

Third/Fourth Degree Tear

What is a third or fourth degree tear?

A third or fourth degree tear, also known as an Obstetric Anal Sphincter Injury (OASI), extends down from the vaginal wall and backwards through the perineum to the muscles that control the back passage (anal sphincter).

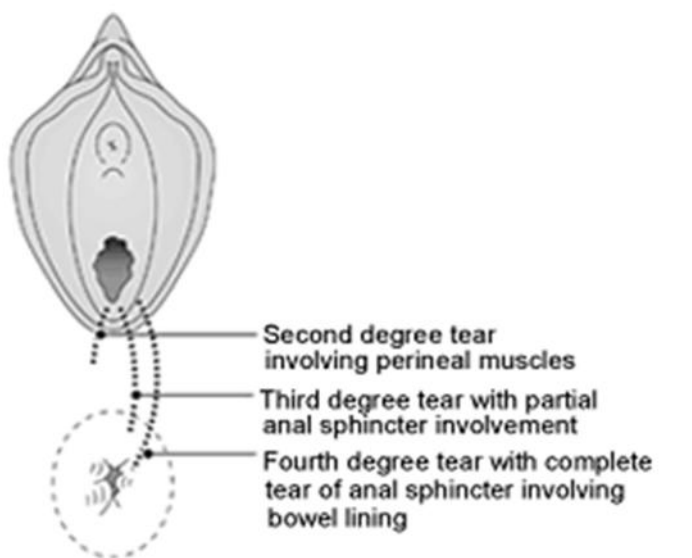


Image Source: The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Why does an OASI injury occur?

OASI occurs due to the tearing of the tissues during childbirth and it is impossible to predict who it will affect. However, certain factors increase the chances of a perineal tear happening.

These can include:

- First baby
- Ethnicity (Asian and Black)
- Shoulder Dystocia (when one of your baby's shoulders becomes stuck behind the pubic bone during delivery)
- Large baby
- The direction the baby is facing at birth
- Induction of Labour
- Epidural
- Pushing for a long time
- Assisted birth (forceps or ventouse)

The reported rate of OASI has tripled from 1.8% to 5.9% from 2000 to 2012 in England. The overall incidence in the UK is 2.9%, with a rate of 6.1% in first time mothers compared with 1.7% in those who have had babies before.

How is Obstetric Anal Sphincter Injury repaired?

You will have been examined by a doctor to confirm the extent of your injury. The repair usually takes place in theatre under a spinal or general anaesthetic. The muscles are stitched back together using dissolvable sutures (stitches).

Care after Obstetric Anal Sphincter Injury?

- Keep the area clean, to speed up healing and prevent infection by showering at least once a day and pat the area dry to keep it free from excessive moisture.
- Wash using plain water and if you wish to take a bath avoid putting additives such as bubble bath in the water as this may delay healing. You may have heard that salt added to bathwater can help, but salt can make the stitches break down too quickly.
- Change your sanitary pad regularly washing your hands before and after you do so.
- To avoid pressure on the wound in the first few days it is best to avoid sitting for long periods. Instead try to lie on your side or use a donut cushion to relieve pressure from the perineal area. If you are breastfeeding your midwife will show you comfortable positions for you and your baby.
- If you notice an increase in pain, offensive discharge or feel unwell then this could be signs of infection. If you experience any of these problems please contact your midwife, GP or attend the Maternity Assessment Unit (MAU).

- Constipation causes straining and pressure on the recovering tissues. To help prevent this, please eat plenty of foods containing fibre such as brown rice, cereals and fruit.
- Try to drink about two litres of water each day (increasing to three litres if you are breastfeeding). This helps stools to be softer and therefore easier to pass.

What happens after the repair?

You may feel sore so it is important to take painkillers when you need to. Please see the Pain Relief information leaflet on LWH website or ask a copy from your midwife.

You will be given medication to take home which will help control your pain (analgesia such as naproxen and/or dihydrocodeine), prevent infection (antibiotics) and prepare you for opening your bowels (stool softener).

The prospect of opening your bowels for the first time often feels scary, but as long as you are taking the stool softener, ensuring you are well hydrated and eating a healthy balanced diet, this shouldn't be uncomfortable. Don't be frightened to push down gently so that you can open your bowels - **the stitches won't give way**.

You may notice that you have difficulty controlling your bowels at first, including leakage of stool or wind (flatus). If this happens to you, don't be too worried. This should settle after 2 or 3 weeks when the swelling has resolved and the muscles of the back passage start to function properly

Make sure you sit on the toilet in the correct position to help you empty your bowel properly.

Correct position for opening your bowels



Image Source: Reproduced by the kind permission of Ray Addison, Nurse Consultant in Bladder and Bowel Dysfunction. Wendy Ness, Colorectal Nurse Specialist

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Is there anything I can do to strengthen the damaged muscles?

YES - Every person who has had a baby should exercise the pelvic floor muscles. These strengthen the pelvic floor muscles, which have been affected by the tear.

The pelvic floor muscles are the firm supportive muscles that stretch from your pubic bone at the front of your pelvis to the base of your spine at the back. They help to hold your bladder, womb and bowel in place, and help you control your continence.

When your pelvic floor muscles are working effectively, they stop leakage of urine from your bladder and wind or stools from the bowel. When you pass urine or stools the pelvic floor muscles relax and afterwards they tighten to restore control. They actively squeeze when you laugh or cough to avoid leaking.

During the first few days the area is likely to feel numb and sore and it will be difficult to exercise during this period but keep practicing.

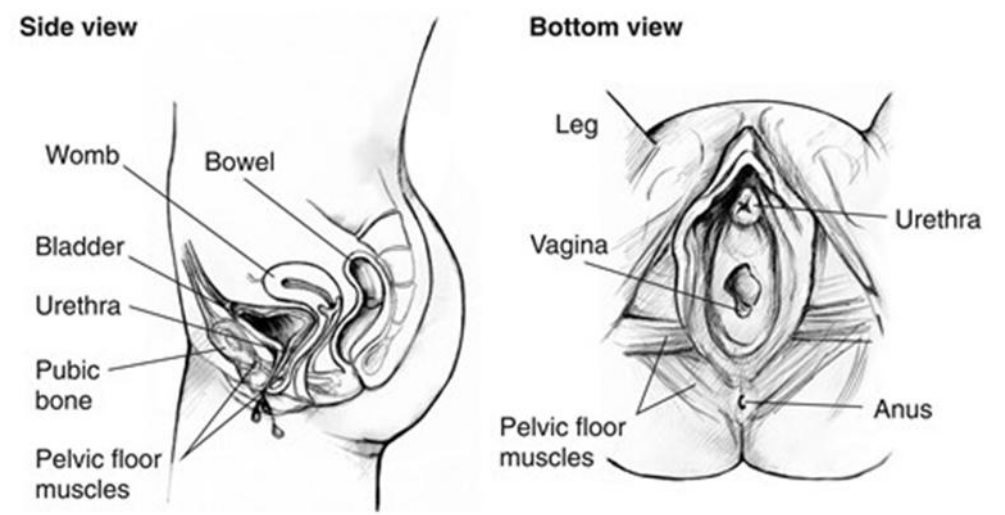


Image Source: National Institute of Diabetes and Digestive and Kidney Diseases

How do I do pelvic floor exercises?

1. Inhale to prepare
2. As you exhale, activate your pelvic floor muscles by imagining stopping yourself from passing wind and imagine stopping from having a wee.
3. Then release and allow the muscles to lengthen as you inhale. See if you can do this several times. Technique: 1. 2. 3.

Aim to complete in different postures throughout the day - x3 per day in sets of.....

Long holds:

Once you can do the above with ease. Try some small holds. Can you gently squeeze and lift and hold without holding your breath for several seconds and then fully relax and release.

Short holds:

Your pelvic floor muscles also need to react quickly to sudden stresses from coughing, laughing or exercise that puts pressure on the bladder. So, practise some quick contractions, drawing in the pelvic floor and holding it for just one second before relaxing. Try to achieve a strong muscle tightening with up to ten quick contractions in succession.

Tips:

1. Get into the habit of doing your exercises during normal day to day activities. For example, whilst cleaning your teeth or waiting for a kettle to boil.
2. If you are unsure that you are exercising the right muscles, put your thumb into the vagina and try the exercises to check. You should feel a gentle squeeze as the pelvic floor muscle contracts.
3. Tighten your pelvic floor muscles when you feel you might be about to leak - pull up the muscles before you cough, laugh, sneeze or lift anything heavy. Your control will gradually improve.

Remember:

Persevere with it. Don't expect it to work instantly. It takes weeks of regular exercise to improve pelvic floor muscles and several months to regain its strength. However, if you stick to the program you should notice a difference after 6 weeks.

You can download the Squeezy app to help you track your Pelvic floor exercises.

If you find the exercises described difficult or not working after six week please speak to your midwife or GP so that they can refer you to a women's health physiotherapist for further help.

When can I have sex?

When you feel ready and comfortable enough, however, we advise you it may be best to wait until approximately six weeks to allow the vagina time to heal and for the area to feel more comfortable. Sexual intercourse may be a little uncomfortable at first, therefore we would advise you to use lubricants which you can buy from most pharmacies. This discomfort should improve with time. We also recommend you do some perineal massage. This allows the scar tissue to soften and stretch and can help to build your confidence in reconnecting with your perineum and reducing the psychological impact the injury may have caused.

If you feel apprehensive about sex or experience pain or you would like any further information on the benefits of perineal massage it is important to speak to the urogynaecology link midwife when you attend the hospital.

DO remember to use effective contraception - as it is possible to conceive a few weeks after your baby is born - See your GP or Family Planning Clinic for contraceptive advice.

What are the long term effects of OASI?

- You may find that you need to rush urgently to the toilet. Some women will experience symptoms such as leakage of urine from the bladder or wind or stools from the back passage. This is often temporary and can improve over time with doing regular pelvic floor exercises. For some women symptoms may appear several months after the repair, in this case seek advice from your urogynaecology link midwife.
- The sutures (stitches) used will dissolve. The sutures that are placed into the muscles of the vagina can take around 2-3 weeks to dissolve. The sutures that are placed into the sphincter muscles often take around 4 months to dissolve. Sometimes a knot of suture material can migrate and cause discomfort. If this is bothersome then contact the urogynaecology midwife for review.
- Very rarely a connection can form between the vagina and the rectum (rectovaginal fistula). It is important to report any unexpected leakage of faecal material from the vagina to your GP or urogynaecology link midwife. This is not common and can usually be repaired if it does not heal by itself.

Follow up and the Perineal Clinic

An appointment will be sent to you to attend the Perineal Clinic for approximately 6-8 weeks after your delivery. This clinic is held in the Urogynaecology Department, which is located on the ground floor of the hospital.

The Perineal clinic is a specialist clinic for women who have had OASI or who have developed chronic perineal problems post-delivery.

The first appointment will be with the Urogynaecology Link Midwife. The midwife will ask you some questions regarding any bladder or bowel symptoms you may have experienced and examine the perineum and pelvic floor muscles. This is to assess that your bowels, bladder and pelvic floor muscles are functioning normally and that your perineum has healed. You can decline this examination if you wish.

Prior to the appointment you will be sent a special on-line questionnaire (ePAQ) to complete as part of your medical care. This is confidential. Please try and complete it before attending for the appointment.

As part of your follow-up you will then be contacted via the telephone at around 6 months post birth. During this call we will recap on any symptoms you may have experienced and enquire if any new concerns have developed. Following on from the telephone appointment we will then arrange for you to re-attend the clinic between 6-9 months after your birth for

anorectal testing. These tests are useful to check how well the muscle in the back passage has healed and how well it is working. You will be asked to complete another ePAQ prior to this appointment and you will be seen by the Urogynaecology Consultants following the tests to discuss the results.

What if I do not want to have the tests?

The tests do give us useful information about how well you have recovered from the tear and can help us in providing you with a clearer picture of the future with regards to your continence. They are also very useful, as the consultant can help advise you on how she would recommend you give birth to any future pregnancies based on the test result. However, if you do not want to have the tests done then please inform the urogynaecology link midwife.

What about future deliveries?

It is not known what happens to the anal sphincter muscles in the long-term, after this type of damage. After the Anorectal tests are done, we will have a better idea of how successful the repair has been. If there are no symptoms and no damage evident, it may be possible for you to consider a future vaginal birth. If there are symptoms or evidence of scar tissue or weakened anal sphincter muscles then an elective (planned) caesarean section may be recommended for future births.

If you have any questions, please contact the **Urogynaecology Link Midwife on 0151 702 4321**

Organisations offering information and support :

Royal College of Obstetricians and Gynaecologists: www.rcog.org.uk

The MASIC foundation: <https://masic.org.uk>

Birth Trauma Association: www.birthtraumaassociation.org.uk

Bladder and Bowel foundation: www.bladderandbowel.org

Pelvic, Obstetric and Gynaecological Physiotherapy (POGP): <https://thepogp.co.uk>

This leaflet can be formally translated on request via our Patient Experience Team, although response times to have information translated can vary. To request formal translation services or if you would like to make any suggestions or comments about the content of this leaflet, please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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