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| **Information for patients who have suffered damage to the sphincter of the colon**  **Why was the sphincter damaged?**  During childbirth muscles and tissue attached to the pelvic floor are stretched, and ruptures may occur. Minor ruptures occur in many women who are giving birth for the first time. In some rare cases the rupture spans from the perineum to the colon so that the sphincter is partially or completely torn. There is greater risk of this happening when the head is thrust out very fast toward the end of the delivery, if the baby is large or if delivery of the baby is aided by vacuum extraction or by forceps.  **What is the sphincter?**  The sphincter is a circular muscle around the lower part of the colon. Its function is to retain air and feces inside. It does this by constant constriction. If the sphincter has been ruptured and has not healed properly the closing mechanism can be reduced. This may lead to loss of flatulence control or anal leakage.  **How is damage to the sphincter repaired?**  The damaged muscle ends are closed with surgical sutures. The rupture in the perineum is then repaired. Swelling and soreness in this area is common after childbirth. The suture will dissolve themselves after one or two months. Sutures do not need to be removed unless they become a serious nuisance.  **For how long will you experience pains after childbirth?**  The first days after giving birth it is normal to feel a stinging sensation when you urinate. You may experience itching in the area that has been sutured. Healing will normally take three to four weeks. It may take a month before pain and discomfort disappear and to regain normal sensation around your vagina.  Pain killer medication may be needed one to two weeks after childbirth. We recommend using 1 gram Paracetamol (Paracet/Panodil) four times a day and you can add Ibuprofen (Ibux) 400 mg three times a day. If you get severe pain or develop a fever, you should contact a physician or the maternity ward. Increasing pain may indicate infection in the tissue.  **Hygiene**  Keep the wound clean by rinsing with lukewarm water after toilet visits. Refrain from scrubbing or vigorously washing the affected area. As a general rule, rinsing with a shower is sufficient.  **Breastfeeding**  You should try to limit sitting down for a long period of time the first couple of weeks after giving birth. Breastfeeding while lying on your side is a good idea. Pain killer medication does not harm the baby through breastfeeding.  Here are some good advices regarding your bowel function. It is normal that bowel function is reduced a few days after childbirth. You will be offered a laxatives at the maternity ward. You should continue to use this (Laktulose 15 ml administered twice daily) the first couple of weeks. Avoid too much pressure during toilet visits. To avoid your stool being too solid drink 1,5 to 2 liters of water a day and eat fiberrich foods like whole grain bread, fruits, raisins or prunes. If your stool becomes too fluid reduce your intake of laxatives.  **Flatulence**  Inability to control flatulence is normal the first weeks after childbirth. Muscles and nerves need time to regain normal function.  **When should I call a doctor or the hospital?**   * If you develop fever * If there is a severe swelling * If pain related to your wound flare up * If you think your wound has ruptured * If you experience anal leakage   **Advices for healing faster**   * Avoid sitting for longer periods. It may aggravate your wound and cause increased pain * Roll in and out of bed * Breastfeed while lying on your side * Do not lift more than 10 kilos the first four to six weeks * Use pain killer as prescribed when necessary * Avoid solid or hard stools   **Will I be normal again?**  Most women who suffer a ruptured sphincter experience no long term ailments. Those that do are mostly troubled by flatulence control from time to time. Very few may experience anal leakage or feel a rush to get to a toilet. If you experience these symptoms you should seek medical support because treatment is available.  **Physical therapy and getting back in shape**  Some maternity wards offer guidance from a physical therapist before you are discharged. They will guide you how to relieve the pelvic floor the first few weeks after birth and instruct you how to strengthen the muscles in that area. These exercises may decrease the risk of troublesome flatulence and stool leakage. You are encouraged to perform these exercises for many months after childbirth, preferably throughout your whole life.  You can start strengthening you pelvic floor muscles immediately after giving birth. We recommend a physical therapist in order to ensure you’re doing the exercises correctly and get a detailed training program. The maternity ward may fill out a prescription for physical therapy before discharge.  **Pelvic floor exercises after childbirth**  If you find it difficult getting started, here are some good advice   * Lay on your back or your side with bent knees. Squeeze your pelvic floor tight * While squeezing relax the muscles in your abdomen, buttocks and thighs * Take a five to ten second break in between squeezes * Repeat squeezes five to ten times * Repeat several times a day   **Sex after childbirth**  If your sphincter was ruptured it could take a month to heal and you should avoid intercourse the first four weeks. Anal sex is not advisable the first two months. You may experience a decreased sexual desire while breastfeeding. This is due to changes in your hormonal balance and it could lead to vaginal dryness. It is advisable to use lubricant to avoid pain.  **Control after sphincter rupture**  Most hospitals offer a control within six to twelve months after childbirth. Even if you experience ailments the first couple of months your condition may spontaneously improve during the first year. If you’re suffering greatly you should consult your general practitioner before this control. It is important that you share with us the ailments you are suffering from, because there are treatments available. | |