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Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

**Ashford Hospital**  
London Road  
Ashford, Middlesex  
TW15 3AA  
Tel: **01784 884488**

**St. Peter's Hospital**  
Guildford Road  
Chertsey, Surrey  
KT16 0PZ.  
Tel: **01932 872000**

Website: [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk)

## Promoting recovery after sustaining an Obstetric Anal Sphincter Injury (OASI)

Women's Health Physiotherapy and Maternity



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### Further Information

We endeavor to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [patient.advice@asph.nhs.uk](mailto:patient.advice@asph.nhs.uk). If you remain concerned, the team can also advise upon how to make a formal complaint.

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**Author:** Jenny Sheppard

**Department:** Physiotherapy

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[www.birthtraumaassociation.org.uk](http://www.birthtraumaassociation.org.uk)

[www.pilesadvice.co.uk](http://www.pilesadvice.co.uk)

[www.acpwh.org.uk](http://www.acpwh.org.uk) (soon to be called POPG)

[www.rcog.org.uk](http://www.rcog.org.uk)

[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

This booklet is only intended to support the advice given by your obstetric physiotherapist.

## Promoting recovery after sustaining an Obstetric Anal Sphincter Injury (OASI)

### What has happened?

During childbirth some trauma may occur to the perineum (this is the area of skin and muscle in between the vagina and back passage).

This trauma is graded in levels of severity;

First degree

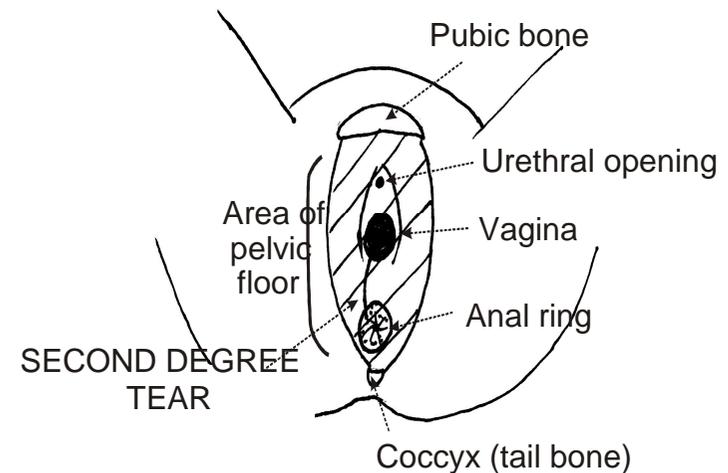
Skin Damage

Second degree

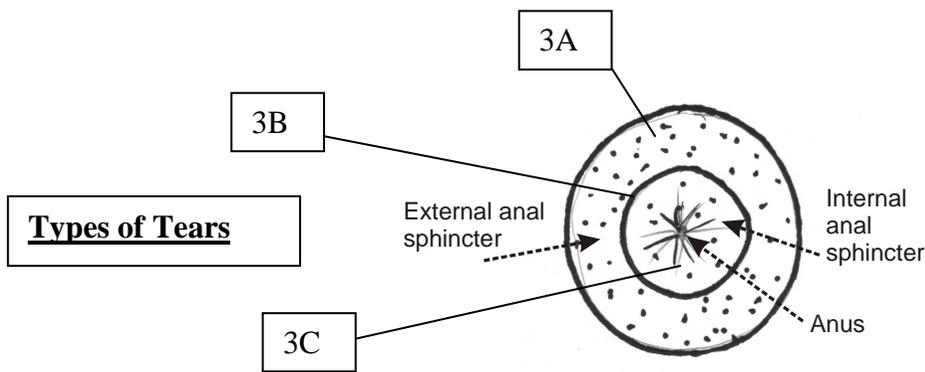
Perineal muscle also damaged

OASI/Third/Fourth Degree

Damage also to the Anal Sphincter (Back passage)



As you can see from the diagram above the anus is very close to the vagina, which is how the sphincter can become damaged during the delivery of your baby.



At your follow-up appointment with the Consultant Urogynaecologist they will discuss the implications of the tear and management of future pregnancies.

### Duty of Candor

4-6% of women experience a 3<sup>rd</sup> and 4<sup>th</sup> degree tear during delivery and we are sorry that this has happened to you. We have a very robust care pathway to identify, treat and promote optimum recovery following repairing these tears, where you will be closely monitored by various health professionals. This will comprise of visits to a women's health physiotherapist, birth reflections specialist midwife, lead nurse in anorectal physiology and a Consultant Urogynaecologist appointment six to nine months after delivery.

We review all cases and produce an annual audit report. Your case will be included in the report but anonymized and you can request a copy if you wish by emailing the Clinical Governance Team (see page 9).

### Your stitches

The superficial stitches of the perineum take about 6 weeks to dissolve, and the deeper ones to the anus (back passage) a minimum of 3 months to dissolve.

### Appointments

The women's health physiotherapist will contact you within the first few weeks following the birth to run through this information. You will be offered an appointment in the physiotherapy outpatient department to check on your healing, symptoms and correct pelvic floor action. Follow-up physiotherapy appointments will be arranged as necessary.

At around six to nine months postnatal you will also be offered an ultrasound of the back passage, by a specialist ano-rectal nurse who assesses the anal sphincter. These tests occur within the Pelvic Floor Clinic in the outpatient department, where you also have a consultation with the Consultant Urogynaecologist and Birth Reflections midwife, which take 2-3 hours to complete.

Should you have another pregnancy you should mention this condition at your booking-in appointment.

### Contact details

If you need any further support or advice you can contact one of the team below;

Women's Health Physiotherapists	01932 722358
Birth reflections Specialist midwives	01932 722879
Lead nurse in ano-rectal physiology	01932 723861
Urogynaecologists' secretary	01932 722124
Clinical Governance for Women's Health and Paediatrics	01932 722876

### Useful Resources

- Try and build up to hold for 10 seconds and repeat this 10 times.
- 10 fast, quick squeezes with an immediate release are important to work the muscles differently.

Don't worry if you can feel very little happening to start with. This is quite normal. Don't try too hard, just persevere with what you can feel and gradually it will become stronger. Avoid holding your breath and avoid tightening your buttocks as you do this exercise.

The hardest part is remembering to do the exercises **3 times a day forever**. Find a memory trigger e.g. washing your hands, feeding/meal times or **AFTER** going to the toilet. Using the toilet as a trigger is recommended as this will stay with you wherever you are, whatever you are doing.

### **Sexual Intercourse**

It is safe to resume sexual intercourse from six weeks postnatal once your stitches have healed. However, it is sensible to make sure that you feel ready as a couple to try this and are mindful that you also have deeper stitches that take at least 3 months to heal. When you feel ready you might like to use lubrication and opt for a position where you are in control of the movements. Inform your GP should you experience pain or vaginal spotting/bleeding.

### ***You should mention any pain, stinging or discharge to a health professional.***

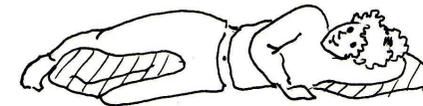
You will be given antibiotics to try to prevent infection, and it has been reported that it may be helpful to eat some live pro-biotic yoghurt daily to ensure a healthy balance of bacteria exists in your gut whilst on this medicine.

It is helpful to get some light and air to your stitches when resting, to aid the healing process. Keep your stitches as clean as possible. It is a good idea to use a bidet, or trickle of water from a jug over your perineum after using the toilet. Then use a hair dryer (on a cool setting) or dab your perineum dry using a clean towel.

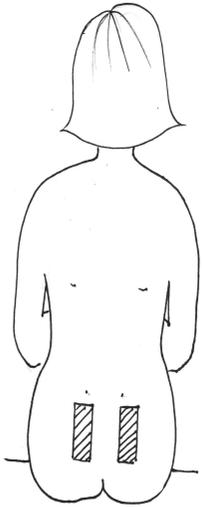
You can shower immediately and take longer baths once your superficial stitches have healed. Everyone is advised to avoid using perfumed products or soap to the vulval area, and use an emulsifying ointment instead. After a few weeks some health professionals recommend adding a few teaspoons of salt or tea tree oil to a bath.

### **Comfort**

In the first few days try not to spend too long on your feet, only doing the bare essentials. It is a good idea to rest and breast feed lying down horizontally with your baby when possible, which will eliminate gravity from your pelvic floor and help healing.



Notice in the picture above that her back is straight and she has a few pillows between her knees to support her pelvis and back.



Sitting may be helped by placing a folded up towel under each buttock cheek, with a space in the middle to relieve pressure on your stitches, just like a ring cushion.

If you hired a TENS machine for labour, you can also use it now to relieve any discomfort as shown

Alternatively ice cubes in a clean glove or an icepack in a damp cloth for 5-10 minutes will reduce the swelling.

Listen to your body and if your pain or blood loss suddenly increases despite pain relief, then you may have just over done it. If you are concerned liaise with your midwife and GP regarding your symptoms and pain relief.

### Opening your bowels and nutrition

It is important that your stools are not hard and constipated. With this in mind, you will be given some laxatives to prevent this occurring. Initially it can be helpful to apply some Sudocrem or Zinc oxide and castor oil to the back passage to aid a bowel motion. You cannot harm your stitches, but a healthy bowel function is important. As you open your bowels you may feel more comfortable supporting your stitches with your hand and a sanitary pad or tissues.

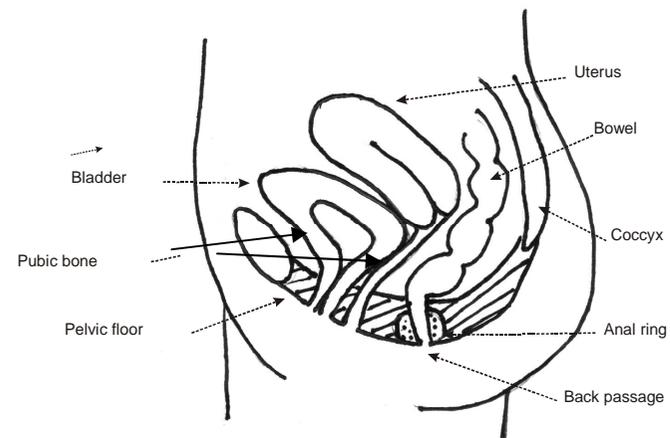
Drink at least 1.5 litres of fluids daily (6-8 drinks), but if you are breastfeeding you must replenish your fluids even more. Ensure you make yourself a drink every time you feed.

Eat a variety of fibre e.g. fruit, vegetables, wholegrain bread and cereals. A healthy diet also promotes healing of your stitches.

### Pelvic floor exercises from day one onwards

It is important to begin this exercise as comfort allows, as soon as possible although discomfort from stitches or swelling may make you reluctant to do so. Frequent, gentle contractions will help the healing process & prevent future problems with incontinence or prolapse. These exercises also support your back and can eventually aid sexual satisfaction.

Initially, choose a position in which you are most comfortable. This may be lying on the bed, in the bath or sitting on the toilet.



Try tightening the ring of muscles around the back passage as if to stop yourself passing wind. At the same time try tightening the muscles of the birth canal or vagina – pulling them in and up as if to stop yourself passing urine. You should feel a tightening from underneath and a gentle lift, and then **release** back down. Once you have found your pelvic floor muscles you can begin to build on their strength and endurance.