

affix patient label

Repairing 3rd or 4th degree perineal tears following vaginal delivery

What is a 3rd/4th degree perineal tear?

This is a tear between your vagina and anal canal (back passage), involving the muscles that surround your anus (also known as the anal sphincter). There are two rings of muscle surrounding the anal canal - the inner ring (known as the internal sphincter) and the outer ring (known as the external sphincter). Both these muscles are actively involved in the control of your stools and wind from your back passage. Damage to these muscles is graded according to the depth of injury:

- a **third degree tear** extends downwards from the vaginal wall and perineum to the anal sphincter
- a **fourth degree tear** extends into the anal canal and sometimes the rectum (bowel) itself.

How common are 3rd/4th degree tears?

Most women tear to some extent during childbirth, with 3rd or 4th degree tears occurring in less than 5% of women following vaginal delivery. Sometimes it is difficult to identify the full extent of the tear, so when such a tear is suspected you may need to be taken to the operating theatre to be examined under an anaesthetic.

Can a 3rd or 4th degree tear be predicted?

It is not easy to prevent or predict these types of tears. There are some factors that may indicate when a third or fourth degree tear is more likely. This is when:

- one of your baby's shoulders becomes stuck behind your pubic bone
- the second stage of labour is longer than expected
- this is your first vaginal birth
- you have a large baby (over 8 pounds 13 ounces or 4 kg)
- labour needs to be started (induced)
- you have an assisted birth (forceps or ventouse).

Could anything have been done to prevent it?

A 3rd or 4th degree tear cannot be prevented in most situations because it cannot be anticipated. Research has shown that, although an episiotomy (cut) makes more space for the baby to be born, it does not prevent a 3rd or 4th degree tear from occurring.

How is it treated?

If your midwife suspects that you may have sustained a 3rd or 4th degree tear, she will inform the obstetrician who will confirm the extent of damage and then arrange for you to have the repair done in the operating theatre under spinal analgesia, if you do not already have an epidural. The advantage of undertaking the repair in the operating theatre is that there is a good light source, appropriate surgical instruments and the repair is performed under sterile conditions. There may be a delay in performing your repair if the doctor or labour ward is busy.

Depending on the extent of the tear it may take up to an hour or more to suture the tears. As an epidural or spinal analgesic may make you temporarily lose your bladder sensation, a catheter will be inserted in your bladder to keep it empty for about 24 hours.

What happens afterwards?

Antibiotics will be started during the repair and you will be asked to continue taking them for seven days to minimise the risk of infection. You will be given painkillers to take if there is any discomfort. It is important that you avoid getting constipated following your operation as it may cause the repair to break down during straining. You will be given a stool softener (Lactulose 15 mls twice daily) for 10 days. You can increase this to three times a day or even reduce it if your stools are soft and you are able to empty your bowels without too much straining. Drink plenty of fluids (approximately 2 litres daily) and eat plenty of fresh fruit and vegetables.

Will I have any follow-up?

Before you go home, on the postnatal ward you will be seen by a midwife and arrangements will be made to see a pelvic floor physiotherapist. You will receive an appointment to see your area consultant 6 to 10 weeks after delivery, where you will be examined and asked about symptoms of bowel control. If you have bowel symptoms, you will be referred to a urogynaecology consultant for further tests through the back passage.

An additional leaflet is available providing pelvic floor advice following perineal tears. Please ask for a copy.

Will it affect any future pregnancies?

Based on the results of the tests that you have when you attend the Perineal Clinic, you will be given advice about the best way to deliver your next baby. You will also need to be seen in the Perineal Clinic for reassessment during any future pregnancies. You should still keep your appointment in the Perineal Clinic even if you do not wish to have any more children.

Are there any alternatives?

No.

What are the possible risks or complications?

Pain, infection, haematoma, painful sexual intercourse, discharge, poor control over wind/stools, urgency to open bowels, constipation, discomfort from suture knots, or fistula (connection between lower part of bowel and adjacent organs).

Useful contact numbers

Urogynaecology Nurse specialist 01872 252299 or 07824 836818

For further detailed information of recovery after this operation see www.rcog.org.uk/greentop

If you would like this leaflet in large print, Braille, audio version or in another language,
please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

Repairing 3rd or 4th degree perineal tears following vaginal delivery

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

AFFIX PATIENT LABEL

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits and summarised the risks, as below:

- To repair anal sphincter tear

Significant, unavoidable or frequently occurring risks:

- Pain, infection, haematoma, painful sexual intercourse, suture knot can be felt, discharge, constipation or stool leakage

Uncommon but more serious risks:

- Poor control over wind and stools, inability to bring sphincter together, anovaginal or rectovaginal fistula

Any extra procedures which may become necessary during the procedure:

- For example - Blood transfusion
- Other (please specify):

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: **Repairing 3rd or 4th degree perineal tears following vaginal delivery RCHT1471** which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

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STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Repairing 3rd or 4th degree perineal tears following vaginal delivery RCHT1471 which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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