

# Your Checklist for Perineal Tear & Episiotomy Recovery

## ***First 6 weeks after delivery***

- ☐ **Follow your healthcare provider's guidance regarding lifting and activity**
  - Consider avoiding deep squatting motions, especially if you have stitches
- ☐ **Manage pain at home**
  - Cool pack over underwear as needed for pain
    - Ice directly on pelvis has been shown to decrease healing time
    - A padsicle is okay if it has been allowed to thaw before touching body:  
<https://pregnantchicken.com/padsicles/>
  - Sitz bath: <https://www.whattoexpect.com/first-year/postpartum-health-and-care/sitz-bath-postpartum/>
  - Avoid sitting the whole day – take breaks to lie down to get pressure off the pelvis
  - Medications as recommended by your medical team – always talk to your provider first
    - Medications by mouth: acetaminophen (Tylenol), ibuprofen, naproxen (Aleve)
    - Medications on tear/episiotomy:
      - Lidocaine gel/cream – numbs tissue; prescription grade recommended
      - Estrogen – improves tissue quality, may reduce pain; discuss risk of developing granulation tissue with medical team
- ☐ **Start gentle movement of the pelvis**
  - **Deep breathing exercise – aim for 1 to 5 minutes total per day**

- Sit comfortably in a chair or lie down
    - Place your hands on your belly
    - Feel your belly expand as you breathe in
    - Feel your belly move back towards your spine as you exhale
    - On your next inhale, imagine your breath expanding down to your pelvis
    - Continue to visualize expansion and softening at your tear/episiotomy
  - **Pelvic floor muscle engagement and relaxation – 10 repetitions per day**

- Lie down on your back or side
    - Gently breathe in
    - As you exhale, perform a pelvic floor muscle contraction (a.k.a. Kegel)
    - Release the contraction as you inhale again
    - NOTES: Stop this activity if you feel pain. If you are struggling to perform this motion, see the handout “How to Do a Kegel”
- ☐ **Speak up if something doesn't feel right! You have options:**
  - Get tested for a pelvic infection – sometimes infections such as yeast or bacterial vaginosis can interfere with healing
  - Get checked for an issue with stitches, if present
    - Many stitches are meant to dissolve but this does not always happen as expected
    - Your medical team can help with removing problematic stitches
  - Get checked for granulation tissue (also known as proud flesh)

- Granulation tissue is very painful tissue that grows from an injury when the body goes into overdrive healing a cut. It is often red and hurts even with light touch from a Q tip.
- A healthcare provider may treat granulation tissue in their office with silver nitrate. Silver nitrate is a chemical applied on top of the granulation tissue to stop it from growing.
- Sometimes people require multiple rounds of silver nitrate to address the granulation tissue. Sometimes providers will take a wait-and-see approach. Other providers might try topical estrogen to improve the quality of tissue.
- Rarely, surgery is used to remove granulation tissue.
- More information:  
<https://www.thevagwhisperer.com/postpartum/2020/3/4/perineal-tearing>

## 6 to 12 weeks after delivery

- ☐ **Assess your pelvic floor function – tell your medical team if you have any of the following**
  - Bladder leakage
  - Bowel leakage
  - A feeling of heaviness at the bottom of your pelvis and/or a dragging sensation in your lower belly
  - Pain anywhere in your pelvis, low back, or belly
  - Must rush to get to a toilet in time
  - Urinating more than 9 times or less than 4 times in 24 hours
  - Waking up more than once or twice per night to urinate
- ☐ **Meet your new body changes**
  - Look with a mirror to see what is new about the way your body appears and feels
  - Ask your medical team if you have any questions about what you see
- ☐ **Optional: Perform scar mobilization to decrease pain and improve tissue movement**
  - **Position:** This may be easiest to do in the shower, but can also be done in bed or sitting on the toilet
  - **Amount of time:** Aim for every other day, for about half a minute to two minutes
  - **Directions:** When one level is no longer bothersome/painful, move to the next level. It may take a week or two to progress a level. If pain is present for more than a week, talk to your medical team. Avoid scar mobilization if you still have granulation tissue healing.
  - **Levels of perineal scar mobilization:**

- **Level 1:** Lightly touch the tear/episiotomy scar with the tip of your index finger
    - **Level 2:** Lightly brush back and forth over the scar with the tip of your index finger
    - **Level 3:** Gently press into the scar with the tip of your index finger
    - **Level 4:** Press into the scar and gently sweep back and forth with the tip of your index finger
    - **Level 5:** Practice this level on your own hand before practicing on your scar. Use your dominant hand thumb and index finger to gently grasp the opposite hand's web between the thumb and the index finger. Move this tissue back and forth a few times. Now that you have the feel of the motion, use your dominant thumb and index finger to gently grasp your scar and lightly wiggle it back and forth.

☐ **Optional: Start a pelvic floor muscle strengthening routine**

- **Direct strengthening:** The goal of a direct strengthening is to regain pelvic floor muscle strength lost by the tear/episiotomy. Direct strengthening has been shown to reduce leakage and feelings of pelvic heaviness. A direct strengthening program is appropriate for someone who feels confident performing a pelvic floor muscle contraction, also known as a Kegel, AND has no pain during these exercises. For information on how to perform a Kegel, see the handout “How to Perform a Kegel.”

- **Beginner program:**

- **Position:** Lying down
- **Amount:** 1-second Kegel x 5 in a row, 5 times per day (25 total)

- **Advanced program:**

- **Position:** Sitting or standing
- **Amount:** 10-second Kegel x 10 in a row, 3 times per day (30 total)

- **Indirect strengthening:** The body will engage the pelvic floor muscles automatically during certain exercises. These exercises are a good alternative to direct pelvic floor muscle strengthening/Kegels if someone is unable to do a Kegel, or is unsure if they are doing a Kegel correctly. YouTube is an excellent resource for learning how to do these exercises. If you need more coaching, reach out to a pelvic health physical therapist.

- Heel slide OR straight leg raise: 10 reps, 3 sets per leg
- Squeeze both fists between knees: 5-second squeeze x 10 reps, 3 sets
- Clamshell: 10 reps, 3 sets per leg
- Belly button pull in (transversus abdominis contraction): 3-second x 30 to 60

## ***Beyond 3 months***

- ☐ You should no longer have pain in your perineal scar **OR** you should have a plan in place to address pain. Consider reaching out a pelvic floor physical therapist if you need additional with healing. To find a physical therapist near you, consider the following databases:
  - <https://pelvicrehab.com/>
  - <https://ptl.womenshealthapta.org/>
- ☐ You should have no bladder, bowel, or sexual problems at this time **OR** you should have a plan in place to address your problems. After three months out, the body typically needs help from an expert to improve. Getting better IS possible.
- ☐ You should resume exercise or movement that feels good to your body.

## ***Washington State Resources***

- ☐ **Intimacy Therapists**

- Northwest Institute on Intimacy: <https://www.nwioi.com/>

- ☐ **Mental Health Support**

- Perinatal Support of Washington: [www.perinatalsupport.org](http://www.perinatalsupport.org)
- Postpartum Support International: [www.postpartum.net](http://www.postpartum.net)

- ☐ **Online Support Group**

- 4<sup>th</sup> Degree Tear Support Group: <https://www.facebook.com/groups/1538075199800995>

## Could you use a little extra help healing your pelvis?

I'm here for you! I offer phone, virtual, and in-home consultations. If you text me at 2 am, there's even a chance I'll be up with my baby and get back to you. My doctorate in physical therapy and years of experience treating pelvic floor injuries mean that you don't waste your time with ineffective care. You deserve to feel restored in your pelvis so that you can feel what it's like to not hold yourself back.

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