

Physiotherapy

Post-Op exercises and advice after Gynaecology surgery

Physiotherapy techniques are an important part of your recovery. This advice sheet contains some simple ways that you can help yourself after your surgery.

After an operation there are risks that may mean you produce phlegm and be more 'chesty' than normal. This can be due to the anaesthetic, pain from the surgery because you are moving around less after an operation.

If phlegm remains in the lungs, it provides an ideal environment for bacteria to grow and chest infections to develop. A chest infection can mean a longer or more complicated hospital stay.

There are a number of simple exercises and measures that **you** can take to help reduce the risk of this. The following advice is to help you to keep your chest clear.

Breathing exercises and coughing (for immediately after surgery, continue for at least 1 week)

The breathing exercises need to start as soon as possible as this helps the lungs re-expand after the anaesthetic. Ideally they should commence within the first few hours of waking up after your operation.

Deep breathing and coughing may feel uncomfortable but you will **not cause any damage** to stitches or clips. It is very important that you can cough strongly and effectively after your operation. To help strengthen your cough and ease any pain, support your wound with a clean rolled towel over the top of your clothing.



Patient Information

- Sit upright in bed or in an armchair
- Take a deep breathe in, through your nose, hold for 5 seconds and breathe out gently through your mouth.
- Repeat 6 times
- Support your wound with a rolled towel
- Cough strongly from your stomach not your throat
- You may or may not cough up some phlegm
- If you cough up some phlegm spit it into a pot or tissue and repeat the cycle until you are not coughing up phlegm
- Rest and repeat the breathing exercises every hour when you are awake

Repeat the breathing exercises and coughing hourly for the first week following your operation.



Circulation exercises: (Important to start while in hospital, and continue at home for first few weeks)

- 5 of each, hourly
- In the early days after an operation there is a small risk of blood clots in the deep veins of the legs.
- Do NOT cross your ankles or legs when sitting or lying as this impedes the flow of blood.
- Moving your feet up and down and making circles with your feet will boost the circulation in the lower legs and help prevent blood clots.
- One of the best things to aid in circulation after surgery is getting up out of bed and walking around the ward. The nursing staff will be able to let you know when this is safe to do so, usually on the same day as your surgery or the next day depending on the type of surgery you have had. You may need to wait until the catheter and vaginal pack are removed.

Patient Information

Pelvic Floor exercises

The pelvic floor muscles run from the pubic bone at the front of the pelvis back between the legs to the tail bone at the back of the pelvis

They form a sling and their main job is to support the bladder, vagina, uterus (if you have one), bottom and bowel.

They also keep the openings (urethra, vagina and anus) closed tightly.

A number of things cause these muscles to become weak: childbirth, lifestyle, being overweight, smoking, some medications and sometimes after an operation or having had a catheter in for a few days

This may cause you to leak or dribble wee (urine) or feel that you have less control over your bladder.

As a woman it is very important to do pelvic floor exercises everyday forever.

This helps maintain their strength and the support they give.

How to do your pelvic floor exercises

They can be done in any position. The type of surgery you have had will affect when you can start these exercises. For most people who have had a vaginal surgery, this is 6 weeks after surgery. For abdominal surgery, you can start once you have had your catheter removed.

1. Keeping the rest of your body as relaxed as possible, imagine you are trying to stop yourself passing wind – squeeze and let go
2. Imagine you are trying to stop yourself weeing (passing urine) – squeeze and let go
3. Then put them together. The feeling is one of squeeze and lift closing and drawing up back and front passages. This is a pelvic floor contraction



Patient Information

There are 2 ways of working these muscles and you should do each 3x per day:

1. Squeeze, lift and hold for as long as you can and let go. Over time and with practice the number of seconds you can hold the contraction will increase as will the number of holds you can do. The muscles will gradually get stronger.
2. Squeeze, lift and quickly let go. Repeat this up to 10 times

If you are not sure whether you are squeezing the right muscle group, then try and stop passing urine mid-stream. You may only reduce the flow but the squeezing feeling down below is your pelvic floor muscles working.

DO NOT DO THIS EVERYTIME YOU PASS URINE.

This can irritate the bladder and make it unstable.

- Do not start doing these exercises if you have a catheter collecting your wee – wait until it is taken out
- If you do not have a catheter, it is quite safe to get these muscles working soon after an operation. (Unless you have had vaginal surgery –wait 6 weeks until you start your pelvic floor exercises).
- Remember to carry on doing these exercises after you have gone home. Pelvic floor muscles are very important and exercising them should be a lifetime commitment.

Drinking:

- What you drink each day can have a huge impact on your bladder or bowel symptoms.
- If you are dehydrated, your bowels may not be moving easily or your bladder may be more irritated
- Frequent dehydration can increase your risk of urinary infections, urinary leakage and constipation or obstructed defecation.
- You should be drinking 1.5-2 litres of fluids per day. More if you are currently breast-feeding.
- Avoid drinks containing caffeine (tea, coffee, energy drinks) and also avoid carbonated (fizzy) drinks.

Patient Information

- Try to drink at a steady pace – sip at a water bottle throughout the day – this makes it easier to maintain a steady bladder routine.

Bladder and Bowel Activity;

After surgery it may take a few days for your bladder and bowels to work normally again.

It may also take a few days for your appetite to return. It is important therefore that you get enough fiber when you do eat.

Foods with fibre include fruit and vegetables.

The first time you poo after an operation it may be a little uncomfortable.

When you sit on the toilet, your knees should be slightly higher than your hips. You may want to put a thick book or small stool under your feet to achieve this position. Relax with your forearms resting on your thighs, to allow your bottom to open in a gentle motion. Do not strain.



Getting out of bed (Safe to do so when nursing staff advise on the ward – usually day 1 following surgery)

- Roll onto your side
- Lower your feet over the side of the bed
- Push up with your hands
- If you have stitches in your tummy, you may want to give them some extra support by holding onto your tummy with a rolled towel or your hands as you come forwards.

When you do stand up, take time to straighten up and then walk tall. Bending forward will make any back ache worse and cause abdominal contents to press more heavily on your wound.

Patient Information

Early exercises (Start these as soon as you are home, or on day 2-3 of a hospital stay)

Three times daily

These are done to increase mobility, strength and circulation.

They also reduce:

- Stiffness
- Wind and pain due to wind
- Back ache

These exercises are done on the bed, on your back with your knees bent up.

Start with five of each but gradually build up to ten of each.

Abdominal contraction:

Lie on your back with your knees bent, feet on the bed and relax into the bed.

Lay your hands on your lower tummy muscles (abdominal)

Breathe in gently allowing your tummy to rise. As you let the breath out, keep your back and ribs relaxed while drawing in your lower tummy (at belly button level) towards the spine. You should feel the muscles under your fingers tighten.

Keep this contraction in the deep abdominals for 2 or 3 breaths and then relax fully.

This is the muscle to use for support when you are being physically active with bending, lifting, and standing for a period of time.

Pelvic tilt:

Doing the above tummy contraction, and also your pelvic floor muscles at the same time, flatten your lower back into the bed, allowing your pelvis to tilt. Do not lift your head. Hold this position for a few breaths, and then relax. Repeat 5 times.

Patient Information



Knee Rolls

Again, activate your abdominal muscles and keeping your back still on the bed, and your knees & feet together, slowly let both knees go to one side, and then the other.



Healing and getting back to normal

Week one:

Pretend you are still in hospital. Get up and get dressed and potter. Rest is essential and for everything you do, you should have a rest afterwards. Lie down at least three or four times a day. Short walks in the garden or in the house are good for your circulation. You will be able to use the stairs but take it slowly. If you can lift something comfortably with one hand for example the kettle then you can make yourself a cup of tea or a small snack or put a meal in the microwave. If you use a kettle just put in the amount of water that you need. Do not lift anything else that pains or strains your wound. Do not try to go shopping or carry out housework for the time being. If family or friends offer to help, then let them. By the end of the week you can go for short walks, going just a little further each time. Continue to have lots of rest periods, but don't forget your exercises.

Weeks two and three

Continue with daily short walks and exercises. You may feel up to a little shopping and visiting friends. You can start a little light housework, such as dusting and maybe 10-15 minutes ironing (sitting if possible).

Patient Information

Weeks four and five:

You will be able to do what you have managed in week's 1-3 post operatively, with greater ease and for longer periods. Between weeks four and six, you may feel able to start driving (**NB CHECK WITH YOUR INSURANCE COMPANY WHETHER YOU ARE COVERED AT THIS STAGE OR NOT**) continue with daily walks and exercises.

Weeks Six to eight:

Start your pelvic floor training now if you have had vaginal surgery. You should be managing most things, but avoid heavy lifting and avoid pushing very full or awkward supermarket trolleys. You can use the vacuum cleaner, but get help to carry it up and down the stairs. If you have a light job (no heavy lifting or rushing around or standing) you may feel ready to return at this point. Continue walks and exercises.

Weeks nine to twelve:

Almost back to usual activity. You can lift heavier things, but do not strain yourself. Listen to your body. By twelve weeks you should manage most things comfortably. Those with heavier jobs may wish to return to work. You may feel better with a phased return where you start with fewer hours and lighter work and gradually increase your hours and workload over a few weeks. Ask your employer if this might be possible. If you don't feel you can cope, then discuss this with your GP. You need to appreciate that for the first few weeks back in work, you will feel very tired. Lots of early nights, a good diet and being sensible will all help. At this stage you may be able to have sex – please check with your nurse or doctor as this can differ depending on the surgery and on the individual.

Feeling ready to have sex will vary from person to person but usually after 10-12 weeks it is safe to do so. Please discuss this with your consultant or your specialist nurse for more accurate advice as this does vary depending on the type of surgery you have had.

12 weeks onwards:

You will need to wait at least 3 months before you start more physically active exercise, including high impact activities and competitive sports. You can start swimming now but if you are unsure, please check with your nurse or doctor. Keep in mind, some exercises that need “heavy straining”

Patient Information

may need to be avoided for life. If you have had surgery for a prolapse, request that an outpatient referral to your local women's health physiotherapist is completed, so that you can help prevent another prolapse occurring.

Further information can be found on the following websites:

POGP (Pelvic Obstetric & Gynaecological Physiotherapy)

<https://pogp.csp.org.uk/>

BSUG (The British Society of Urogynaecology)

<https://bsug.org.uk/>

For further help with structured pelvic floor muscle training, there are a variety of apps available on your smart phone. E.g.: "NHS squeezezy app"

The Trust has access to interpreting and translation services. If you need this information in another language or formats please contact us on 024 7696 7000 and we will do our best to meet your needs.

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