

Third- and Fourth-Degree Perineal Tears

Patient Information · Severe childbirth tears — repair and healing

WARWIKI

During vaginal childbirth, the area between the vagina and anus (the perineum) can tear. A **third-degree** tear extends into the anal sphincter muscle; a **fourth-degree** tear goes through it into the rectal lining. Together these are called **OASIS**. They are repaired carefully right after delivery, and with good aftercare most women heal well.

What Happened

The **anal sphincter** is the ring of muscle that holds in gas and stool. A severe tear affects this muscle, which is why careful repair and follow-up matter — to protect your long-term bowel control. These tears are not your fault and are not caused by anything you did.

The Repair

The repair is done soon after delivery, usually in an operating or delivery room with good anesthesia (often a spinal or epidural). The surgeon rebuilds the tissues **in layers** — reconnecting the sphincter muscle and, for fourth-degree tears, the rectal lining — with dissolvable stitches. You'll be given antibiotics and a plan for pain control and bowel care.

LEARN THE TERMS

Perineum

The area between the vagina and the anus.

OASIS

Obstetric anal sphincter injury — a 3rd- or 4th-degree tear.

Anal sphincter

The muscle ring that controls gas and stool.

Third degree

A tear into the anal sphincter muscle.

Fourth degree

A tear through the sphincter into the rectal lining.

Stool softener

Medicine to keep stools soft so you don't strain while healing.

Pelvic-floor PT

Therapy to rebuild strength and coordination after healing.

WILL I HAVE LASTING PROBLEMS? Most women heal well and regain normal control. A minority notice trouble holding gas or stool, which is why follow-up and pelvic-floor therapy matter — and effective treatments exist if symptoms persist. Tell your team about any leakage rather than waiting.

Healing & Self-Care

- 1 Keep stools soft** — take the stool softener you're prescribed, drink fluids, and eat fiber so you don't strain.
- 2 Pain control & hygiene** — use prescribed pain relief, rinse with warm water after the toilet, and keep the area clean and dry.
- 3 Rest and ease back in** — avoid heavy lifting beyond your baby; expect gradual improvement over weeks.
- 4 Pelvic-floor physical therapy** — helps rebuild strength once initial healing is underway.

Follow-Up & Future Births

- You'll have a check of how the repair healed and your bowel control.
- Discuss **future deliveries** — your team will advise on the safest mode of delivery next time.

Call your care team if you have:

- Fever, increasing pain, or foul-smelling discharge** (possible infection)
- The wound seems to be **opening up**
- Leaking gas or stool**, or new trouble controlling them
- Severe constipation or inability to have a bowel movement

Good to Know

- Sit comfortably (a cushion can help) and use ice early for swelling.
- Don't put anything in the rectum (no suppositories/enemas) unless your team says so.

THREE THINGS TO REMEMBER

- A 3rd- or 4th-degree tear (OASIS) involves the anal sphincter and is repaired in layers right after delivery.
- Keep stools soft, care for the wound, and do pelvic-floor therapy — most women heal well.
- Report any leakage of gas or stool, fever, or a wound that opens — early help leads to better outcomes.