

APPENDIX 2 - THIRD AND FOURTH DEGREE PATIENT LEAFLET



You have been given this leaflet because you have had what is known as 3rd or 4th degree tear during the delivery of your baby. It explains these types of tears, how to look after yourself and follow up care. If you have any questions please ask the hospital midwives or doctors while you are here or your community midwife once you get home.

What is a 3rd or 4th degree tear?

3rd or 4th degree tears are tears that involve the muscle at the bottom of your back passage, called the anal sphincter. This muscle is important in preventing the leakage of gas ('wind') or faeces ('poo') during your normal daily activities. During the birth of your baby a vaginal tear (in the birth canal) has extended downwards and involved some of the muscles of the anal sphincter. If the tear involves just the anal sphincter it is a 3rd degree tear, but if the tear involves the lining of the back passage as well it is called a 4th degree tear.

Why did I get one?

Every care is taken to control the birth of the baby. Occasionally, factors beyond our control, such as the baby's hand in front of the face or a very rapid birth, can cause these tears. Unfortunately, there is nothing we can do to predict who will have one of these tears. Approximately 1 in 100 women will have a 3rd degree tear. It is important to identify a 3rd or 4th degree tear and repair it properly.

Will I have any problems?

The majority of women who have 3rd or 4th degree tears do not have any long term problems. Tears normally repair without any lasting symptoms. Sometimes women have trouble holding in wind and a small number of women have leakage of faeces. Even when they occur, most women find that the symptoms clear up within 6 months and only a small number of women need further help.

Will I need a Caesarean birth next time?

Most women will have no ongoing problems with their tear and can have a vaginal birth next time. If you have any long lasting problems, your doctor may offer you an elective (planned) Caesarean birth if you become pregnant again.

What happens next?

There are some simple steps to help the healing and reduce the chance of developing complications. These are:

- **Keeping the area around the tear clean:**

It is important to keep the area around the perineum (skin between opening of the birth canal and back passage) clean. You should wash this area a few times a day, including after opening your bowels. The best way to wash this is by pouring warm water over the area whilst sitting on the toilet and then drying with clean toilet tissue. Or you can use unscented baby wet wipes. You should always wipe from front to back. Do not wipe the area from the back passage through to the front and always use clean toilet tissue for each wipe. Use of bidets is not recommended unless this is for your sole use and has been thoroughly cleaned before use. A bath or shower twice daily in clean water is also advised. Try and avoid contact with cosmetic products as these may interfere with healing. You will also be given antibiotics to take for 5 days after your delivery to reduce the risk of infection.

- **Change sanitary towels often** (at least every 2 or 3 hours)

- **Avoid constipation:**

Straining may cause some of the repair to come undone. It is therefore essential you do not let yourself become constipated. You should eat lots of fresh fruit and vegetables and drink plenty of water. In addition, you will be given some medicine to soften your faeces when you go home. You should also avoid painkillers with codeine in them, as they can cause constipation.

- **Protect your pelvic floor:**

All women, especially those who have had a vaginal birth need to do pelvic floor muscle exercises. The physiotherapist should see you before you go home. We have included some pelvic floor muscle exercises at the back of this leaflet.

What happens if I get any problem?

It is not uncommon to have a few problems after a tear and you should be reassured that most of these symptoms get better on their own.

Before you leave hospital it is important to check that we have a record of your current telephone number(s) in your hospital notes, as you will have a follow up appointment in Gynaecology outpatient clinic in 8 weeks time.

If you have any problems such as:

1. Uncontrollable leakage of wind

2. Staining of underwear with faeces
3. Uncontrollable leakage of faeces

Talk to your midwife or GP so that you can be seen sooner if need it.

We hope this leaflet has covered any questions that you might have, but if you have any further questions, then please ask your midwife or health visitor.

Pelvic floor muscle exercises

Sit on a chair, feet and knees wide apart. Lean over to rest your forearms, keep the muscles of your tummy and bottom relaxed.

Front passage

Think about where you pass urine ('have a wee'). Squeeze that tube tight up inside you (do not pull in your abdominal 'tummy' muscles). Relax a little, then relax a little more, then let the entire squeeze go. Repeat this several times until you have mastered it.

Back passage

Squeeze the tube up inside your bottom. Squeeze tighter. The outside may move a bit, but make sure the squeeze is up inside you (do not tighten up the seat muscles). Relax, relax a little more, and then let the entire squeeze go. Repeat this until you have mastered it.

The main exercise

Tighten the front passage and hold it.

Tighten the back passage and hold it.

Between the two is the birth canal- squeeze around that middle passage. You should get a lifting feeling inside as the floor lifts up into the abdomen. Relax, relax a little more, and then let go completely.

You should aim to do at least 5 of the main exercises a session and at least 4 sessions a day. Try and set up a routine. In addition, do them at other times when you are still, such as while watching TV, waiting for a bus etc. Remember, nobody can tell you are doing them. So, no excuse!

Reference

Royal College of Obstetrics and Gynaecologists (March 2007) Clinical Green- top guidelines No. 29.