

Physiotherapy advice following gynaecology surgery

Please scan the QR code for a video to support this leaflet



Information for patients

This leaflet is intended for patients who have had gynaecology surgery. It has been written as a guide to give you information and advice about looking after yourself following surgery. If you have any questions, please speak to your pelvic health physiotherapist.

Circulation exercises

After having an anaesthetic it is important to help your blood circulate. The best way to do so, is to get up and moving as soon as possible and to wear anti-embolism support stockings. Whilst you are less able to move around do the following exercise:



Move both feet up and down briskly twenty times on every hour that you are not moving.

Deep breathing exercises

After an anaesthetic you might feel your breathing is shallower than normal or you might feel a little chesty. With discomfort you are less able to cough effectively. This can put you at a higher risk of developing a chest infection.

Getting up and moving as soon as possible after the operation will help you take deeper breaths. Whilst you are less able to move around start taking two to three deep breaths every hour. Stop if you feel light headed.

Clearing your chest

If you feel you need to clear any phlegm from your chest take a deep breath in and then breathe out quickly and forcefully through an open mouth. Make a huffing sound and imagine you are steaming up a mirror. Repeat two to three times before breathing normally. Repeat this as often as you feel necessary.

Wound support

If you need to cough, sneeze, laugh or open your bowels, support your abdominal incision by holding onto your wound and applying a gentle firm pressure. This will make it more comfortable.

If you have a vaginal incision, apply pressure to your pad while you cough, sneeze or laugh.

Exercise - abdominal hollowing (tightening Transversus Abdominis)

After surgery your stomach may feel sore around the wound. When you are in pain, muscles do not work as well as they should and may weaken.

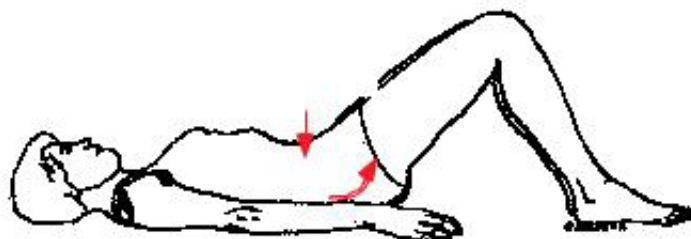
To exercise your deep abdominal muscles lying on your back with your knees bent at 45 degrees. Take a gentle “in breath” then as you breathe out slowly draw in your lower abdominal muscles (imagine you are drawing your belly button towards your spine)



This should be a small movement. Repeat a few times and as you feel more confident with this exercise you can aim to hold the contraction for up to 10 seconds and aim to repeat up to 10 times, three times a day. You may prefer to do this exercise lying on your side or sitting up. You can gradually start using this hollowing movement with your normal daily activities such as lifting, bending or walking.

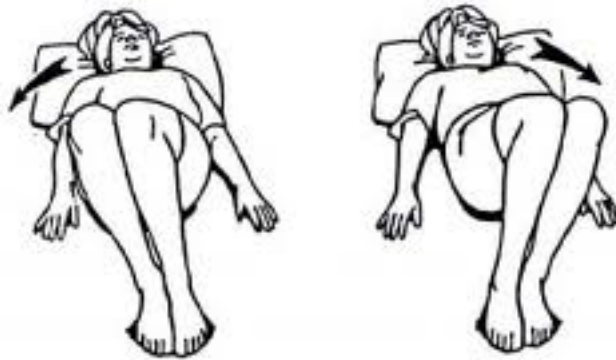
Exercise - pelvic tilting

Lying on your back with your knees bent. Draw in your lower abdominal muscles and gently tilt your pelvis backwards flattening your lower back into the bed and curling your tailbone upwards. Repeat a few times and as you feel more confident and comfortable with this exercise you can aim to repeat up to 10 times, three times a day. This will ease backache and stiffness.



Exercise - knee rolling

Lying on your back with your knees bent. Draw in your lower abdominal muscles and gently rock your knees left to right within a range of comfort. Repeat a few times and as you feel more confident and comfortable with this exercise you can aim to repeat up to 10 times, three times a day. This is an exercise to clear wind and ease lower back ache.



Exercise – pelvic floor contraction

Your pelvic floor muscles are important muscles which connect under your pelvis. They help prevent pelvic organ prolapse, stop urinary and anal incontinence and help with sexual function. It is therefore important to exercise these muscles after surgery to prevent future problems and aid recovery.

Please do not start your pelvic floor exercises until you are 6 weeks after your operation unless your consultant tells you differently. Do not attempt to start your pelvic floor exercises if you have a catheter in place and also if there is a problem emptying your bladder.

To do these exercises, imagine that you are trying to stop yourself from passing wind and urine. Also think about lifting inwards so that you feel a squeeze and lifting sensation. This action should be isolated to your pelvic floor muscles so you should not feel your buttocks squeezing. You may feel your lower abdominal muscles working at the same time.

Exercise progression

Gradually increase your exercises within a range of comfort. You can add to the repetitions and hold for longer as comfort allows.

Walking is a good way to exercise. Start with a 10 minute walk daily, increasing this to 30 to 40 minutes by the end of 6 weeks or two or three shorter walks if you prefer.

Going to the toilet

It is important to avoid constipation and straining. Straining puts pressure onto the pelvic floor and over time will weaken vaginal tissues. Post-operatively it will put pressure on stitches.

Ensure that you have a balanced diet and adequate fluids. The following tips may be helpful in avoiding straining.

Sit comfortably on the toilet with your legs slightly apart. Check that your knees are higher than your hips. A foot stool may help especially if your toilet seat is high. Rest your elbows on your knees. Relax your jaw. As you relax your pelvic floor to open your bowels relax your abdominal wall and make a gentle effort to widen your waist.

Leaving hospital

Take care with activities after you leave hospital. You will need to pace yourself in the first three weeks and consider this time at home as extended 'hospital' care. Gradually increase your levels of activities and household chores using the RETURN TO ACTIVITY SHEET as a guide following surgery.

Check with your consultant or general practitioner when it is safe to drive during this post-operative period. When you are able to resume driving be sure you could do an emergency stop without hesitation or pain. It is advisable to let your insurance company know that you have had surgery.

Avoid heavy lifting post-surgery as this can increase pelvic pressure and pain.

If you have any queries about the exercises and returning to activity, please contact our booking office on 0300 131 4770 and request a telephone contact with the pelvic health physiotherapy team. For any other medical concerns please contact your GP.

Sources of information

ESHT Pelvic Health Physiotherapy Team, POGP.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important for controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

Pelvic Health Physiotherapy Department

Next review date: June 2023

Responsible clinician/author: Pelvic Health Physiotherapy Dept

Directorate: Community Health and Integrated Care

© East Sussex Healthcare NHS Trust – www.esht.nhs.uk