Perineal tears- Rehabilitation and Education

Did your patient have a tear during their labour?

Do your patients report pain in their perineum when sitting or standing?

Has your patient reported pain with intercourse at the site of the scar?

Perineal injury is the most common maternal morbidity associated with vaginal birth[1]. A perineal injury occurs when the skin and/or muscles between the vagina and anus are injured during labour. Tears are graded from a first degree tear to a fourth degree tear. A first and second degree tear involves damage to perineal skin and superficial perineal muscles. It is the third and fourth degree tears that extend into the muscles of the anus and are classified as an Obstetric Anal Sphincter Injury. Harvey et al (2015) report showed the rate of missed OASIS ranged from 26-78% of women. The report further found that 27-35% of primiparous women who undertook an endoanal ultrasound evaluation within 2 months of delivery had a degree of anal sphincter defect[2].

Third degree tear involves injury to perineum involving the anal sphincter complex[2]

3a- Less than 50% of the external anal sphincter (EAS) thickness

3b - More than 50% of the EAS thickness is torn

3c – Both the EAS and internal sphincter muscles are torn

A fourth degree tear is injury to the perineum involve the anal sphincter complex and the anal epithelium.

A 3rd or 4th degree tear is of concern to your patient as it involves the anal sphincter muscles, either purely the external anal sphincter, or accompanied with the internal anal sphincter. Your patient may have received stitching while in hospital to aid in the healing of their tear, however they still require rehabilitation of the pelvic floor muscles to ensure the tear does not lead to future complications such as prolapse and bladder or bowel disorders. Research has shown that sustaining an anal sphincter injury significantly increases the risk of anal incontinence[4], with long term complications of anal incontinence being the most distressing and disabling. It is also associated with dyspareunia 3-6 months post delivery[4]. It is therefore extremely important your patient has physiotherapy treatment early to prevent complications, especially if they are looking to fall pregnant again.

At MPFP we will help by:

- Providing a thorough pelvic floor assessment
- Education on how to care for a perineal tear, including management strategies for bladder and bowel health and sexual function
- Provision of a tailored pelvic floor exercise program
- Providing therapy to aid with scar tissue healing
- Education and recommendations for return to exercise

[1] Premkumar G. (2005). Perineal trauma: reducing associated post-natal maternal morbidity.
[2]Harvey, M., and Pierce, M. (2015.) Obstetrical Anal Sphincter Injuries (OASIS): Prevention, recognition, and repair.
[3]Australian Council on Healthcare Standard. Clinical Indicator User's Manual 2010
[4]Johanesson et al (2014) PewcLWNXW ns predictors of anal incontinence during pregnancy and 1 year after delivery: a prospective cohort study.

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