

Advice Following Perineal Injury

Patient Information Leaflet

Therapy Services

Physiotherapy

This leaflet will provide you with information and advice following perineal trauma which occurred when your baby was born.

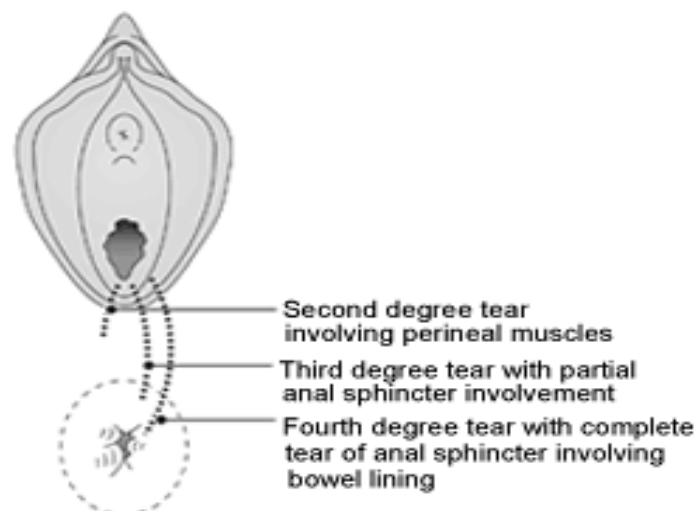
What are the types of tears during childbirth?

During childbirth it is common (90%) for women to get tears of the skin and muscles around the vagina. Most of these tears occur between the vaginal opening and the anus (back passage). They may be:

- First degree tears which are small skin tears which heal naturally
- Second degree tears which affect the muscles as well as the skin. An episiotomy is similar to a second degree tear. It is a cut by the midwife or doctor to widen the vagina to allow passage of the baby during delivery. Second degree tears and episiotomies require a repair with stitches

For some women, the tear may be more extensive. This may be a:

- Third degree tear which can extend down from the vaginal wall and backwards through the perineum to the muscle that controls the anus (the anal sphincter).
- Fourth degree tear is when the tear extends further into the anal canal lining and up into the rectum



Why does perineal injury occur?

Anyone can get a perineal tear during a vaginal birth and it cannot be prevented in most situations. Certain factors increase the chances of a perineal tear happening. These include one of your baby's shoulders becoming stuck behind the pubic bone during delivery (shoulder dystocia), having a large baby, the direction the baby is facing at birth, induction of labour, having an epidural, pushing for a long time and having an assisted delivery.

How is the tear repaired?

You will be examined to confirm the extent of your injury and if you have a third or fourth degree tear you will be taken to theatre for a repair with an anaesthetic. If an epidural was used for pain relief in labour then this can

provide continuing pain relief for the repair of the tear. If a woman has not has an epidural then a spinal anaesthetic or general anaesthetic may be used.

What treatment will I be given following surgery?

- Antibiotics are given for five days to reduce the risk of infection because the stitches are close to the anus.
- We will give you pain relieving drugs such as paracetamol or diclofenac. Avoid taking codeine preparations if possible as they can cause constipation.
- Laxatives: You will be advised to take laxatives such as fybogel to make it comfortable for you to open your bowels it is important that you do not become constipated
- Initially you will have a drip in your arm and a catheter in your bladder until you are able to drink and walk to the toilet

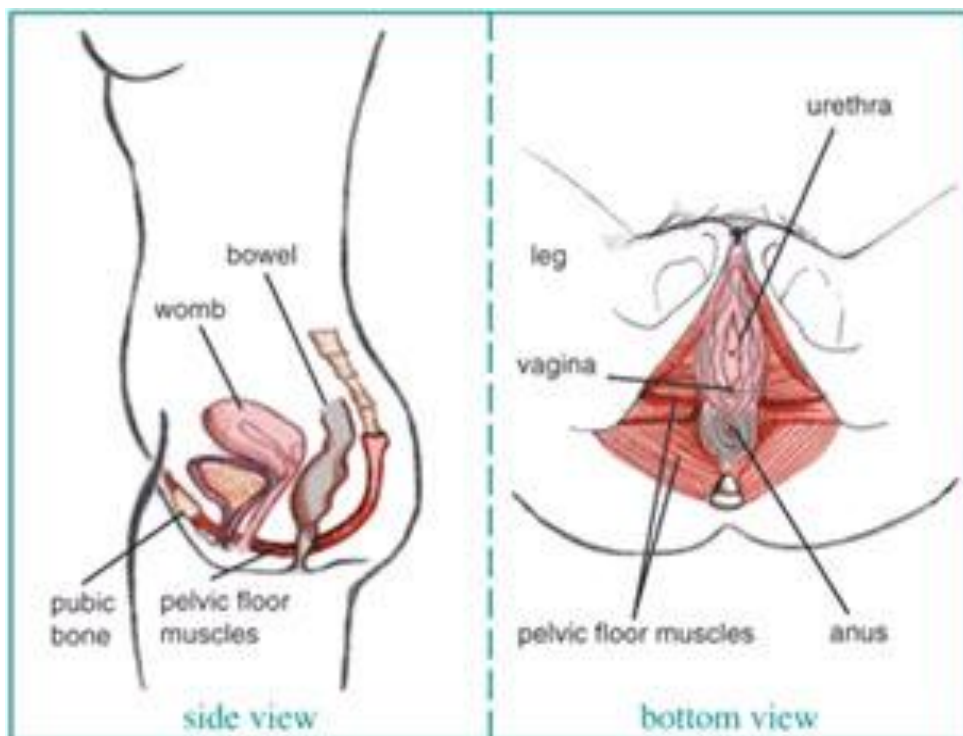
None of the treatments will affect you breastfeeding and once you have opened your bowels and your stitches have been checked to see if they are healing you can go home

What happens in the days and weeks following a repair?

- To avoid pressure on the wound in the first few days it is best to avoid sitting for long periods and to lie on your side. If you are breastfeeding your midwife will show you comfortable positions for you and your baby.
- To speed up healing and prevent infection keep the area clean. Have a tepid bath or shower at least once a day and pat the area dry to keep it free of moisture. Skin sensation is likely to be altered so do not have too hot a bath. Do not put 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. Signs of infection are an increase in pain, or an offensive discharge. If you experience any of these problems seek advice from your midwife or GP.
- 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 (if you are breast feeding increase this to three litres). This helps stools to be softer and therefore easier to pass. Laxatives will be prescribed for the first ten days to soften your stools and to make the stools bulky and easier to pass. It is important that you do not experience symptoms of diarrhoea as this may cause leakage from the recovering anus. If this occurs seek advice from your midwife or GP.

Pelvic floor exercises

It is important to learn how to 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. The pelvic floor muscles help to hold your bladder, womb and bowel in place, and to close your bladder outlet and back passage. When your pelvic floor muscles are well toned they stop leakage of urine from your bladder and wind or faeces 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 five days the area will feel numb and sore and it will be difficult to exercise during this period, but keep practising.



How do I do pelvic floor exercises?

It is not always easy to find your pelvic floor muscles. Exercising them should not show at all 'on the outside'. It is important that you should not pull in your tummy, tighten your buttocks excessively, nor hold your breath. Try to do your pelvic floor exercises five times a day

- To start exercising lie down with your knees bent and feet on the bed, as you improve you can sit comfortably upright with your feet touching the floor.
- Slowly tighten and pull up the muscle around your anus and vagina. This squeezes the muscle upwards and inwards. Imagine that you are trying to stop yourself from passing wind, and at the same time stopping your flow of urine mid-stream. Try to hold your muscles for

five seconds, rest then repeat the exercise, up to ten times. As the muscle gets stronger you can hold for longer

- It is also important that your pelvic floor muscles are able to react quickly when you cough, sneeze or laugh, so tighten your pelvic floor muscles as before, as quickly as you can, hold the contraction for one second before relaxing. Repeat this exercise up to 10 times.
- Pelvic floor exercises should be continued intensively for the first six months at least five times a day to help prevent problems in the future. After this period, the exercises should be continued once a day to keep the muscles functioning.

Is there anything to avoid?

- It is important not to put pressure on the pelvic floor, therefore straining on the toilet should be avoided.
- To avoid stress on the pelvic floor, always try to pull in the pelvic floor muscles and abdominal muscles before you cough, sneeze, lift or participate in any exercise.

We advise you not to have sex until approximately six weeks, once the vagina has healed and the area feels comfortable. You may find that lubrication such as an aqueous gel may make intercourse more comfortable. If you feel apprehensive about sex or experience pain it is important to speak to your doctor when you attend the hospital.

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

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 bowel motions from the anus.

This is often temporary and can improve over time with doing regular pelvic floor muscle exercises. For some women symptoms may appear several months after the repair, in this case seek advice from your physiotherapist.

Stitches have usually dissolved by ten days after the birth of your baby. Sometimes a knot of stitch material can persist and cause discomfort. All stitch material used in the repair should eventually dissolve. Often the stitches around the anus remain in place for up to twelve weeks and can make passing bowel motions uncomfortable. Ensure you do not become constipated and if the pain is intense or you lose blood with the stool seek advice from your doctor.

Rarely a connection can form between the vagina and the rectum (rectovagina fistula). It is important to report any unexpected leakage of faecal material from the vagina to your GP or midwife. This is not common and can usually be repaired if it does not heal by itself.

Will there be any hospital follow up?

All women who have a significant perineal trauma including a third or fourth degree tear will receive an appointment in the post with an obstetrician and physiotherapist. You will be assessed on the healing of the wound, muscles, urine and bowel function. You will have the opportunity to discuss any concerns that you may have. If you need further treatment this will be discussed and arranged at this appointment. If you have problems after you are discharged from the clinic, then you should seek advice from your GP or health visitor, who can arrange referral back to hospital if necessary

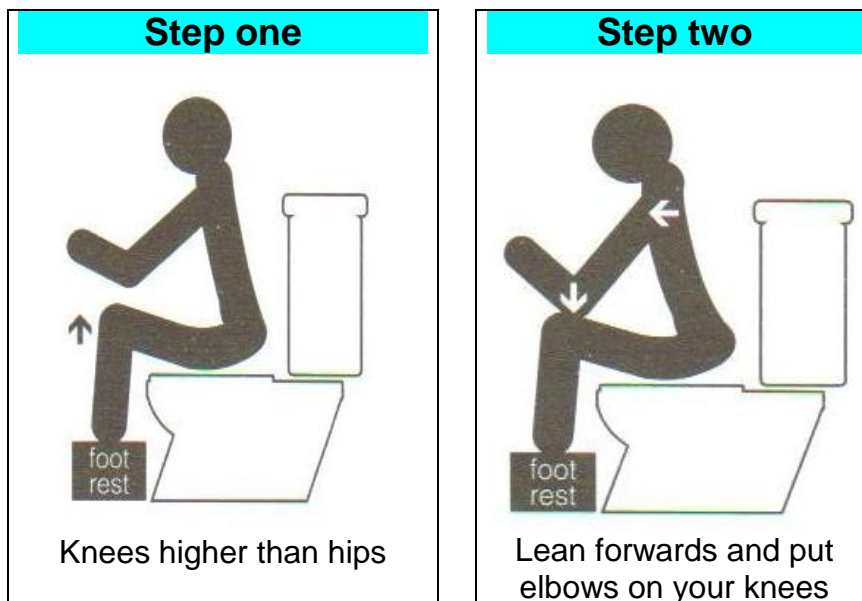
What about subsequent pregnancies and births?

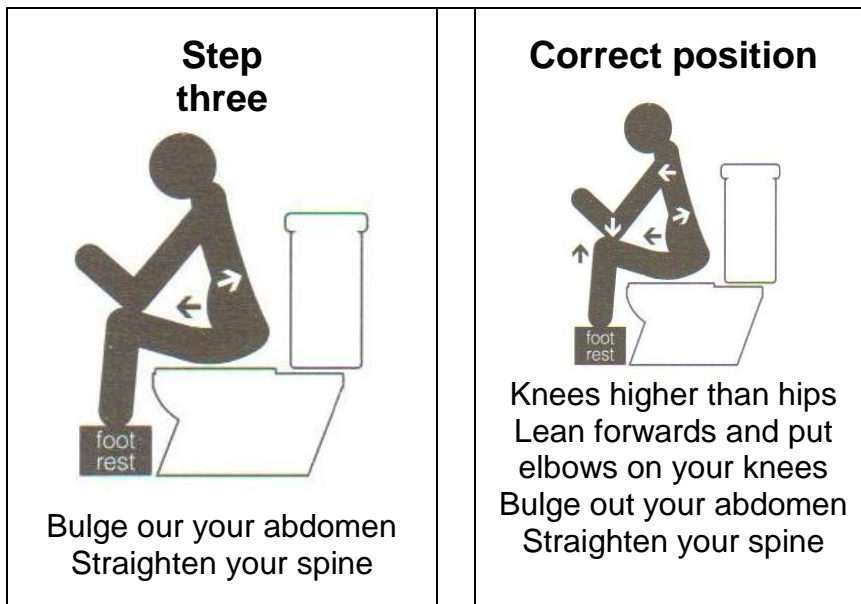
This will depend upon a variety of factors. Your obstetrician will use your hospital visit to discuss this fully with you. If your tear has healed completely and you do not have any symptoms you should be able to have a vaginal birth. If you are continuing to experience problems you may wish to consider caesarean delivery. It is advisable to wait at least a year before becoming pregnant again to regain strength and ensure you do not have any residual problems. Another vaginal birth may sometimes make any symptoms of anal incontinence worse.

Birth Reflections

This is an opportunity to meet with a midwife and talk about any concerns you may have following the birth of your baby. Phone 0191 2820212 and leave a message on the answer phone. A midwife from the RVI will return your call.

bowels





If you feel you are not coping with your problems, ask your doctor or midwife to refer you to a physiotherapist.

Further advice is available by contacting:
Physiotherapy on 0191 2825484 (9.00 – 4.00pm)

Written by Susan Tweedie, Consultant Obstetrician and Julie Ellis, Women's Health Physiotherapist

Compiled by Susan Tweedie July 2014

Review: May 2017