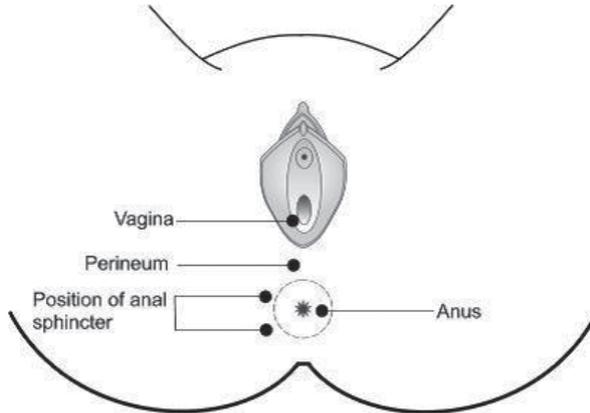


Physiotherapy Following Third and Fourth Degree Perineal Tears

What is a perineal tear?

The perineum is the area of skin between your vagina and your back passage (anus). Some women give birth without injury to the perineum, however injuries or tears can occur at vaginal delivery.



There are four types of perineal tears.

First Degree Tear - small, skin-deep tear which usually heals naturally.

Second Degree Tear - deeper tear affecting the muscles of the perineum as well as the skin but usually do not cause long term problems. These often require stitches.

Third Degree Tear - involves the vaginal wall, perineum and anal sphincter, which is important for control of your bowel including flatulence or 'wind'.

Fourth degree Tear – involving the vaginal wall, perineum, anal sphincter and also involves the lining of the back passage.

A third and fourth degree tear will be repaired straight after delivery in theatre under spinal, epidural or general anaesthetic and will need more attention and time to heal. The stitches will dissolve and do not need to be removed.

Why did I tear?

3rd and 4th degree tears happen to approximately 3% of women having a baby vaginally. Often there is no clear reason why this happens but there is increased risk for women with the following:

- First vaginal birth.
- Long second (pushing) stage of labour.
- Assisted delivery (ventouse or forceps).
- Your baby's shoulder gets stuck behind your pubic bone (shoulder dystocia).
- Large baby – weighing more than 4kg (8lbs 13oz).
- Baby delivery that is 'back to back' - occipito-posterior.
- Previous 3rd or 4th degree tear.
- Delivery lying on back (hips bent / pported at 90 degrees) or deep squatting position.

Further treatment

The following will not affect breastfeeding and are important to take as directed.

- **Antibiotics** to reduce the risk of infection.
- **Pain relief.**
- **Laxatives** will be given and are important to take for the first 2 weeks to soften your bowel motions. This is to make it easier and more comfortable to open your bowels (poo) - it is important not to strain. See - 'How to avoid constipation'. If you are still having trouble emptying your bowels, see your midwife for further help.

How can I help my recovery?

The first six weeks are particularly important for muscle and soft tissue recovery.

Rest

It is important to get as much rest as possible in the first few days after birth. Lying down is best and will help decrease swelling and discomfort and take the weight off your pelvic floor and lower abdominal muscles. You may also try lying on your stomach (pillow underneath your hips) or on your side. Aim for at least 30 minutes, twice a day

Ice

Ice can help reduce pain and swelling in the perineum. Use ice cubes in a clean disposable glove, wrapped in a damp cloth or place the ice pack inside your pad (never directly on skin). Apply for 10 – 20 minutes. Repeat 2 – 3 hourly until the pain and swelling decreases.

Hygiene

Keep the perineal area clean and dry. Shower and bath as usual and dry the area by gently patting with a clean towel or disposable cloth. After passing urine (peeing) or a bowel motion (pooing), it's important to clean the area. After a bowel motion you can use a jug to pour water over your perineum as you sit on the toilet, or you may prefer a hand held shower or bidet. Make sure you change your pads and wash your hands frequently to reduce the risk of infection.

Compression

Firm, supportive cotton underwear or compression wear may help support the area and minimise swelling. Control underwear may also be beneficial e.g 'Hold Me Tight' available at The Warehouse or www.holdmetight.com.au or 'Seamless Longline Support' underwear from K Mart or 'Skins'

Sitting / Feeding

Sit in a comfortable chair with back supported, feet on the ground / small footstool. Try placing a folded towel under each buttock cheek or thigh, with a space in the middle to relieve pressure on your stitches / perineum. You may also lie on your side for feeding.

Exercise

- Avoid sitting and standing for long periods, especially in the first few days. A reclined sitting position is preferable to upright sitting.
- Try not to lift anything heavier than your new born baby for at least the first 2 weeks.
- Where possible let others lift the buggy, car seat or even your toddler.
- Start gentle walking as soon as pain and discomfort allow. Swimming once you have stopped bleeding or an exercise bike where your pelvic floor is supported are also OK.
- **Generally you should not run, lift heavy weights, do cross-fit etc for at least 3 – 6 months and sometimes longer after your tear.** For specific and individual information about returning to high impact activities, see your Pelvic Health Physiotherapist who will be able to advise after an individual assessment.

Sex

Wait to have sex until your tear has healed and bleeding has stopped. This may take several weeks. Some women find that they need to use a vaginal lubricant to make sex more comfortable e.g KY jelly, Pjur, olive / coconut oil.

How to avoid constipation

- Drink at least 2 litres of water a day, or 2.5 – 3 litres (9 – 10 cups) if breastfeeding. This includes fluids such as milk, soup and hot drinks but try to make at least half of your drinks water.

Try not to skip meals and include plenty of fibre in your diet. You can do this by choosing -

- High fibre breakfast cereal or wholegrain bread for breakfast.
- 2 or more pieces of fruit a day.
- Vegetables and salad for lunch and dinner if possible (4 – 6 serves / day).
- Snacks such as wholegrain crackers, bran muffin, fruit or popcorn.

It is important to sit properly when passing a bowel motion (pooping) as this will help you limit straining.

Don't ignore the 'urge to go' to pass a bowel motion.

- Use a foot stool (approximately 15 cms) so your knees are above hips and feet flat.
- Lean forward, with your knees apart and your forearms on your knees.
- Relax your tummy and pelvic floor muscles.
- Don't hold your breath. Sigh out gently or make a 'huuuh' or 'moo' sound as you breathe out to avoid strain.
- Your waist will widen and your tummy gently bulge – work with the urge.
- Support your stitches by holding folded toilet paper on the perineum.
- Take your time when going to the toilet to ensure you are completely empty.
- When you have finished, lift your pelvic floor muscles up and release fully a few times.



Will I have any long term problems?

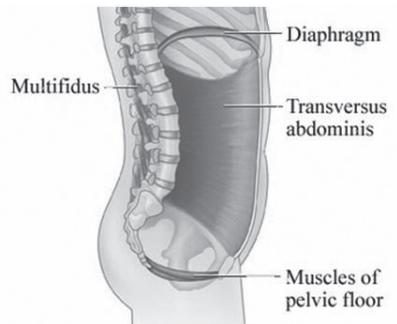
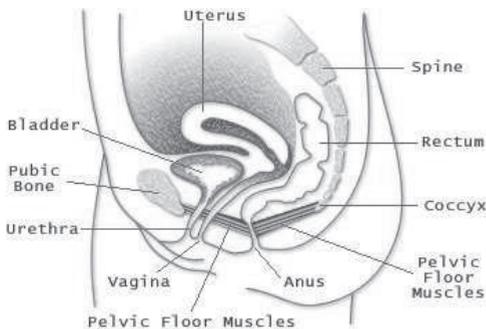
Most women will make a good recovery, particularly if the tear is recognised and repaired at the time.

In the first weeks after delivery, some women may experience:

- pain or discomfort in the perineum, especially when walking or sitting
- stinging discomfort with passing urine
- apprehension about having sex – but this can also apply after normal delivery
- urgency / needing to rush to the toilet to empty your bowels
- decreased awareness of wind / flatus.

If you are concerned about any of the above, talk to your midwife, Physiotherapist or Dr at follow-up appointment.

Pelvic floor exercises

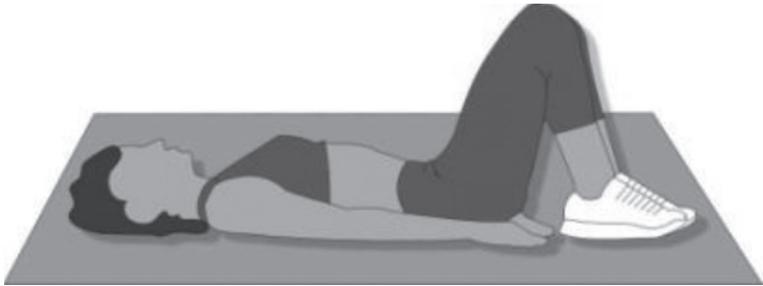


The muscles lie deep in the pelvis and support your pelvic organs and control your bladder and bowel function. The pelvic floor muscles attach to your pubic bone at the front, tail bone at the back and from one sitting bone to the other sitting bone.

These muscles may be weakened during pregnancy due to hormones and the weight of the baby. It is important to retrain your muscles after your tear, to prevent problems such as incontinence. Healthy pelvic floor muscles also enhance sexual function.

The diaphragm (your breathing muscle) and the pelvic floor work together. As you breathe in, your pelvic floor should relax slightly and as you breathe out the pelvic floor naturally lifts. It is important to do the exercises with your breath.

To build endurance and strength (long hold)



- You can start pelvic floor exercises after your catheter is removed and you are passing urine normally.
- Start with quiet breathing in and out of your tummy.
- As you breathe out, gently tighten and draw up around your back passage as if you are stopping wind, then draw up your muscles around the vagina and at the front as if you are trying to stop passing urine.
- Hold the lift as you breathe out / keep breathing then let the muscles relax.
- It is important to feel the full let go of the muscles.
- Hold for 3 seconds, rest for 3 seconds and repeat up to 5 times as able.
- If there is no sensation, stop the exercises and try again in 24 hours. With practice and time slowly build to hold up to 10 - 12 seconds.
- Repeat up to 10 – 12 times or until you feel your pelvic floor muscles begin to fatigue.

Sometimes other muscles will try to switch on while doing the exercises but it is important that you:

- Do not squeeze the big muscles of your bottom or tighten your abdominal muscles.
- Do not hold your breath.

To make muscles work quickly when you need them (cough, sneeze, laugh).

- Tighten and draw up your pelvic floor muscles as strongly and quickly as you can, then let go.
- Do not try to hold on to the contraction, just squeeze and let go.
- Make sure you rest for a few seconds in between each squeeze.
- Repeat 10 - 20 times or until you feel your pelvic floor muscles fatigue.

Do these exercise sessions three times a day. You can progress these exercises by using different positions such as on all fours, sitting and standing.

Functional bracing

To prevent leakage and pressure on the pelvic floor, tighten and draw up the pelvic floor muscles before activities that put pressure on your pelvic floor e.g coughing, sneezing, lifting. If you struggle to tighten these muscles, try to breathe out rather than breath hold.

It takes three to six months to strengthen the pelvic floor, don't be disheartened if the improvement is slow. The pelvic floor muscles are like any other muscle in the body; they get weak if not exercised regularly so try to set up a routine that you can continue **forever**. It is easy to forget to do exercises for muscles that you can't see.

Deep abdominal muscle exercise

During pregnancy, hormonal changes and abdominal stretching as your baby grows can lead to a separation of your abdominal muscles. This will be assessed by your Physiotherapist.

It is important to strengthen your deep abdominal muscles. It is important to avoid abdominal crunches, and to sit up through side lying to limit strain on abdominal and pelvic floor muscles.

Exercise your deep abdominal muscles regularly after birth to regain abdominal wall strength, help maintain good posture and prevent back pain.

- Lie on your back with your knees bent.
- Breathe in, breathe out and at the same time gently tighten your lower abdominal muscles by pulling your lower belly towards your spine. Keep the upper abdominal muscles relaxed.
- Hold this for 3 – 5 seconds while continuing to breathe normally.
- Repeat this 5 times. Work your way up to 10 repetitions as the muscles get stronger.
- Repeat this exercise 3 times a day.
- Use these muscles with lifting.
- Your Physiotherapist will help you with more progressions of this exercise.

Other sites you may find of interest:

<https://www.continence.org.nz/>

<https://www.continence.org.au>

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