

What to expect after 3rd or 4th degree tears

1. Early management

- Antibiotics – You will be given a course of antibiotics to reduce the risk of infection
- Laxatives – You may need to take laxatives for 4 - 6 weeks to prevent constipation. A soft-formed stool makes it easier to open your bowels. However, if the stool becomes loose or runny it can be difficult to control and you will need to reduce the laxatives.

2. Long-term effects

- Most women who experience tears will be back to normal at 12 months.
- Having a 3rd or 4th degree tear puts you at increased risk of:
 - reduced control over wind
 - urgency to open bowels
 - leakage (incontinence) of urine or faeces
 - perineal pain
 - pain during sexual intercourse.

3. Vaginal births

- When planning future births we recommend seeking advice from an obstetrician – advice will vary with individual circumstances, the reason for your tear and your subsequent pregnancy.

WOMEN AND NEWBORN HEALTH SERVICE
King Edward Memorial Hospital
374 Bagot Road Subiaco WA 6008
Telephone: (08) 9340 2222



This document can be made available in alternative formats on request for a person with a disability.

Produced by Midwives and Physiotherapists
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Government of **Western Australia**
Department of **Health**
Women and Newborn Health Service

Caring for your Perineum

Following the birth of your baby



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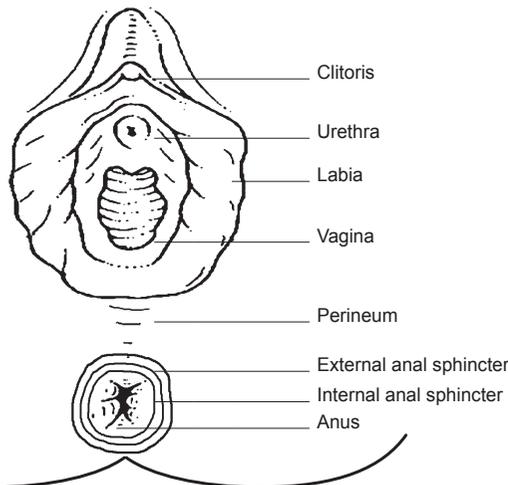
The perineum

The perineum is the skin between the vagina and the anus, which thins out and stretches as the baby is born.

Many women will need stitches (sutures) to repair any tears or cuts (episiotomy) of the perineum that occur during childbirth.

Perineal tears are graded by the extent of the tear. These are:

- 1st degree tear** is a small skin-deep tear which usually heals naturally without stitches
- 2nd degree tear** involves skin and muscles of the perineum (pelvic floor muscles)
- Episiotomy** is an intentional cut made through the vaginal wall and perineum
- 3rd degree tear** extends from the vaginal wall and perineum to the anal sphincter, which controls the anus. A 3a or 3b tear involves the external anal sphincter and a 3c involves the external and internal anal sphincters
- 4th degree tear** extends from the vaginal wall and perineum, through the anal sphincters to the lining of the anal canal
- Other**



Caring for your stitches

- Keep clean – by showering daily, plus using the shower hose or pouring water over the area every time you go to the toilet
- Avoid – using soap
- Keep dry – pat gently with a clean towel
- Change pads – every two to three hours
- For six weeks avoid:
 - Soaking in baths
 - Creams
 - Powders
 - Tampons

Reducing discomfort and swelling

- **Crushed ice** – place in a plastic bag, wrap in a damp clean cloth (eg chux) and apply directly to swollen area for 10 minutes, every two hours until swelling has resolved.
- **Position** – lie flat on your bed or rest on your side every few hours. Avoid sitting for long periods.
- **Compression** – wear a double pad pulled up with firm fitting underwear.
- **Ultrasound therapy** – contact the ward physiotherapist or physiotherapy department if discharged (see Physiotherapy After Childbirth booklet).
- **Pelvic floor exercise** – four or five gentle squeezes and lifts every time you feed your baby will help reduce bruising and swelling. See Physiotherapy After Childbirth booklet.
- **Pain relief** – take two paracetamol tablets, no more often than every six hours.
- **Bowels** – avoid straining. Support area between vagina and anus with a wad of toilet paper with your first bowel motion. See Physiotherapy After Childbirth booklet.

Healing

- The perineum usually heals in two to three weeks.
- Stitches can take up to 10 to 90 days to dissolve. This will depend on the type of material they are made from. Your stitches will not need to be removed and small pieces may fall away from time to time, when they are ready to come out.
- In hospital your stitches should be checked daily. If you have a concern please speak to your midwife. Let your midwife know if you have any:
 - increase in pain or bleeding
 - smelly discharge
 - bladder discomfort or burning when passing urine
 - pain or difficulty using your bowels.

After discharge from hospital see your doctor if you have any of the above problems.

Sexual intercourse

Women resume sexual intercourse at varying times. It is recommended not to have sex until the wound is fully healed and the scar tissue is comfortable for you to touch. This may be around 6 weeks. If there is any discomfort, Physiotherapy can help. For contact details of Women's Health Physiotherapists see "Physiotherapy After Childbirth booklet".

Physiotherapy After Childbirth booklet.

