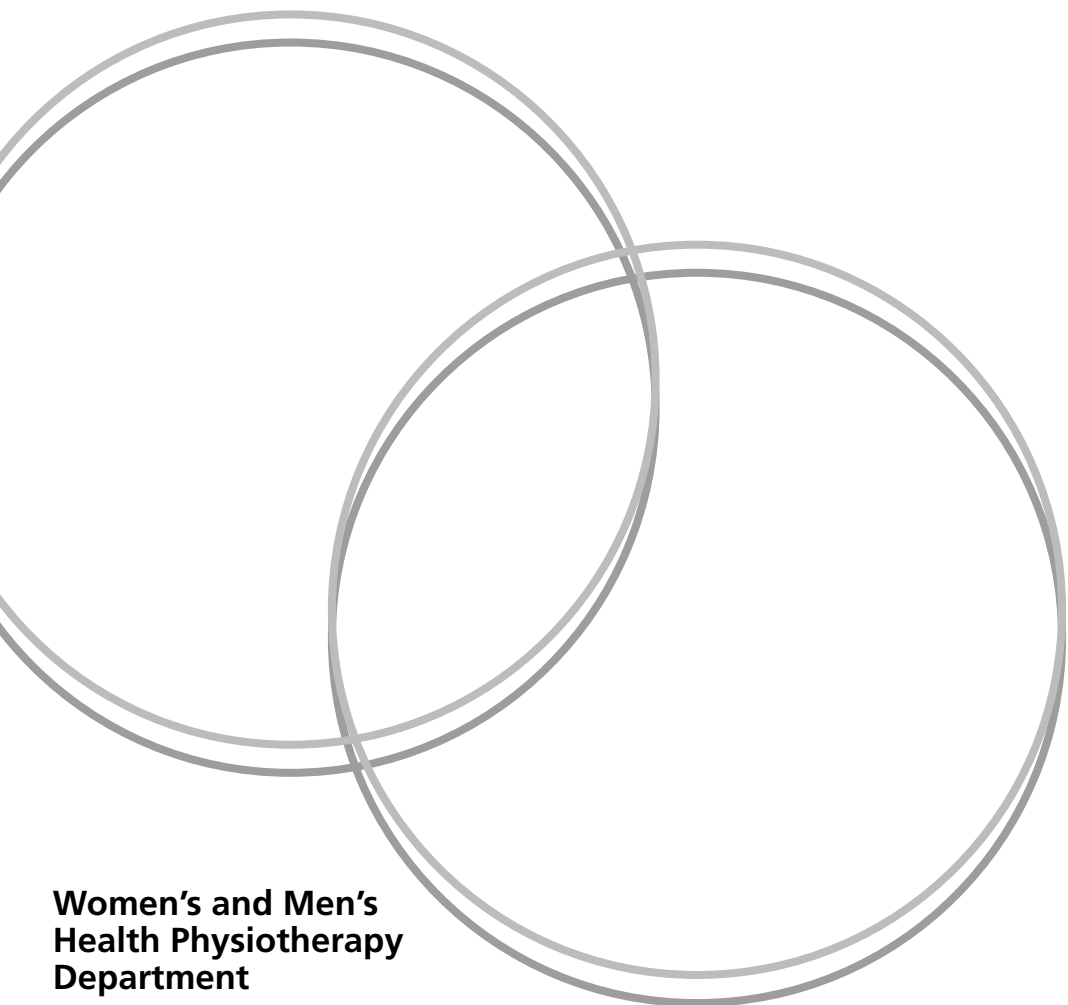




Oxford University Hospitals
NHS Foundation Trust

Physiotherapy after Major Gynaecological Surgery

Information for women



Women's and Men's
Health Physiotherapy
Department

This leaflet has been written to give you information and advice about looking after yourself after your surgery. If you have any further questions, please speak with your physiotherapist.

Circulation exercises

After having an anaesthetic it is important to help your blood circulate; the best way to do this is to get up and moving as soon as possible. Wearing special anti-embolism support stockings (or TEDs) will help with your circulation and to prevent blood clots.

Whilst you are less able to move around, try to do the following exercises:

- 1) Point your toes up and down (10 times each foot, every hour).
- 2) Bend and straighten your knees every hour.

These exercises will no longer be necessary when you are up and able to move around.

Breathing exercises

After an anaesthetic your breathing may feel shallower than normal, or you could feel slightly chesty. As your wound may be uncomfortable, you may also be unable 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 your operation will help you to take deep breaths and get the air circulating to the bottom of your lungs. If you are not able to move around easily, try taking hourly deep breaths:

- 1) Sit comfortably, supported by pillows, with your shoulders relaxed.
- 2) Take a deep breath, trying to fill up the whole of your lungs by expanding your lower ribs.
- 3) Hold for a couple of seconds. Repeat 3 times.

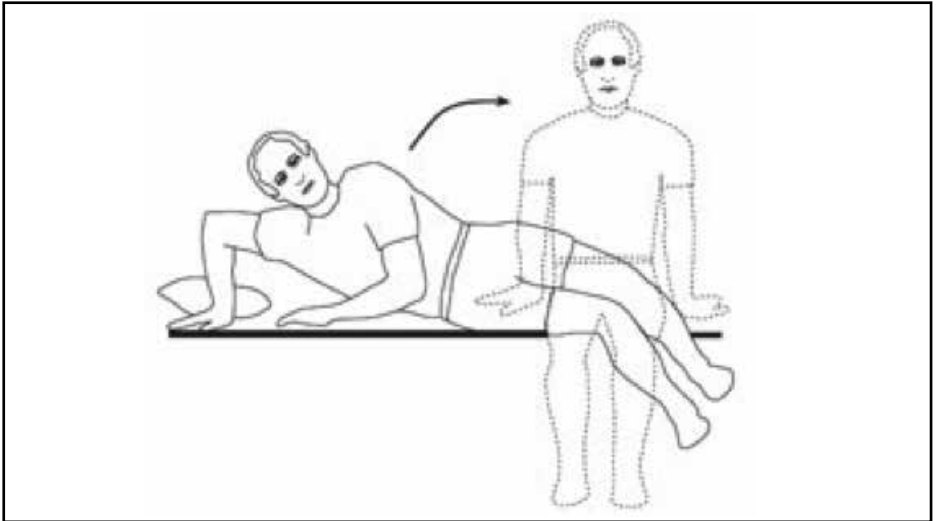
Stop if you feel light-headed.

Getting in and out of bed

Here are some tips to help you to move around your bed more comfortably.

To get out of bed:

- 1) Roll onto your side.
- 2) Let your legs drop off the edge of the bed.
- 3) Push yourself up with your arms into a sitting position on the edge of the bed.
- 4) Do this the opposite way to get back into bed.



When resting in bed:

- Use towels or pillows to support your tummy.
- Place a pillow or towel between your knees.
- Avoid twisting. Move your body as a whole, keeping your shoulders and hips in line.

Wound support

If you need to cough, sneeze or laugh, you may want to support your wound to make this more comfortable.

If you have an abdominal wound:

Place a towel or pillow over your wound and press firmly but gently, until you feel supported.

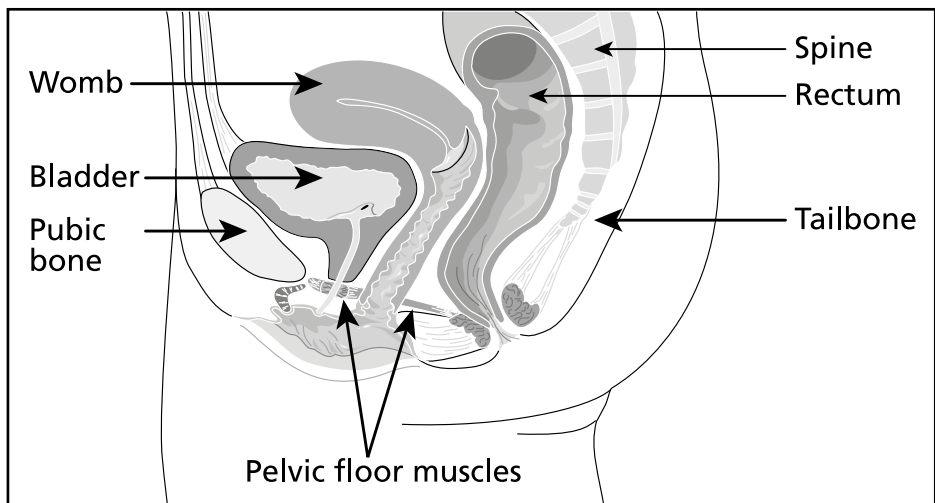
If you have a vaginal wound:

Apply pressure to your pad.

Pelvic floor muscles

The pelvic floor muscles are a supportive sling of muscles, stretching from the tail bone at the back to the pubic bone at the front. They are responsible for:

- Supporting the pelvic organs – the bladder, bowel and womb, especially when standing. They also help protect these from external damage.
- They have a role in sexual function during intercourse
- Your pelvic floor muscles contract when you cough, sneeze or laugh, preventing involuntary leakage of urine.



How to exercise your pelvic floor muscles:

- Sit, stand or lie comfortably.
- Imagine you are trying to stop yourself from passing urine. Slowly squeeze and lift these muscles by tightening around your back and front passages.
- **Slow contractions** for endurance: start the exercise as described, hold for a count of up to 10 seconds, repeat up to 10 times.
- **Fast contractions** for muscle power: start the exercise as described, hold the contraction for one second, relax, repeat 10 times.

If you are unable to hold your pelvic floor muscle contraction for 10 seconds, don't worry – this is your limit for the time being. If you continue with these exercises you should start to be able to hold the contraction for longer.

Try to do both types of pelvic floor exercises regularly; aim for 3-4 times a day. Associate doing them with a static activity (e.g. watching TV or after passing urine). This might help to make it part of your daily routine.

You can start these exercises as soon as your catheter has been removed. They can be useful to remember and use regularly during your lifetime.

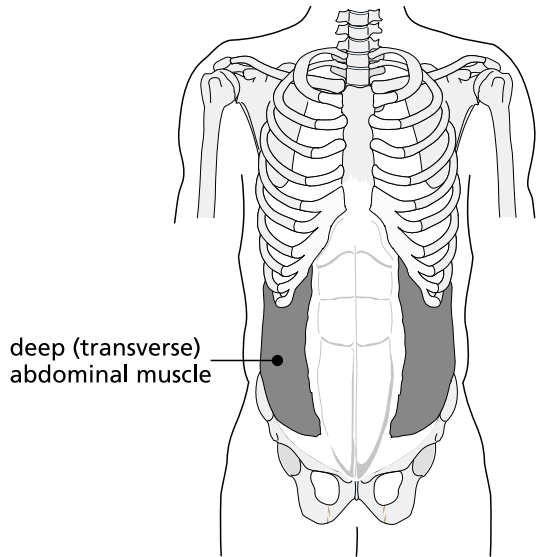
Please ask for our leaflet 'A guide to the pelvic floor muscles – women' for further help and advice on pelvic floor exercises.

Transverse abdominal exercises

The transverse abdominal muscle is the deepest of the four abdominal muscles. It is connected from the top of your breast bone and ribs to the bottom of your pubic bone.

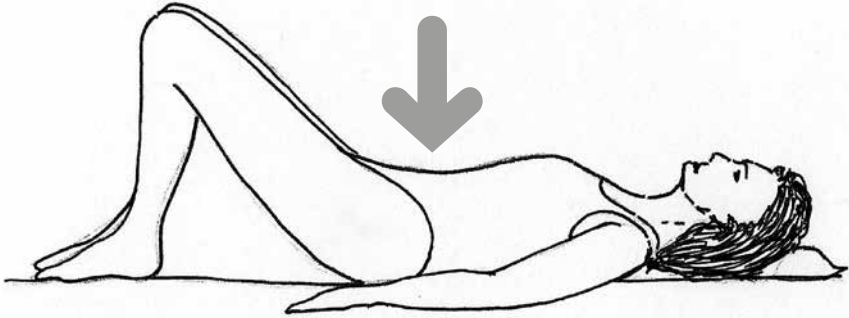
Your abdominal muscles support your abdomen, forming a 'corset' that supports your back and stabilises your pelvis.

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



To exercise your transverse abdominal muscle:

- Get yourself into a comfortable position – this can be either lying or sitting. As you recover you can start to do this when standing up.
- Take a breath in and, as you slowly breathe out, gently draw in your lower abdomen (as though you are trying to pull your belly button towards your spine). This should be a very small movement. If you place your fingers under your belly button, you should feel your lower abdomen move away from your fingers towards your spine.
- Hold this muscle contraction for up to 10 seconds. Repeat up to 3 times per day.



Once you can contract your transverse abdominal muscle, trying tightening your pelvic floor muscles at the same time. This is called setting the pelvis. Try doing this every time you lift an object, to protect your back and improve your posture. Try not to lift anything heavy for 6 weeks after your surgery.

Leaving hospital and going home

When you leave hospital for your journey home, you may find it more comfortable to wear loose clothing. Avoid trousers or skirts that have a low or tight waist band.

If you have an abdominal wound, when you are packing, leave your towel or dressing gown out. You can use this as padding over your wound, behind the seat belt.

If you have a long journey home, break it into short distances. Regular breaks should make the journey more comfortable for you.

At home and returning to normal

Posture

Try to maintain a good posture when sitting and standing. It is essential to have a comfortable chair with good back support. When standing, try to make yourself tall and avoid stooping.

Stairs

When you first go home, you may wish to have someone behind you the first time you go up the stairs and in front of you on your way down the stairs. This should help you feel safer and more confident.

Bathing/showering

When you first bath or shower, avoid using water that is too hot, as you may find that you feel a little light-headed from the heat. Make sure you have someone in the house with you and that you leave the bathroom door unlocked.

Rest and activity

You should try to be active little and often, but remember rest is also important in your recovery. You may find that you become tired quickly after only a little activity. Try to only exercise within your limits. If you find yourself becoming lightheaded, take a rest. If this continues, please speak to your GP or contact us for advice.

Housework

You may find movements such as bending and stretching uncomfortable. You should avoid household tasks such as cleaning, hoovering, washing, making beds and shopping, for up to 6 weeks after your operation. Slow, steady progress is better than rushing and possibly having a set back.

Exercise

Try regularly walking for short distances. Increase the distance that you travel as time progresses. Remember, you will get tired quickly, so save enough energy to get back home. If you have a dog, ask a neighbour to help you with walking it for the first couple of weeks. A dog pulling on a lead may cause you abdominal discomfort.

After 6 weeks you can go back to physical exercise such as swimming. Avoid higher impact exercise (such as jogging or aerobics) for around 3 months.

Returning to work

Think about returning to work once you are back to your normal activities at home. You may be given specific advice about this by your physiotherapist or the medical team.

Driving

You should be fit to drive around 6 weeks after your operation; however we recommend that you think about when you are actually safe to drive. It may be helpful to first sit in your car, whilst parked, to see if you could do an emergency stop if needed. You will also need to check with your insurance company that you have insurance cover before you start driving again. The key message is that you and others are safe.

Bladder and bowel care

Try to keep well hydrated. Drink 1.5 to 2 litres of water per day.

To avoid constipation, eat plenty of fruit and vegetables. Do not strain when you go to the toilet; relax and lean forwards a little. If you have problems with constipation, seek help from your GP.

To ease wind, keep moving around. Lying on your back and gently rolling your knees from side to side may help. Peppermint water from the chemist can also help ease wind.

Sexual activity

This should be covered with you personally by your doctors. Please ask if you have any questions.

Childcare

If you have small children, try to avoid lifting them for at least 6 weeks after your operation. Sit down and let them come to you for cuddles. Place a pillow over your tummy to protect your wound.

Help and encourage them to climb up to a safe level, so that you can avoid bending. You may find low steps helpful.

If you need to lift a child in an emergency, try to pick them up holding them as close to you as possible and put them down as soon as you can.

Further information

If you need any further information after reading this leaflet, please contact:

The Women's Centre, John Radcliffe Hospital, Physiotherapy Department:

Tel: **01865 235 383**

(Monday to Friday, 8.00am to 4.00pm, answerphone available 24 hours)

The information contained in this leaflet is intended for educational use only and not for the diagnosis or treatment of a specific condition, which should only be undertaken by a qualified healthcare professional.

Further Information

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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www.ouh.nhs.uk/information



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