

Pelvic Health Physiotherapy Exercise and Advice following Major Gynaecological Surgery



Patient Information

Introduction

The James Paget University Hospital has developed an enhanced recovery programme for patients undergoing a major gynaecological operation. The aim is to get you up and about quickly after your operation. Research has shown us that it is much better for you to be out of hospital as quickly as possible; you are much less likely to develop an infection in your own home, as well as getting improved rest and sleep and being surrounded by your own comforts.

There will be a team of individuals looking after you whilst you are in hospital, all working to make sure you get the best from your operation. However, the most important person in that team is YOU. In order for you to get the maximum benefit from your operation, there are some things you must do to help yourself.

This booklet will cover how to:

- Move easily and rest comfortably after your operation
- Exercise to prevent breathing and circulation problems
- Exercise the pelvic floor muscles and abdominal muscles
- Safely return to normal activities

Please bring this booklet with you when you attend the physiotherapy class and when you come into hospital for your operation.

This booklet will be applicable if you are undergoing any of the following operations:

- Abdominal hysterectomy
- Vaginal hysterectomy
- Laparoscopic assisted vaginal hysterectomy
- Total laparoscopic hysterectomy
- Laparotomy
- Vaginal repair for prolapse (anterior and/or posterior)

Your personal checklist

At the back of this booklet you will find a checklist for you to follow each day to monitor how well you are doing in your recovery. If you answer "no" to anything on the checklist then you must alert a member of the medical team. Please work through your checklist each day, making sure you are comfortable by ensuring your pain is well controlled, you are eating and drinking, and you are getting up and about.

What will happen prior to my surgery?

Attend pre-operative physiotherapy class: Please make every effort to attend the class; however, this may not be possible if you have been booked for an urgent operation.

Attend pre-operative assessment: This will be arranged with the medical team and you will be contacted in due course. Please speak with your consultant for further information about this.

Start planning your post-operative recovery: Talk with your family and/or friends about what help you will need after your surgery. If you have concerns about how you will cope after your surgery talk to your GP or health professional. If you live alone we advise you have someone stay with you for the first few days when you are home. If you are a main carer for someone else, ensure arrangements are in place to help. It is also advisable you inform us if you have mobility problems or disabilities that might affect your recovery. Please see the section "What can I do and when after my surgery?" to help you plan ahead.

How long will I be in hospital?

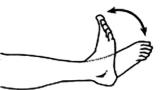
The length of time you are in hospital will depend upon the type of operation you have, yourself, and your doctor. Once at home, you will need time to rest and recover. It is important to consider that although your scar may have healed on the outside, it still needs time to heal on the inside. The time the sutures (stitches) come out varies from five to 10 days depending on how well you are healing and the type of incision.

Recovery advice and exercises after my surgery

Pain relief: It is important that you ask for some pain relief if you are feeling uncomfortable. Exercise and walking about may cause discomfort, so it is a good idea to help to prevent this by taking regular pain relief medication in the first 48 hours, even if you are feeling comfortable.

Day one: Until you are mobile, do the following two exercises every hour.

1. Circulatory exercises: Help keep the blood moving in your legs by pumping your feet up and down from the ankles. Aim to do this each time you wake up or for 30 seconds each hour.



2. Deep breathing exercises: Take five deep breaths, feeling the lower ribs move out. Deep breathing can also help you to relax and relieve any nausea you may be experiencing.



Clearing your chest: Take in a deep breath and breathe out forcefully through your mouth, making a 'huffing' sound as though you were misting a mirror. Perform two or three times after your deep breathing exercise and repeat as necessary.



Supported cough: Use a pillow or rolled up towel to support your tummy or stitches when you cough.

How to get out of bed:

- Bend your knees and roll onto your side
- Lower your feet over the edge of the bed and push up with your arms
- Support your stitches with your hand if you need to
- Stand up slowly, trying to stand straight and tall which will help you with your posture

How to get in to bed:

- With the back of your knees against the bed, use your hands to help lower yourself so you are sitting on the edge of the bed
- Using your elbow to lean on, lower yourself down onto your side, at the same time lift your legs up onto the bed
- Roll onto your back supporting your tummy if you need to

Sitting out of bed: Try to spend one to two hours at a time sitting out in the chair each day after your surgery. This will help to make you feel better and help with your recovery.

Wearing your own clothes: This will make you feel better and help motivate you with your recovery.

Walk a short distance: This will help to keep your circulation moving, and encourage your bowels to start working after your operation. It will allow you to start moving to and from the bathroom with confidence.

Washing

It is OK to have a bath or shower after your operation. It is better to pat any wound dry or allow it to air dry. Wounds heal better if they are clean and dry. It is preferable not to have long soaks in the bath until after the wounds are healed.

Going to the toilet after your operation

- You will have a catheter in your bladder after your operation this is usually removed the next day. The nursing staff will need to measure how much urine you are passing after it is removed
- Sit on the toilet properly when you first try and empty your bladder - do not hover, as this may not allow your bladder to empty properly. Try to relax and take your time
- You should pass urine every two to four hours. Try to avoid going to the toilet "just in case"
- If you experience any difficulty going to pass urine, or an altered sensation when you need to go, it is important you speak to your nurse or doctor immediately
- It is important to drink plenty of fluid, one and a half to two litres each day. Water is best
- IT IS IMPORTANT NOT TO STRAIN TO EMPTY YOUR BOWELS
- If you find it difficult to open your bowels after your surgery, please speak with your doctor or nurse about medications which may help
- Follow the instructions and use the position in the diagram to help you to empty your bowels more easily
- Sit comfortably on the toilet and relax
- Keep your knees apart and higher than your hips (you may need a footstool)
- Lean forwards and rest your forearms on your thighs whilst keeping your back straight
- Let your tummy relax, widen your waist and allow your abdominal muscles to bulge outwards
- If you have had a vaginal operation, you may want to support your stitches by placing a clean pad against your perineum

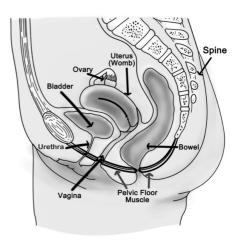
- Keep your mouth slightly open and your jaw relaxed. Breathe out. This allows your pelvic floor to remain relaxed
- Pull up your anal muscles as you finish emptying. This will improve the closing reflex

Pelvic floor muscles

These are a group of muscles that span the outlet of your pelvis. They attach from the pubic bone at the front to the coccyx bone at the back, forming the floor of your pelvis.

The main functions of the pelvic floor are:

- Helps you control your bladder and your bowels
- Support your bladder, womb and bowel
- Improves sensation during sex.



The pelvic floor muscles need to be working properly again after your operation to help with your recovery and prevent problems in the future. Start the exercises gently once your catheter has been removed and you have been able to pass urine on your own. If you have stitches underneath it is perfectly safe for you to do your pelvic floor exercises.

How do I do my pelvic floor exercises?

Imagine you are trying to stop yourself passing wind and urine at the same time. You can also think of squeezing tight in the vagina. You should feel your pelvic floor muscles 'squeeze and lift'; try not to squeeze your buttocks and legs.

- They can be performed in any position
- As your muscles improve aim to do some of your exercises standing up

- Do not hold your breath whilst doing your pelvic floor exercises.
 This is difficult at first but keep trying. Sometimes it helps to count out loud
- Do not practise stopping the flow of urine mid-stream as this could affect your bladder function in the longer term

You should try to aim for the following routine:

- Short squeezes 10 times
- 10 second squeeze 10 times
- Repeat this three to five times a day

They need to be practised lifelong. Make your pelvic floor exercises part of your daily routine, just like brushing your teeth.

The knack

When we lift, bend, strain, cough or sneeze, pressure increases in our abdomen. This is called intra-abdominal pressure. The pelvic floor and tummy muscles should naturally brace to ensure your pelvic organs are not pushed down.

Many of us need to re-train our muscles to brace, particularly if our pelvic floor muscle is weak or too slow to work. This is called "the knack". You should try to tighten your pelvic floor muscles before you do anything that may put them under pressure. This will help support your pelvic region after your surgery, and is a useful technique to use lifelong.

Abdominal exercises

It is important to exercise your abdominal muscles after any gynaecological operation. These muscles work to support your back and help with your posture. Using your abdominal muscles when performing activities such as lifting or bending will make you feel more comfortable after having abdominal surgery.

Start with the deep tummy activation exercise, then progress to Stage One and Stage Two exercises when you feel comfortable.

Deep tummy activation exercise

This exercise involves working the deep tummy muscles; it is a basic exercise which other exercises will build on. It is important to practise to ensure you are performing the exercises correctly.

Lie on your back with your knees bent, feet flat on the bed. Make sure your back is in a comfortable position, not too arched, not too flat.

Keep your breathing relaxed throughout.

- Gently breathe in to begin, and then as you breathe out gently draw the lower part of your tummy towards your spine
- Breathe normally, taking a few normal breaths whilst keeping these muscles drawn in



- Relax your tummy muscles
- Repeat this a few times

As you begin to feel more confident try holding for longer, up to 10 seconds and repeat up to 10 times or try doing it sitting down and, later on, standing up.

Stage One: Can start day one post-surgery

Pelvic tilting

This exercise can help to reduce backache and relieve trapped wind after your operation.

- Lie on your back with your knees bent, feet flat on the bed
- Perform a deep tummy activation exercise
- Tilt your pelvis to press your lower back into the bed. Hold this position for a few seconds, breathing normally, and gently relax. Repeat this a few times

If you do suffer from trapped wind after your operation, it will also help if you can get out of bed and walk around. The bowel may be slowed down temporarily but once it begins to work normally the trapped wind will ease.

Stage Two: Can start once deep tummy exercise and Stage One exercises are comfortable

Leg slide

- Lie on your back with your knees bent, feet flat on the bed
- Perform a deep tummy activation exercise
- Whilst holding this position, slowly slide one leg until it is straight and resting on the bed. Return to the starting position by slowly bending your leg, then let your tummy relax
- Repeat several times with each leg. Keep gently breathing throughout

Knee rolling

- Lie on your back with your knees bent, feet flat on the bed
- Perform a deep tummy activation exercise
- Gently let your knees roll to one side, keeping your hips flat on the bed and keep breathing normally. Your knees should only move a short distance
- Return your knees to the starting position and then relax
- Repeat to the other side
- Try to do this a few times each side

Single bent knee fall out

- Lie on your back with your knees bent, feet flat on the bed
- Perform a deep tummy activation exercise
- Allow one knee to gently fall out to the side, keeping your hips flat on the bed
- Keep breathing normally

- Return your knee to the starting position and then relax
- Repeat to the other side
- Try to do this a few times each side

What can I do and when after my surgery?

Recovery from an operation is a personal experience, and a gradual return to your normal levels of activity is best. The following section provides a guide as to when you may be able to start certain activities. This can vary from person to person - issues such as previous surgery and underlying health issues can affect how quickly we heal and recover.

One to two weeks

- Look after yourself and make sure you have enough rest
- Do the pelvic floor and abdominal exercises daily
- Go for a short walk each day: five to 10 minutes
- Do not stay in bed
- Do not do any heavy lifting or prolonged standing listen to your body

Two to three weeks

- Start to gently increase your walking time
- Help with light household tasks, e.g. wiping-up, dusting, making light meals
- Keep doing your pelvic floor and abdominal exercises daily
- When possible sit rather than stand
- Do not do too much too soon

Four to six weeks

- Gradually build up to do more household jobs, e.g. cooking and ironing
- Increase your walking as comfortable
- Avoid heavy lifting (bag of groceries, hoover, full kettle) and prolonged standing (more than 30 minutes)
- Remember, your initial wound healing takes up to six weeks it may look fully healed on the outside quickly, but inside is still recovering

Six to twelve weeks

- Begin doing more strenuous tasks, e.g. vacuuming
- Start low impact exercise such as Pilates, swimming or cycling.
 Wait until any vaginal bleeding or discharge has stopped before you start
- If you are exercising with a personal trainer or gym instructor, make sure that you tell them you have had recent gynaecological surgery
- Still listen to your body if something is uncomfortable, stop
- You should still be doing your pelvic floor and abdominal exercises daily at this stage

12+ weeks

- Aim: By week 12 to be back to your normal level of activity
- Leave heavy lifting until at least 12 weeks
- You will need to wait at least three months before you start high impact activities and exercise, or any competitive sports
- Some exercises that involve 'heavy straining' may need to be avoided for life - speak to a member of the Pelvic Health Physiotherapy Team for specific advice
- Continue your pelvic floor exercises lifelong

Remember - for any lifting activities, use "the knack".

Returning to work

This will vary depending upon you, your operation, the type of work you do and the number of hours you work.

- Four to six weeks for less strenuous jobs, e.g. office work
- 12 weeks for strenuous jobs involving lifting or standing for long periods
- Speak to your Occupational Health Department if you have one for guidance on return to work
- Consider a phased return to work if necessary

If you have concerns or need specific advice on returning to work then ask your doctor or Pelvic Health Physiotherapist.

Driving

- Wait at least three weeks
- Check with your insurance company before you drive

You should be able to:

- Comfortably look over your shoulder and turn the steering wheel without pain
- Perform an emergency stop. Practise this before you start the engine when you go out for the first time
- Fully concentrate on your driving and the road around you

Sexual activity

You should be guided by how ready you are and how comfortable you feel before you re-start sexual activity and this will vary from person to person.

You should wait at least four to six weeks before having intercourse, making sure that any bleeding has stopped and your scar is well healed. If this is too soon for you then wait until you are ready.

Your personal checklist

On the next few pages are your day-by-day checklists. This will help you to ensure you are doing everything you can to help with your recovery following your surgery. If you answer "no" to any of the questions, particularly the one about pain relief, please speak to you nurse or doctor immediately.

Patient checklist

Day 0 (day of your operation, when you return to the ward after your operation)

Activity	Yes	No	Comments
My pain has been controlled today			
I have done some deep breathing and circulation exercises today			
I have been sitting out of bed for at least two hours			
I have had something to eat and drink			
Please use this space to about today.	o note	any qu	uestions or concerns you have

Day one (first day after your operation)

Activity	Yes	No	Comments
My pain has been controlled today			
I have done some deep breathing and circulation exercises today			
I have practised my deep tummy activation and Stage One exercises			
I have dressed in my own clothes today			
I have been sitting in the chair today			
I have walked a short distance on the ward today			
I have been eating and drinking well today			

I know when I am going home - today / tomorrow / next day (please circle)

I have arranged transport to go home YES / NO

Please use this space to note any concerns you have about today or for any questions you may have.

Day two (second day after your operation)

Activity	Yes	No	Comments
My pain has been controlled today			
I have done some deep breathing and circulation exercises today			
I have practised my deep tummy activation and Stage One exercises			
I have practised my Stage Two exercises			
I have been sitting in the chair today			
I have walked a short distance on the ward/ home today			
I have been eating and drinking well today			

I know when I am going home – already home / today / tomorrow / next day (please circle)

I have arranged transport to go home YES / NO

Please use this space to note any concerns you have about today or for any questions you may have.

Day 3 (third day after your operation - if applicable)

Activity	Yes	No	Comments
My pain has been controlled today			
I have done some deep breathing and circulation exercises today			
I have practised my deep tummy activation and Stage One exercises			
I have practised my Stage Two exercises			
I have been sitting in the chair today			
I have walked a short distance on the ward today			
I have been eating and drinking well today			

I know when I am going home - today/tomorrow/next day (please circle)

I have arranged transport to go home YES / NO

Please use this space to note any concerns you have about today or for any questions you may have.

If you have any queries or concerns with any information in this booklet please speak to your consultant or contact the appropriate team on:

Physiotherapy	01493 452378
Gynaecology Clinic	01493 452361
Pre – Operative Assessment Clinic	
(via admissions department)	01493 453289

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card. Providing your feedback is vital in helping to transform NHS services and to support patient choice.



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

Authors: Penny Graham and Lorna Shailer, Senior Physiotherapists (Pelvic Health)

© November 2016 Revised January 2022, September 2023 James Paget University Hospitals NHS Foundation Trust Review Date: September 2026 PH 39 version 3