage) for up to 10 minutes. To avoid an ice burn ensure there is a clean paper towel between the pad and your skin. Dispose of the sanitary towel after use.
- Keep mobile.
- Rest on your side if you find sitting uncomfortable, you can also feed your baby in this position.

Personal hygiene:

- Keep the area clean.
- Shower if possible rather than bath.
- Clean your perineum with warm water each time you use the toilet and pat dry the area carefully using an ordinary towel or dry flannel. Keep a special towel for this area and change it daily.
- Change sanitary pads regularly.
- Wash hands before and after.

Scan the QR codes for more information:







Bowel Care Advice

A "normal" bowel habit involves opening your bowels between once every three days and three times a day, without needing to "push" or "strain". Constipation can be caused by delaying the "urge to go", eating insufficient dietary fibre, drinking too little fluid, inadequate exercise or poor toileting habits.

- Constipation is when your stools become hard and dry, require "pushing" or "straining" to pass.
- You may also experience bloating, wind and abdominal pain.

It important to avoid constipation as straining to open your bowels will stress and weaken the pelvic floor muscles. Your stool should be soft and easy to pass. These tips may be helpful in preventing constipation.

- Drink at least two litres of fluid each day.
- Eat a healthy balanced diet including fibre (fruit, vegetables, beans, wholemeal bread, rice and nuts).
- Empty your bowel as soon as you feel the urge.
- Exercise helps stimulate the muscles in the bowel and promote regular bowel habits.

Bowel Care Advice

Toilet Position: the optimal toilet position is a seated squat.

- Use a footstool so your knees are higher than your hips
- Sit in a leaning forward position with your feet apart and forearms on your thighs
- With your mouth open relax your tummy. Breathe in deeply to the bottom of your lungs at the same time allowing your tummy muscles to bulge forwards.
- Breathing out, increase the pressure in your abdomen, by pulling your tummy in and relax your anal sphincter.
- Try this for a maximum of three to four times. You can watch a video using this link:

Bowel Massage: use self-massage to help with bowel emptying.

Use the small of your hand or a small ball, apply a sweeping motion from the base of the right side of your tummy, up and then across under your ribs, and then down toward the left side at the base of your tummy



If you are unsure about anything wait to speak to your physiotherapist or contact the ward you were on.

After the Birth Care

You will have a check-up appointment with your consultant or GP. They may examine you to determine how the healing process is going. It may be helpful to write down questions you would like to ask the doctor before you visit.

Physiotherapy Referral Process after the birth

If you have or develop any incontinence issues, or may simply be unsure if you are contracting your pelvic floor muscles correctly. You may **selfrefer** to a Women's Health Physiotherapist if it is **within six weeks of your baby's birth**. Simply call **01923 378 130** to make an appointment giving your delivery date. Thereafter however, you will need to ask your GP for a referral.

Contact your midwife or GP if:

- Your stitches become more painful or smell offensive this may be a sign of infection
- You have any incontinence such as leaking of urine when coughing, laughing or sneezing etc.
- You cannot control your bowels or flatus (wind)
- You feel the need to rush to the toilet to pass urine or to empty your bowels
- You have any other worries or concerns.

It is very important that you attend your appointments in order to determine your future care.

Congratulations!

What an exciting time for you and your family as you welcome a new little person into your lives. Please contact us with any questions!

If you are unsure about any advice or information, please arrange to contact your midwife, consultant, GP or contact the physiotherapy department using the below contact details.

How to contact us

West Hertfordshire Therapy Unit Jacketts Field Abbots Langley Hertfordshire WD5 0PA

Tel:01923 378130Email:westherts.opphysioadvice@nhs.netWebsite:www.westhertshospitals.nhs.uk/services/physiotherapy-outpatients

If you need this leaflet in another language, large print, Braille or audio version, please call



Resources from:



Notes

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