

Healing after a perineal tear

If you have a second-degree perineal tear, your midwife or an obstetrician will stitch it soon after you've given birth. They'll use dissolvable stitches, which your body will reabsorb in about six weeks.

Your midwife or LMC will give you more information about how to care for your wound, but most women don't have any long-term problems after a second-degree tear. This page is aimed mainly at women who have third- or fourth-degree tears.



If you have a third- or fourth-degree perineal tear, it will have been surgically repaired by an experienced doctor soon after you've given birth.

After your surgery, you'll need to have a catheter (tube to your bladder) until your epidural or spinal anaesthetic wears off and you can feel when you need to pass urine.

If you can't pass urine, can only pass small amounts, have bladder pain, or feel your bladder is overfull, tell your midwife.

The stitches used to repair your tear are dissolvable and don't need to be removed. Most will dissolve within six weeks, but some can take a little longer and you may feel these as small lumps around your anus, or bottom. This is normal and will get better with time.

Medications

You may be given:

- antibiotics to reduce the risk of infection
- laxatives to make it easier and more comfortable to open your bowels (poo)
- pain-relief medicine.

How to care for your wound

Use ice packs for the first 24 hours to help reduce your pain and swelling. Hold ice wrapped in a cloth to your wound for 20 minutes every four or five hours.

Otherwise, keep the perineal area clean and dry. You should shower and bath as usual, and dry the area by gentle patting with a clean towel or disposable cloth.

After passing urine (peeing) or a bowel motion (pooing), it's important to clean the area with a cloth and pat it dry, rather than wipe.

Make sure you change your pads and wash your hands regularly to reduce the risk of infection.



How to avoid constipation following your tear

If you're breastfeeding, aim to drink 2.5 to 3 litres (nine to 10 cups) of fluid every day. Otherwise, aim for 2 litres (eight cups). This includes fluids such as soup, milk, 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 what you eat. You can do this by choosing a high-fibre breakfast cereal or wholegrain bread for breakfast, having two or more pieces of fruit a day, and having vegetables with dinner and lunch if possible. Also try to choose snacks such as wholegrain crackers, a bran muffin, fruit or popcorn.

It's also important to sit properly when pooing (passing a bowel motion) as this means you don't need to strain much. Try to:

- have your knees higher than your hips – either raised heels or use a low 15 cm foot stool
- lean forwards from your hips, keeping your lower back curved (like in the picture)
- keep your knees apart, and rest your forearms on your knees
- make your waist wide and gently bulge your tummy forward as you work with the urge to go. **DO NOT STRAIN.**

You can support the area with stitches by holding a wad of toilet paper to it. And when you've finished, lift your pelvic floor muscles a few times.



Exercise and posture

Your pelvic floor muscles run from your pubic bone at the front of your pelvis to your tail bone at the back. They help to control your bladder and bowel, and support your pelvic organs.

Pregnancy often makes these muscles weak and the tear will have injured them.

Start exercising your pelvic floor muscles as soon as your catheter is removed. Exercising them early on will also help reduce pain and swelling and help you to heal.

There are several other things you can do to help your healing:

- avoid sitting and standing for long periods, especially in the first few days. Lying on your side is a good position to rest in
- avoid lifting anything heavier than your baby for at least the first two weeks
- return to low-impact exercise gradually
- avoid any exercise or activity that involves jarring, jumping, or straining for at least six weeks.

Physiotherapists recommend low-impact exercise and no running for at least three to six months and sometimes longer after having a third- or fourth-degree tear. They'll make individual recommendations for you if you're having any problems.



What happens next?

While you recover, you may have some mild pain or soreness in your perineum.

Tell your midwife, LMC or GP if:

- your stitches become more painful or smell bad
- you feel a need to rush to the toilet or can't control your bowel, bladder or wind (farting)
- your perineum is still sore or tender after the stitches have dissolved.

If you're having difficulty with bladder or bowel control, or restarting sexual intercourse, ask your midwife or LMC to refer you to the Physiotherapy Department at Christchurch Women's Hospital.

Most women recover well and can have further vaginal births. If you've had a third or fourth-degree tear and continue to have symptoms, you may be offered a caesarean delivery for your next baby.

Your follow-up appointment

Before you leave hospital, you'll be referred to a physiotherapist. The physiotherapist will either follow up with you before you leave hospital or after you've gone home.

Your midwife, LMC or doctor will check your perineum during their postnatal visits and check that you're healing properly. If you have any concerns during their final visit, four to six weeks after birth, they'll refer you to the Physiotherapy Department at Christchurch Women's Hospital.

Your GP will also check you six months after birth. If there are any issues, they'll refer you to the Gynaecology Department at Christchurch Women's Hospital. If you don't receive an appointment by six months, contact your medical practice to make an appointment with your GP or practice nurse.

If you need any further advice, or help with your pelvic floor exercises, ask your midwife or LMC to refer you to the Physiotherapy Department at Christchurch Women's Hospital.

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