

Patient information

Caring for you perineum after delivery

Barts Health Physiotherapy Website:

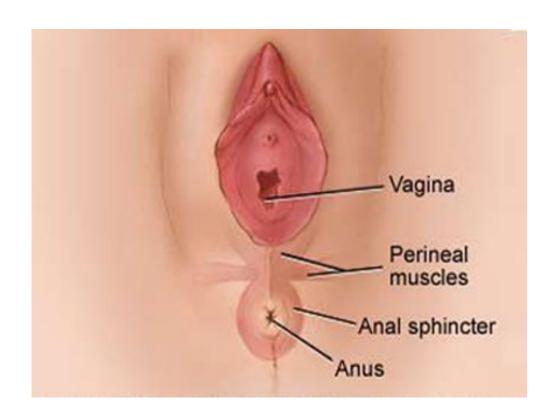
www.bartshealth.nhs.uk/physiotherapy



What does this booklet cover?

This leaflet is designed to give you more information regarding the perineal injury you sustained during your delivery, how to manage the pain and take care of your bladder and bowels.

Where your perineum area is:



How to manage your pain

- 1. Medication (none of these medications will interfere with breast feeding).
 - Pain relief: While on the ward you will be offered regular medication to relieve any pain, this will be prescribed for you to take home.
 - Stool Softener: e.g. Sodium Docusate (Dulco-ease) can be used postnatally to help soften the stools.
 - Laxatives: For example Fybogel and Lactulose may be provided to help keep your bowel movement soft and regular. It is good to try to keep your stools like a 'toothpaste' consistency.
- 2. Avoid prolonged sitting or standing for the first 2 weeks.

To help with sitting, place towels or pillows under each thigh/bottom cheek to raise you up and take the pressure off the tissues underneath. We do not recommend sitting on a rubber ring. It may help to rest on your side; place some pillows in between your knees and under your abdomen. This position is comfortable if you have stitches and is also a useful breastfeeding position. Also, resting flat on your back with 1-2 pillows under your neck can be relaxing. Lying down regularly helps to take the pressure off the perineum, and can also help to improve leg circulation to reduce any swelling.

3. Using ice packs/cold compress can also help with pain and improve the healing of the wound. To use ice over the perineum, wrap it in a clean damp towel and place it onto the area or dampen some sanitary towels, put them in the freezer, once frozen you are able to use them. Cover the sanitary towel in a face cloth or a few rolls of paper towel. Place over the perineum for 10-15 minutes. Then remove and re-apply every few hours.

Wound care and washing

- Your stitches should dissolve and disappear in a couple of weeks. If you have had a 3rd or 4th degree tear, your stitches in these sphincter muscles take about three months to dissolve.
- Sometimes these can be felt through the skin near the back passage when wiping your bottom – this is normal.
- It is normal to have bleeding and vaginal discharge initially.
- There is a slight increased risk of infections with cuts, tears and stitches. Keep the area clean and dry by washing gently after you use the toilet; use lukewarm water and pat dry gently with some thick toilet tissue. Try to avoid wiping the area.
- You could use a water bottle with a squirt top and keep this beside the toilet or use the shower hose on a very gentle power setting.
- Change sanitary pads regularly.
- When you get home, having a soak in a warm bath can help to relax the muscles. Avoid any bubble bath or perfumed products.
- If you having problems with your stitches, please discuss this
 with your community midwife or GP. If this continues at six
 weeks, discuss it with your consultant or midwife at your
 follow up check.

How to take care of your bladder

Make sure you drink 1.5-2 litres of water in the first 24 hours after delivery. If you are breastfeeding, increase your fluids to 2-3 litres per day. Aim to pass urine every 2-3 hours.

You may have a urine catheter post-delivery. After the catheter is removed, it is important you pass urine within 6 hours. If you haven't passed urine within 6 hours, inform your midwife or doctor immediately. Your midwife will give you a bowl or jug to measure your urine in. It is important for us to know the volume of urine to ensure your bladder is working properly. If you are having difficulty passing urine or have not had an urge to pass urine 4 hours after your catheter has been removed try the following:

- Turning on the taps so you can hear running water (this can help to stimulate an urge)
- Going to sit on the toilet, relaxing and leaning forwards.
- Gently tapping over the bladder near your pubic bone for a few minutes.
- Rocking forwards and backwards on the toilet.

If you have pain when you pass urine, pour lukewarm water over the perineum as you pass urine or just afterwards. Only do this once your urine has been measured. Inform your midwife of the pain (if you are in hospital) or if you are at home and have been prescribed pain medication, take some of these.

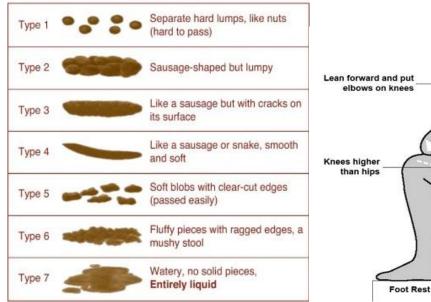
Avoid 'stop & start' the flow of urine.

How to manage your bowels

Many women are anxious about opening their bowels for the first time after delivery.

- Try not to put off opening your bowels once you have the urge to go as this can make you more constipated. While having a bowel movement, try holding a wad of toilet paper or sanitary pad firmly over the vaginal area to give support to your stitches.
- Avoid straining by doing small gentle squeezes to push the stool down rather than one large pushing movement.
- To help prevent constipation, you will need to maintain a good fluid intake (see bladder info) and a healthy diet rich in fibre; fruit and vegetable fibre is usually better than bran-type fibre.
- If you have been prescribed laxatives, use these as needed to ensure your stools remain soft but not watery. (Ideally aim for type 3-4 on the Bristol stool chart below).
- Make sure you sit in a good position on the toilet. This will ensure your completely empty your bowels.

Bristol stool chart





The ideal position for opening bowels is:

- Knees higher than hips. Place a foot stool under feet.
- Lean forward and put elbows on your knees.
- Breathe in through the nose and bulge abdomen outwards while keeping spine straight and at the same time try moving your bowels
- Avoid sucking belly inwards when you need to push/propel/open bowels.

Pelvic floor exercises

Pelvic floor exercises should be done daily to prevent incontinence and to help control wind after birth. You should aim to do pelvic floor exercises 3-5 times a day. (See the 'Fit For The Future' or pelvic floor leaflet which has instructions on how to do pelvic floor exercises). If you are unsure, speak to your Physiotherapist.

Contact Information for Barts Health Therapies Department

The Royal London Hospital Telephone No: 0207 377 7872

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Mile End Hospital

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Telephone: 0208 535 6671 (Wanstead site: 0208 989 2368, Chingford site: 0208 524

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Newham University Hospital Telephone No: 0207 363 8141

Email: TherapyOutpatients.Newham@bartshealth.nhs.uk

For patient information leaflets on other conditions please visit: www.bartshealth.nhs.uk/physiotherapy

Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services. www.bartshealth.nhs.uk/pals

Large print and other languages

For this leaflet in large print, please speak to your clinical team. For help interpreting this leaflet in other languages, please ring 020 8223 8934.

Te informacje mogą zostać na żądanie przedstawione w formatach alternatywnych, takich jak łatwy do czytania lub dużą czcionką, i w różnych językach. Prosimy o kontakt pod numerem 02082238934.

Macluumaadkan waxaa lagu heli karaa qaabab kale, sida akhriska fudud ama daabacaadda wayn, oo waxaa lagu heli karaa luqaddo kale, marka la codsado. Fadlan la xidhiidh 02082238934.

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All our patient information leaflets are reviewed every three years.