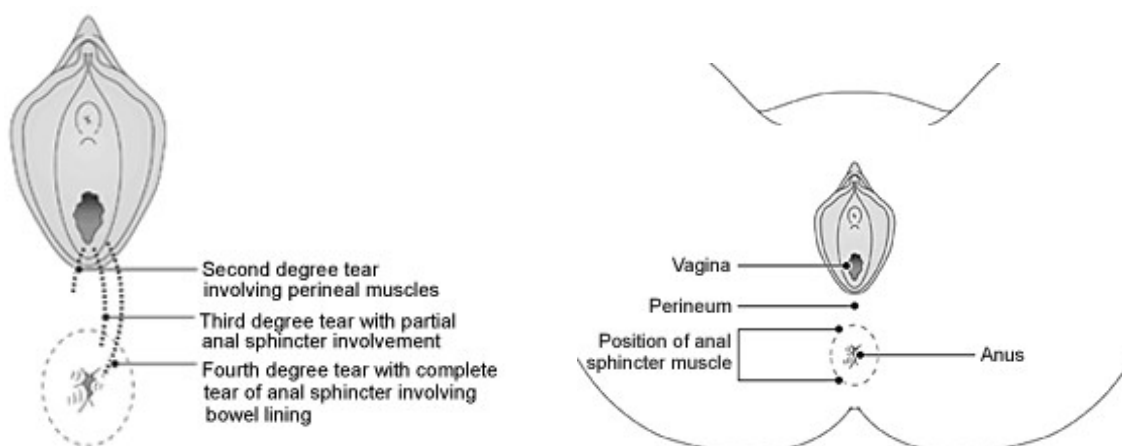


## Your important health information

# Physiotherapy after 3<sup>rd</sup> or 4<sup>th</sup> degree tear

## What is a 3<sup>rd</sup> or 4<sup>th</sup> degree tear?

A third or fourth degree tear during childbirth involves the perineum and pelvic floor muscles including the anal sphincter muscle (see picture). The perineum is the area of skin between the vagina and anus. The pelvic floor is a group of muscles that help to support your pelvic organs and assist with bladder and bowel control. The anal sphincter muscle is a circular muscle around the anus (back passage). These tears are often unpredictable and occur in only 3 in 100 women having a vaginal birth.



## What symptoms may I experience?

After having any tear or episiotomy it is common to feel pain or soreness around the stitches for two to four weeks after giving birth, particularly when sitting or walking. Some women feel that they must rush to the toilet to empty their bowels urgently and pass wind more easily. You may also have difficulty holding onto and controlling bowel motions (bowel incontinence). Some women also experience pain with sex. Most women make a good recovery and 6-8 in 10 women will have no symptoms a year after birth.

## What can I do help my recovery?

### 1. Reduce pain and swelling

- **Rest:** Lie down on your back, side or front for two hours during the day for the first two weeks after birth and one hour during the day from two to eight weeks.
- **Ice:** Apply an ice pack, wrapped in gauze or face towel, to the perineum for 20 minutes every two to four hours for the first 72 hours after birth:
  - do not put ice directly against the skin.
- **Compression:** Wear firm supportive underwear for the first 6 weeks.

- Take **pain relief** medication regularly as prescribed by your doctor:
  - **avoid pain relief medication with codeine and do not take any medication via the back passage.**
- Continue to take your pain relief medication when you go home.
- Looking after a baby and recovering from a third or fourth degree tear can be hard, support from family and friends can help.

## 2. Exercise your pelvic floor muscles

- Gentle pelvic floor exercises can help with reducing swelling and begin to strengthen the injured muscles.
- Start **pelvic floor muscle exercises** 48 hours after birth in a comfortable lying position.
- Gently squeeze and tighten around your back passage and vagina, lifting and drawing forwards and upwards. Keep breathing normally and ensure your legs and buttocks are relaxed.
- Try to hold for three seconds, rest for six seconds and repeat three times. This is one set. Repeat this set four times each day.

As you improve, progress these exercises by increasing the length of the hold and the number of repetitions you do. Relaxing the muscle is important too. You should feel a distinct feeling of 'letting go' of the muscle each time.

Aim to build up to a 10 second hold, repeating 10 times in a row, three times each day.

## 3. Protect the area and return to normal activities

Some stitches dissolve in a few weeks but deeper stitches take 3-4 months to dissolve. Be aware that the healing and muscle recovery takes time.

- **Avoid constipation and straining on the toilet**
- **Drink one and a half to two** litres of fluid daily (water is best). Minimise or eliminate caffeine intake (tea/coffee). Caffeine can cause bowel urgency.
- Aim to keep your bowel motions formed, soft and easy to pass for the next 6-12 weeks.
- A **dietician** may give you specific dietary advice.
- If you have been prescribed medications to help your bowel motions become soft continue to take this when you go home.

### Adopt a good position on the toilet

- Place your feet on a small stool so your knees are higher than your hips. Lean forward with a straight back.
- To empty, **avoid straining**, relax your abdominals and bulge your tummy out. It can help to support your perineum with your clean hand as you empty your bowels.



## **Avoid heavy lifting**

- Try to minimise lifting anything heavier than your baby for the first 6 weeks after birth.
- Avoid heavy housework that requires pushing, pulling, scrubbing and lifting.

## **Low impact exercise**

- Commence short walks and build up the time. Walking should not make your perineum ache. If it does, rest and try a shorter walk the next day.
- Avoid returning to running, sport, skipping and lifting heavy weights at the gym and avoid sit ups and strong abdominal exercises for the first 3 - 6 months after birth.

Your physiotherapist can advise you on appropriate exercises for your fitness level and stage of recovery.

## **4. Attend your follow-up appointments**

### **Physiotherapy follow-up**

You will receive an appointment letter for your physiotherapy appointments commencing between 6 to 10 weeks after the birth of your baby.

Your physiotherapist will work with you to help you improve your pelvic floor muscles, return to your desired activities and manage or prevent symptoms occurring.

It is important to attend these appointments even if you are not having any problems to ensure a full recovery.

### **Medical specialist follow-up**

You should see your general practitioner (GP) 6 weeks after birth.

You will receive an appointment letter to see an **obstetrician and gynaecologist** several months after birth. You will have the opportunity to discuss the birth and any concerns you may have.

**You may be referred for ongoing care by a team of specialists in the Perineal Clinic (Mercy Hospital for Women) if you have ongoing problems.**

You will also be able to discuss your options for future births at your follow-up appointment or early in your next pregnancy.

**If you have any concerns before your follow-up appointment please contact your general practitioner (GP) or present to the Emergency Department.**

### **Further Information**

If you have any questions regarding this information, please contact:

#### **Physiotherapy Department**

**Mercy Hospital for Women**

Phone: 03 8458 4141

#### **Werribee Mercy Hospital**

Phone: 03 8754 3150

### **Acknowledgements**

Produced by: Physiotherapy Department MHVL

Date produced: July 2013

Date of last review: June 2021

Date for review: June 2023