OBSTETRICAL TEARS:

A PATIENT GUIDE

You have:

- ❑ Labial tear
- ❑ Periclitoral tear
- ❑ Periurethral tear
- ❑ Vaginal tear
- ❑ Cervical tear
- ❑ Perineal tear
  - ❑ 1st degree
  - ❑ 2nd degree
  - ❑ 3rd degree
  - ❑ 4th degree
- ❑ Episiotomy
  - ❑ Right/left mediolateral episiotomy (RML/LML)
  - ❑ Midline episiotomy

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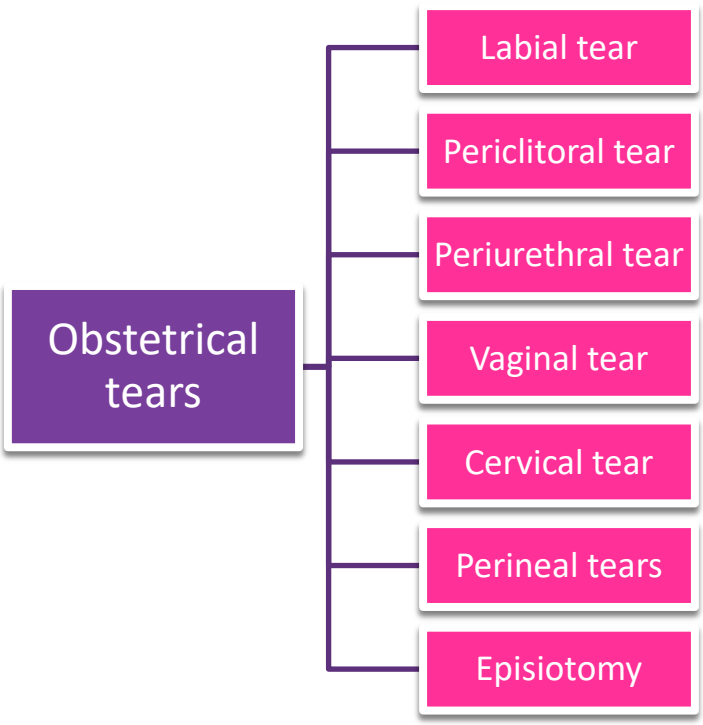
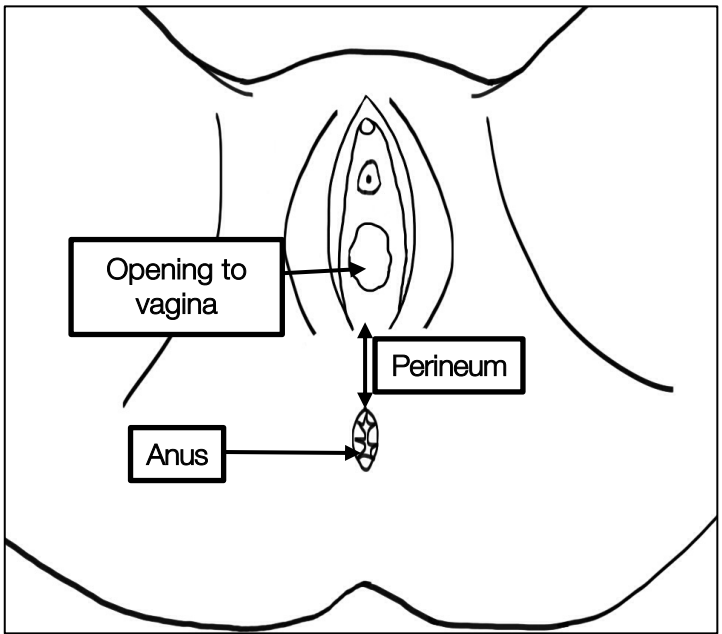
INTRODUCTION

Obstetrical tears are very common during childbirth and can occur when baby stretches the vagina during delivery. 85% of women have perineal tears during vaginal delivery and 69% of women need stitches to repair perineal tears. If you have a tear, your healthcare provider will perform a physical examination to determine the type of tear that you may have. If you have a deeper tear, you may also need a rectal examination.

There are several types of obstetrical tears:



NORMAL ANATOMY

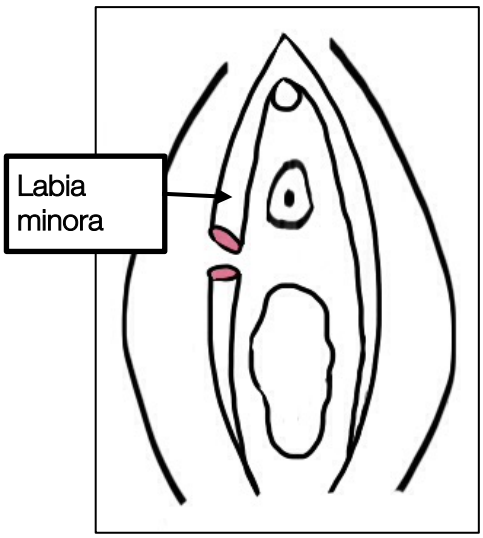


No Obstetrical Tear

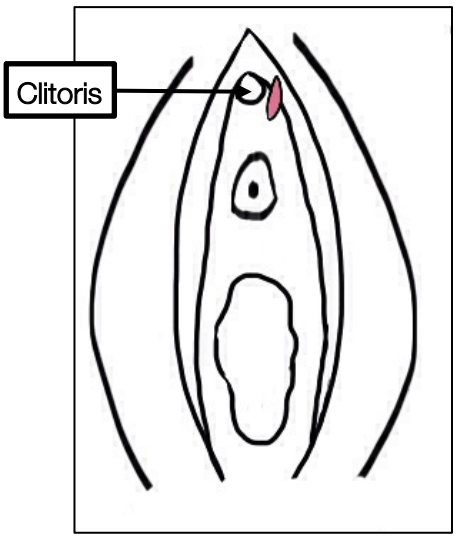
Perineum- area between the opening to vagina and anus

TYPES OF OBSTETRICAL TEARS

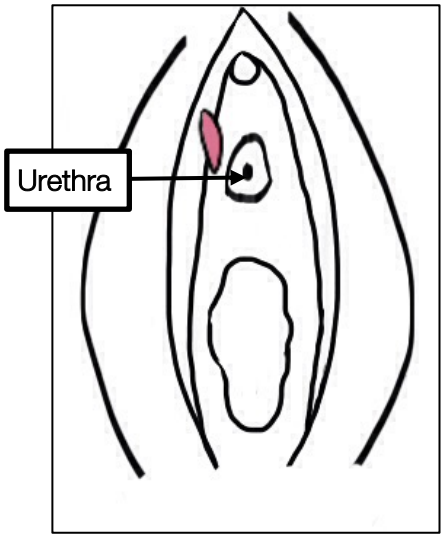
These tears usually heal well on their own and may not need to be stitched unless they are bleeding. Some women may need a urinary catheter to drain the bladder and prevent it from overfilling.



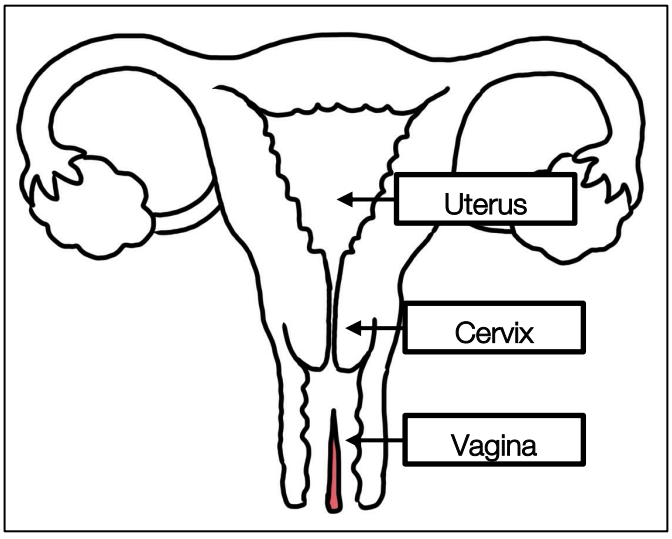
Labial tear
- Tear in labia minora



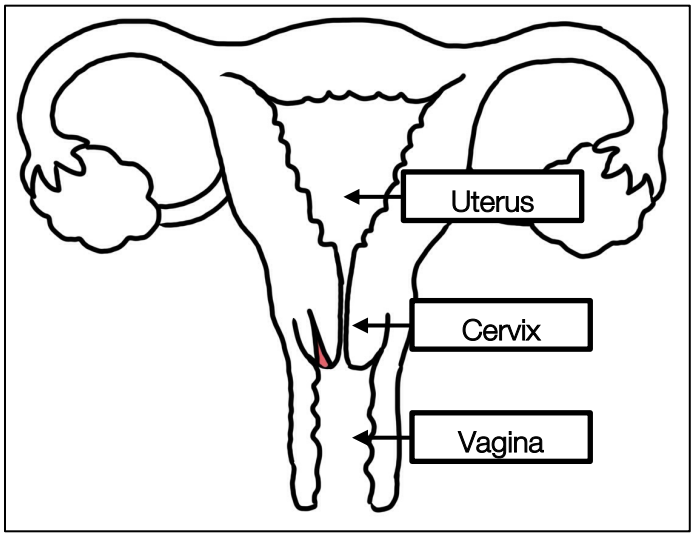
Periclitoral tear
- Tear around the clitoris



Periurethral tear
- Tear around the entrance to your urethra, which is a tube that drains your bladder



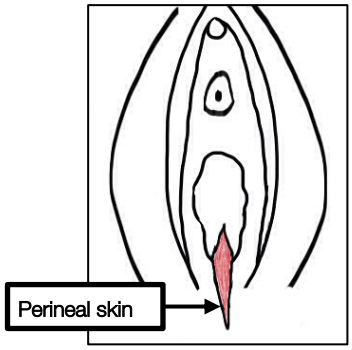
Vaginal tear
- Tear in the vagina



Cervical tear
- Tear in the cervix

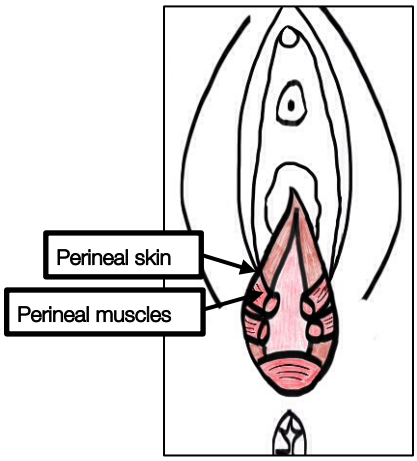
PERINEAL TEARS

1st



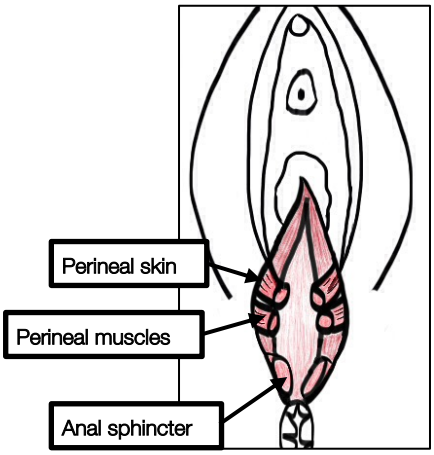
Disruption of
- Perineal skin or lining of vagina

2nd
Most common



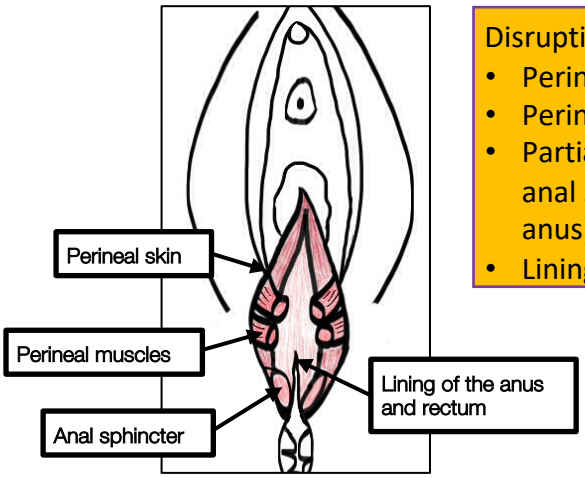
Disruption of
- Perineal skin or lining of vagina
- Perineal muscles

3rd



Disruption of
- Perineal skin or lining of vagina
- Perineal muscles
- Partial or complete disruption of anal sphincter (muscles around anus)

4th
Most severe



Disruption of
- Perineal skin or lining of vagina
- Perineal muscles
- Partial or complete disruption of anal sphincter (muscles around anus)
- Lining of anus/rectum

3RD AND 4TH DEGREE TEARS

How common are 3rd and 4th degree tears?

In Canada, 3rd and 4th degree tears occur in 4.2% of all vaginal deliveries. 3rd and 4th degree tears may either occur spontaneously or may extend from an episiotomy. It is not possible to entirely prevent or predict these tears.

What increases the risk of having 3rd and 4th degree tears?

- First vaginal delivery
- Being overdue
- Large baby (>4kg or 8lbs 13oz)
- Prolonged labour
- Baby's position relative to maternal pelvis (baby facing "sunny side up")
- Vaginal delivery assisted with vacuum or forceps
- Midline episiotomy
- When baby's shoulder becomes stuck behind the pubic bone (called shoulder dystocia)
- Short perineum
- Female genital cutting or circumcision

EPISIOTOMY

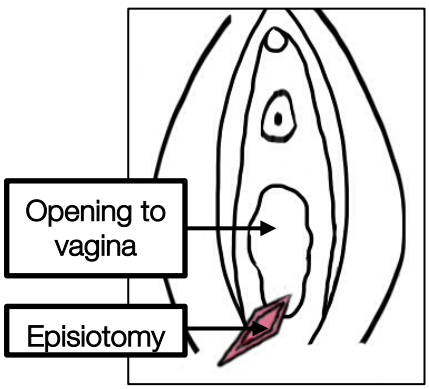
What is an episiotomy?

Episiotomy is a cut that is made by a healthcare provider during delivery of baby's head. It increases the vaginal opening to help deliver baby. The same structures are usually torn as the 2nd degree tear. Occasionally, an episiotomy can extend to a 3rd or 4th degree perineal tear.

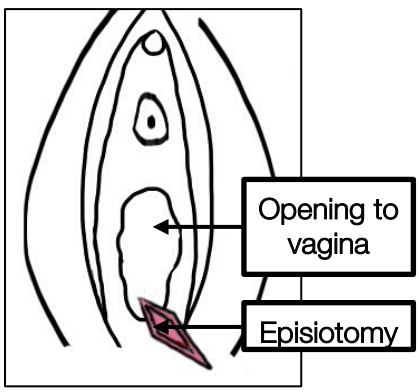
Why did I have an episiotomy?

Episiotomy **<u>is not routinely done</u>**. The most common reasons include:

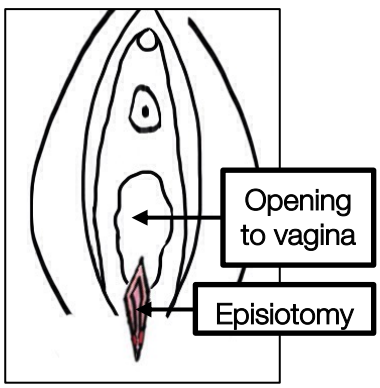
- To deliver baby quickly (ex. when the baby's heart rate is classified as abnormal)
- During delivery assisted with vacuum or forceps to decrease the risk of severe tears
- To create more space for baby to deliver
- When baby's shoulder becomes stuck behind the pubic bone (this is called shoulder dystocia). Episiotomy creates space for healthcare provider to deliver baby.



Right Mediolateral Episiotomy (RML)



Left Mediolateral Episiotomy (LML)



Midline Episiotomy

GENERAL ADVICE

- **Pain control**
  - You will be given pain medication after delivery. Please avoid opioids, since they can cause constipation.
- **Bladder**
  - Empty your bladder regularly. A urinary catheter may be placed to drain your bladder and will be removed at the discretion of your healthcare provider.
  - Please inform your nurse if you are unable to urinate, pass only small amounts of urine, or have worsening abdominal pain within 6 hours after removal of the urinary catheter.
- **Decreasing risk of infection**
  - It is important to keep your perineum clean and dry.
  - If you have a 3rd or 4th degree tear, you may be given an antibiotic.
- **Bowel care**
  - Take a stool softener to keep your bowel movements regular and soft as your perineal tear heals. Straining to have a bowel movement can disrupt your repair.
  - Drink plenty of fluids (1.5-2 liters per day) and eat a healthy balanced diet that includes fruits and vegetables.
  - When sitting on a toilet, use a footstool or a book to raise your feet to pass bowel movements more easily.
- **Baths**
  - Sit in a bathtub or plastic tub with plain warm water for 10-15 minutes and repeat 2-3 times per day. This will help to relieve perineal pain and promote healing.
  - Adding salt to water (Sitz baths) is equally effective as plain warm water at improving healing and reducing pain.
- **Peri bottle**
  - Fill the bottle with plain warm water and use it to rinse the perineum. It will help to relieve perineal pain and keep the perineum clean. You may also use it while urinating to reduce stinging from urine on the tear.
- **Ice packs wrapped in a cloth or frozen pads**
  - They may be used to relieve pain and decrease swelling. Place at the perineum for 5-10 minutes and repeated 3-4 times per day.

Are my stitches dissolvable?

Yes. The stitches are completely dissolvable and do not need to be removed. It takes several weeks for stitches to become completely absorbed.

When can I resume having sex after an obstetrical tear?

It may take several weeks for your obstetrical tear to heal. You may resume sex **when you feel willing and ready.** For women with 3rd and 4th degree perineal tears, you may resume sexual activity after the 6 weeks postpartum checkup. It is important to speak to your healthcare provider about family planning and contraception.

Most women resume sex within 6 months after delivery and 1 in 5 women experience pain with sex at 6 months after delivery. It is common for women who are breastfeeding to have vaginal dryness. If you experience pain with sex, sexual health problems, or any other concerns, it is very important to speak to your healthcare provider.

FOLLOW-UP

When should I follow-up with my healthcare provider?

Follow-up with your healthcare provider 6 weeks after delivery. **If you have any concerns, please arrange to see your healthcare provider sooner.** During the postpartum visit, your healthcare provider may speak to you about delivery and recovery and answer any questions or concerns that you may have. Some patients find it useful to write down their questions and concerns before the appointment.

When should I seek medical care?

Please seek medical care if you have any of the following concerns:

- Fever (temperature >38°C or 100°F), chills, general feeling of being unwell
- Lightheadedness, feeling faint, loss of consciousness
- Abnormal or foul smelling vaginal discharge
- Redness, or increased swelling, or worsening pain at the perineum
- Severe abdominal pain
- Skin separation at the tear
- Abnormal vaginal bleeding (changing more than 1 pad per hour)
- Inability to urinate or have a bowel movement

POSSIBLE COMPLICATIONS

Many women recover well and have no complications. It is very common for women with a perineal tear to have pain. With 3rd and 4th degree tears, 91% of women have pain at 7 days after delivery. Most pain resolves within 8 weeks after delivery.

Possible Short-Term Complications

	Degree of perineal tear		
	1st	2nd , Episiotomy	3rd and 4th
Perineal pain (most common)	✓	✓	✓
Perineal swelling, bruising, bleeding		✓	✓
Difficulty passing urine or having bowel movement			✓
Infection, problems with wound healing, wound breaking down (may need surgery)	✓	✓	✓

Possible Long-Term Complications

	Degree of perineal tear		
	1st	2nd, Episiotomy	3rd and 4th
Pain with sex (called dyspareunia), sexual health problems		✓	✓
Emotional impact		✓	✓
Involuntary leakage of urine (called urinary incontinence)	✓	✓	✓
Urgency to have a bowel movement, involuntary leakage of gas or stool (called anal incontinence)			✓
Pelvic organ prolapse	✓	✓	✓
Very rare: skin tags, fusion of labia (labia stuck together), fistula (connection between 2 structures that is not normally there)			✓

What do I do if I develop a complication?

It is important to seek medical care if you develop a complication.

PELVIC FLOOR PHYSIOTHERAPY

The pelvic floor is a group of muscles that extend from your pubic bone at the front to your tailbone at the back. These muscles support your pelvic organs and they are involved with bowel, bladder, and sexual functions. The function of these muscles can be affected by pregnancy, childbirth, and perineal tears.

Who are pelvic floor physiotherapists?

Pelvic floor physiotherapists have additional training and experience in assessing and treating problems related to the pelvic floor. If you are experiencing incontinence (leakage of urine, gas or stool), your pelvic floor muscles may be affected. A pelvic floor physiotherapist can determine if weakness exists in these muscles and can teach you how to perform strengthening exercises correctly.

Do I need to see a pelvic floor physiotherapist?

Consider pelvic floor physiotherapy if you have persisting bothersome symptoms and **feel willing and ready** to perform physiotherapy.

These symptoms include:

- Pain with sex (called dyspareunia)
- Feeling of urgency to have a bowel movement
- Uncontrolled leakage of gas or stool (called anal incontinence) or urine (called urinary incontinence)

A pelvic floor physiotherapist is trained to assess your pelvic floor and will provide you with a program that is tailored to your specific needs.

Episode 6: Postpartum

Watch OBGYN Academy's pelvic floor physiotherapy videos: https://obgynacademy.com/pelvic-floor-physiotherapy/

How do I access pelvic floor physiotherapy?

You may either be referred by your healthcare provider or directly call the office to make an appointment.

Want To Know More About Pelvic Floor Physiotherapy?

- International Urogynecological Association (IUGA): Pelvic Floor Exercises
  - https://www.yourpelvicfloor.org/conditions/pelvic-floor-exercises/
- Find a pelvic floor physiotherapist:
  - https://www.womenshealthcpa.com/find-a-physio
- Pelvic Floor Pathway:
  - https://www.saskhealthauthority.ca/Services-Locations/patient-pathways/Pages/Pelvic-Floor-Pathway.aspx
- The Women's Health Division (WHD) of Canadian Physiotherapy Association (CPA):
  - https://www.womenshealthcpa.com

KEGEL EXERCISES

Kegel exercises are pelvic floor exercises that are used to strengthen the muscles of your pelvic floor.

Where are the pelvic floor muscles?
To contract the pelvic floor muscles, imagine that you are stopping the flow of urine or holding back gas. If you feel comfortable, place your finger into vagina or rectum. If you are activating these muscles, you will feel a contraction around your finger.

Get comfortable
Pelvic floor strengthening can be performed in any position. You can start by lying down in a comfortable position.

Focus on 'what you feel… and where'
Focus your contraction on the pelvic floor muscles and not using the muscles of your abdomen, thigh, and buttocks.

Remember to breathe!
Breathe freely during your exercises. Counting out loud can help ensure that you do not hold your breath.

How often?
It is recommended to practice Kegel exercises 2-3 times per day every day. Make pelvic floor strengthening part of your daily routine. You can do them discreetly just about any time, anywhere! One way to remember Kegel exercises is to do them when you feed your baby.

Having trouble?
If you are not sure if you are doing your exercises correctly, ask for help! Pelvic floor physiotherapists are trained to assess the pelvic floor muscles. They can help you identify your area of weakness, instruct you in the proper exercise technique, and monitor your progress.

FUTURE

Will I have another 3rd or 4th degree tear in future deliveries?
If you become pregnant again, please tell your healthcare provider that you had a 3rd or 4th degree tear. The risk of having another 3rd or 4th degree tear is 5.8%. This means that **94.2%** of women who have had 3rd or 4th degree tear in the past **will not** experience it again in the future! Your healthcare provider will discuss the route of future delivery with you. Most women are good candidates for vaginal delivery.

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