

Pelvic Health Physiotherapy in Postnatal Care - Vaginal and Perineal Tears



What Are Perineal and Vaginal Tears

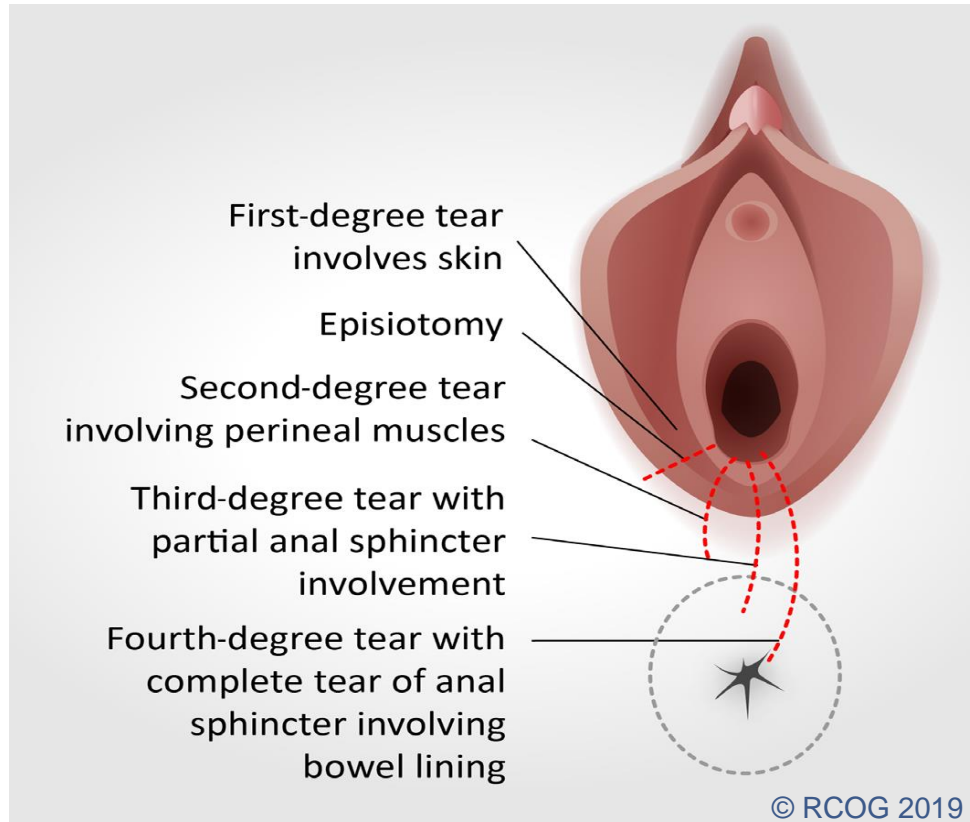


Diagram showing classification of pelvic floor tears during vaginal birth

- Your perineum is the area between your vaginal opening and back passage (anus)
- It is common for the perineum to tear to some extent during childbirth
- Tears can also occur inside the vagina or other parts of the vulva, including the labia
- Up to 9 in every 10 first time mothers who have a vaginal birth will experience some sort of tear, graze or episiotomy. It is slightly less common for mothers who have previously had a vaginal birth
- For most women, these tears are minor and heal quickly

1st and 2nd Degree Tears

1st Degree Tears

- These are small tears, or grazes, affecting only the skin
- They can occur around the labia, clitoris or inside the vagina
- These tears can be referred to as lacerations, superficial abrasions or actual tearing
- 1st degree tears usually heal quickly and without treatment. They are very unlikely to cause long-term problems, but they can be very sore

2nd Degree Tears

- These are tears affecting the muscle of the perineum and the skin. These usually require stitches
- The repair is normally done using local anesthetic in the room where you had your baby.
- 2nd degree tears are unlikely to cause long-term problems, but they can be very sore

Caring for your stiches

Hygiene

Good hygiene is important if you have had a first- or second-degree tear. Use only water to keep the area clean.

Wash or shower at least once a day and change your sanitary pads regularly.

Wash your hands both before and after you go to the toilet or change your sanitary pads.

This will reduce the risk of infection.

Diet and Fluid Intake

It is important to eat well and drink plenty of water to help avoid constipation.

You should drink at least 2 litres of water every day and eat a healthy balanced diet (for instance: fruit, vegetables, cereals, wholemeal bread and pasta).

Opening your Bowels

If you have stitches, opening your bowels should not affect them. Some women find it helpful to support the stitches with a clean sanitary pad or wad of toilet paper.

It can be helpful to put your feet on a footstool, to raise your knees above your hips while sitting on the toilet. Try to relax and rest your elbows on your knees. Do not strain as this weakens your pelvic floor. Bulge out your tummy by taking big abdominal breaths, which will help expel your stool without straining.

Most importantly, take your time and do not rush.

I have sustained a 3rd or 4th degree tear. What does this mean?

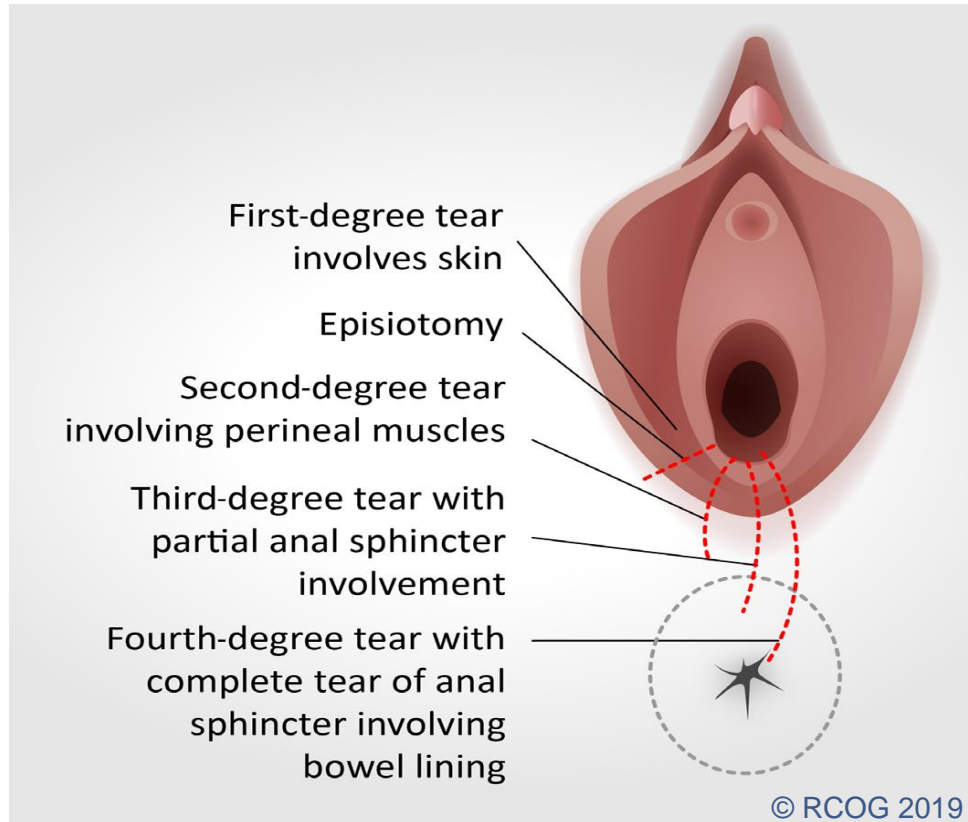


Diagram showing classification of pelvic floor tears during vaginal birth

- A 3rd degree tear is a tear through the vaginal wall into the perineum and pelvic floor muscles and partway into the anal sphincter
- A 4th degree tear is as above but involves a complete tear of the anal sphincter and there is some bowel lining involvement
- In Aneurin Bevan University Health Board anyone who has had a 3rd or 4th degree tear automatically receives a referral to the Pelvic Health Physiotherapy Service and follows a specific pathway of care
- You are more likely to experience pelvic floor weakness following a 3rd or 4th degree tear. It is therefore very important that you attend your physiotherapy sessions and work on your pelvic floor exercises
- For useful information and support you can visit <http://masic.org.uk>

When should I contact a healthcare professional?

- If your stitches become painful
- If your stitches become smelly
- If your wound does not heal
- If you have been diagnosed with a first- or second-degree tear, but you are having problems controlling your bowels, for instance you struggle to make it to the toilet or control wind
- If you have any concerns

Infection

How do I prevent infection?

- Good hygiene is important. Use only water to keep the area clean
- Wash or shower at least once a day and change your sanitary pads regularly
- Wash your hands both before and after you go to the toilet, or change your sanitary pads
- This will reduce the risk of infection in the wound

I think my wound is infected, how do I know?

Signs of infection include:

- Red, swollen skin around the stitches
- Discharge, or pus from the wound
- Increase in pain, or tenderness at the wound
- A smell that isn't normal for you
- Fever

If you have any of these signs or symptoms you should see your healthcare professional. You may require antibiotics to help it heal, or if you have been given antibiotics already you may need your medication reviewed

Pain

Should I feel pain after the wound has healed?

- After having any tear, it is normal to feel pain or soreness for 2-3 weeks after giving birth, particularly when walking or sitting down
- The stitches can irritate as healing takes place but this is normal
- Passing urine can cause stinging. Pouring body-temperature water over the area when urinating can help
- The skin part of the wound usually heals within a few weeks of birth, and after that you should feel much less raw and tender

Should my scar tissue be uncomfortable?

- It may feel uncomfortable at first, particularly for 2-4 weeks after giving birth
- If the scar tissue continues to be uncomfortable you should seek medical attention

Episiotomy (Perineal Cut)

How does an episiotomy differ from a tear?

- A tear happens spontaneously as the baby stretches the vagina during birth
- An episiotomy is a cut made by a healthcare professional into the perineum and vaginal wall to make more space for your baby to be born. It is possible for an episiotomy to extend and become a deeper tear

Episiotomies are only done with your consent.

If you have had an episiotomy, you will need stitches to repair it. This is normally done using local anesthetic in the room where you had your baby.

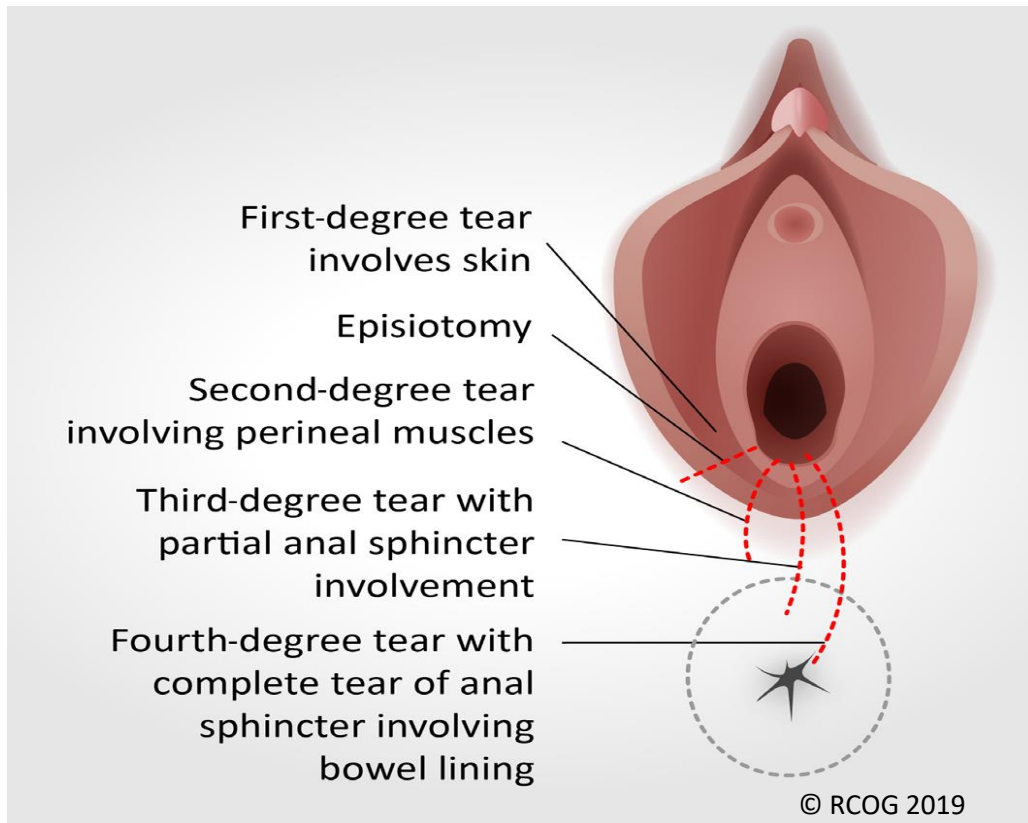
Postnatal Perineal Scar Massage

Pelvic Health Physiotherapy Information

Postnatal Perineal Scar Massage...

Why and When?

If you have had an episiotomy (perineal cut) or a perineal tear, as the wound heals, the scar tissue layers can become tight and may stick to other layers of soft tissue below. This may cause discomfort during intercourse and other day-to-day activities. Scar massage can help to increase the elasticity of the perineal tissues and decrease the area of scar tissue.



When should I start?

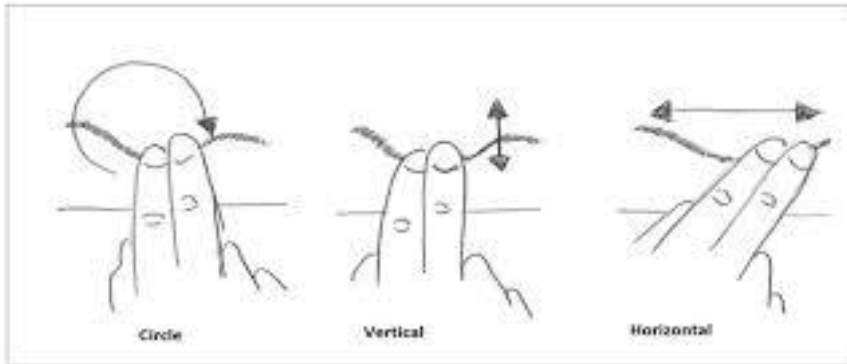
- You should wait until your wound and stitches have fully healed
- Do not massage the perineal area if you have an infection or the wound is still open as this can make it worse

Postnatal Perineal Scar Massage...How?

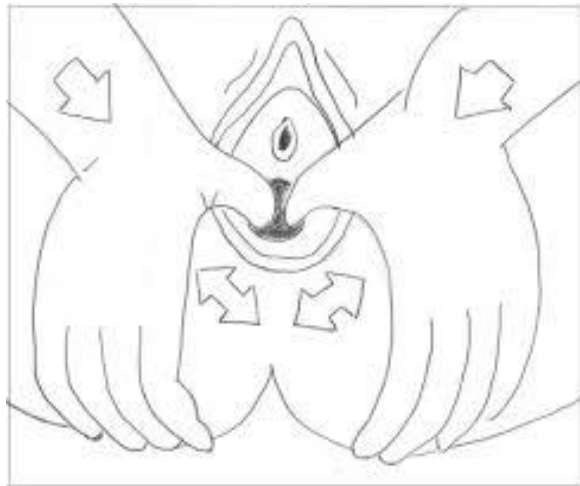
- Try using a warm compress or have a bath beforehand to relax the muscles and increase blood flow to the area
- Position yourself comfortably in lying or half-sitting with pillows for support
- Use a suitable, non-perfumed lubrication product or oil*
- Try and aim for 5-10 minutes of massage daily
- It should not be painful, but you may feel a little discomfort

*Recommended oils for lubrication could include olive oil, sunflower oil, or almond oil (as long as you don't have a nut allergy)

Postnatal Perineal Scar Massage Technique



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1. Start by massaging externally. With your thumb or fingers, apply firm pressure and work **along** the scar line, **across** the scar and over the scar in **circles***
2. When you feel ready to, you can begin internal scar massage (you may take a few weeks to build up to this stage)
3. Place your thumb, pad side down to the back wall of your vaginal opening and your index finger on your perineum over the scar (you can progress to 2 thumbs but this may not be necessary)
4. Apply a downward pressure with your thumb on to the back vaginal wall and make firm 'U' shapes as though moving between 4 and 8 on a clock face
5. Take your time and build on these techniques gradually. Stop if it becomes painful

* If the scar feels very sensitive, you may need to start by desensitising the area - start with gentle touching around the scar, then move closer as it feels more comfortable. Then start massaging gently within comfort levels