

Rupture of the sphincter



REGION SJÆLLAND

HOLBÆK SYGEHUS

-vi er til for dig



Patient information: anal sphincter rupture after childbirth

In this leaflet, you can find information about:

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- Follow-up
- Contact details if you experience problems
- Pain management
- Toilet visits
- Relieving pressure on your pelvic floor while the tear heals
- Rehabilitation and physiotherapy

When the anal sphincter muscle has torn, it is normal to experience pain for at least the first month. During this period, you may also find it difficult to control urine, gas (flatulence), and in rare cases, bowel movements.

Follow-up

You will be offered a follow-up examination at the gynaecological outpatient clinic 7–14 days after giving birth. You will receive information about

the appointment time via your digital mailbox (E-boks).

Contact


Contact the department immediately if:

- You have great difficulty controlling your bowel movements
- The pain from the tear becomes more severe
- You think your stitches have come undone

You can contact the Maternity Ward by phone at +45 59484300, 24 hours a day, until you have attended your follow-up appointment at the gynaecological outpatient clinic. After this, you should contact your own doctor if needed.

Your Tear

During the first weeks after giving birth you may experience swelling and tenderness around the stitches. It is a good idea to look at your tear/stitches with a mirror before you leave the hospital, because you will know what it looks like and can monitor the healing process yourself. As your tear begins to



heal, it may itch or feel tight. Tears usually heal after about a month, but it may take longer for all the stitches to dissolve. All women who have given birth vaginally may experience tenderness and a feeling of heaviness in the pelvic floor, but your pain should decrease within the first 14 days.

Pain Relief Medication

You will be offered regular pain relief medication while you are hospitalized. Even if you are breastfeeding, you may continue taking pain relief medication after you go home.

We recommend that you take 2 tablets of Paracetamol 500 mg (e.g., Pamol or Panodil) up to 4 times a day, together with 2 tablets of Ibuprofen 200 mg (Ipren) up to 3–4 times a day. Take the tablets for as long as you are in pain. Stop taking Ibuprofen first, but you may continue with Paracetamol for a few more days.

Pain-Relieving Ice Packs

You can use an ice pack to relieve pain. You can buy reusable ice packs at the pharmacy or at Matas. You can

also make your own ice pads by wetting sanitary pads and freezing them. Always wrap the ice pack in a cloth to avoid freezing your skin. We recommend using the ice pack for 15 minutes at a time, with a few hours in between. You can continue using ice packs for as long as you need them.

Toilet Visits

After a bowel movement, for the first 7–10 days, you should rinse yourself with water instead of wiping, and then gently pat your skin dry with a towel. After the first 10 days, your skin would have healed, and you may use toilet paper. If it stings when you urinate, it may help to rinse yourself with water while urinating. You may continue rinsing yourself after urinating and after bowel movements if you find it more comfortable. If your skin becomes very irritated, stop doing this.

Avoiding Constipation

It is important to reduce pressure on your pelvic floor while it heals. Therefore, you should avoid constipation. To do this:

- Eat a fiber-rich and regular diet
- Drink 1.5–2 litres of fluid per day
- Avoid straining to have a bowel movement

We recommend taking

Magnesia, a laxative, which makes your stool softer and easier to pass.

We recommend:

- Taking 1–2 Magnesia tablets every evening
- Usually only taking a laxative once a day
- Stopping or reducing the dose if you get loose stools
- Continuing for as long as you need it, even after you go home

It is gentler for your pelvic floor muscles to continue taking Magnesia than to become constipated. Magnesia is not harmful or addictive and is available over the counter.

Pelvic Floor Rehabilitation

We recommend that you start gently exercising your pelvic floor muscles as soon as possible. Do this by performing pelvic floor exercises. It should not hurt to do pelvic floor

exercises.

You can find information about pelvic floor exercises at kvindekrop.dk.

Protecting Your Pelvic Floor in the Early Weeks

For the first 3–4 weeks after giving birth, your tear needs rest and time to heal.

To relieve your pelvic floor:

- Avoid constipation and avoid straining during bowel movements
- Support your perineum, e.g., with a folded pad, while having a bowel movement to make it less uncomfortable
- Avoid sitting or standing for long periods if it causes pain. If you need to sit, use a soft cushion. Avoid sitting on a toilet seat
- Lie down and rest when you are in pain or need a break
- Lie down when breastfeeding to also relieve your pelvic floor
- Avoid lifting heavy objects—it should not hurt to lift
- Take short walks—make sure you can walk back home
- Do pelvic floor exercises

Your Pelvic Floor After the First Month

You can gradually start to increase your activity level after the first month. If an activity causes tenderness, it is often a sign that the activity was too strenuous for your pelvic floor. You can reduce the strain by, for example, taking shorter walks. If you have the energy, you can start postnatal exercise after the first month, preferably with an instructor who has special knowledge about the pelvic floor after childbirth. Over the next few months, you can gradually return to your normal physical activities, such as running or fitness. If you are in doubt, you can discuss this with your physiotherapist.

Physiotherapy

Because you have had a severe tear, you will be offered physiotherapy. You will be offered an appointment with a physiotherapist approximately 4 weeks after giving birth. The physiotherapist will examine your pelvic floor muscles in the vagina and around the anal opening. You will be asked if you have problems controlling urine,

bowel gas, or bowel movements, and if you are experiencing pain. You will also receive guidance on how to continue rehabilitating your pelvic floor muscles.

When Can You Resume Sexual Intercourse?

You can resume sexual intercourse when you feel ready for it, but at the earliest 6–8 weeks after giving birth. The pelvic floor and sphincter muscle usually heal after 4–6 weeks. In the beginning, you may experience tenderness in the vaginal opening or deeper in the vagina. Many new mothers find that the mucous membranes in the vagina feel dry and sensitive. Therefore, it is a good idea to use a silicone-based lubricant and, if necessary, a numbing gel (Xylocaine gel 2%) during intercourse. Both are available over the counter. Talk to your physiotherapist or doctor if you have pain during intercourse. As long as you are bleeding, we recommend using a condom to reduce the risk of infection.

Next Pregnancy

If you become pregnant again, it is important to inform your healthcare provider that you

have had a tear in the anal sphincter muscle. You will be offered an appointment with a doctor during your pregnancy so that we can plan the birth as appropriately as possible. If you do not have problems controlling your bowel movements, you can generally give birth vaginally in your next pregnancy.

Gynækologisk/Obstetrisk Afdeling

Holbæk Sygehus

Smedelundsgade 60

Labour ward 05-3

Phone 59484293

Postnatal- antenatal ward 06-3

Phone: 59484300/59484302

www.holbaeksygehus.dk