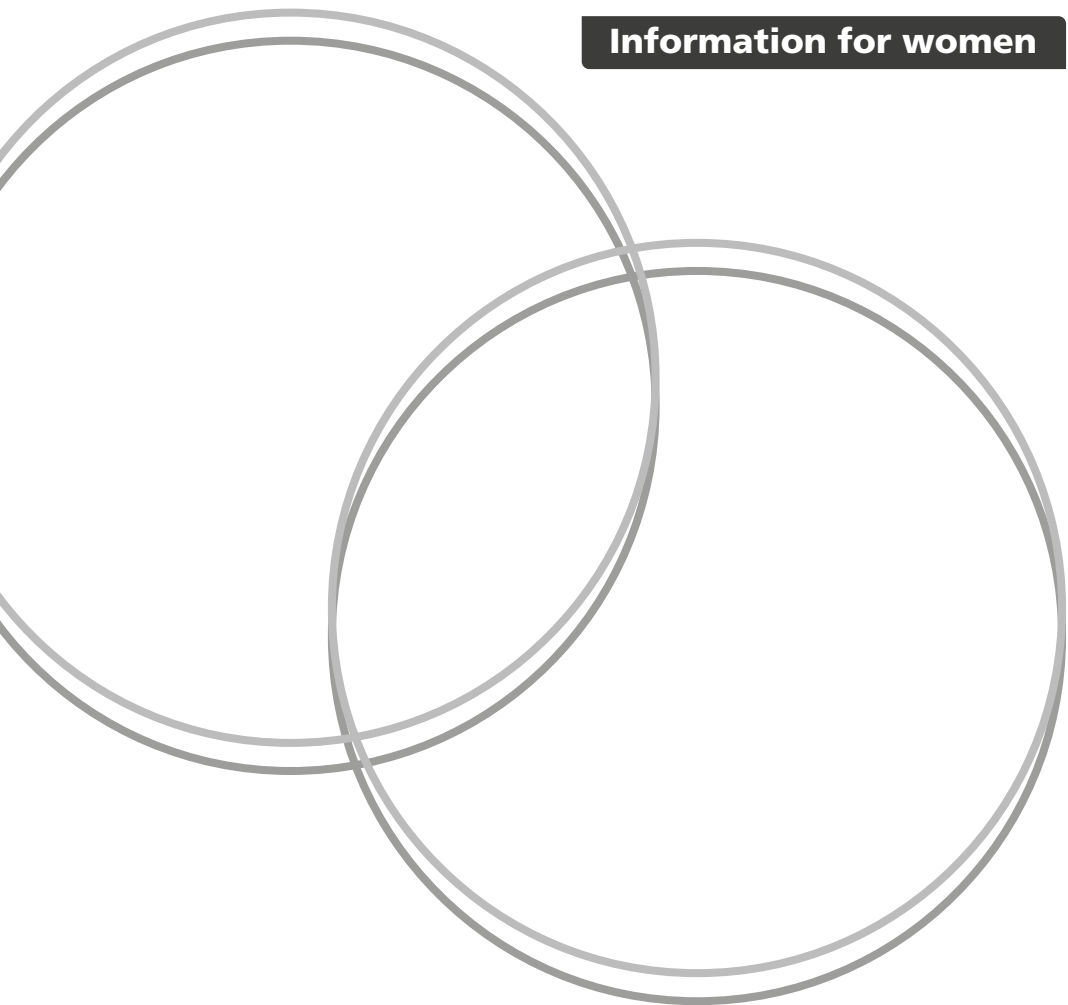




Oxford University Hospitals
NHS Foundation Trust

Physiotherapy after major gynaecological surgery

Information for women



Women's and Men's Health
Physiotherapy Department

Who is this leaflet for?

This leaflet has been designed for patients who are undergoing major gynaecological surgery. It provides information and advice about looking after yourself following your surgery.

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 regularly.

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:

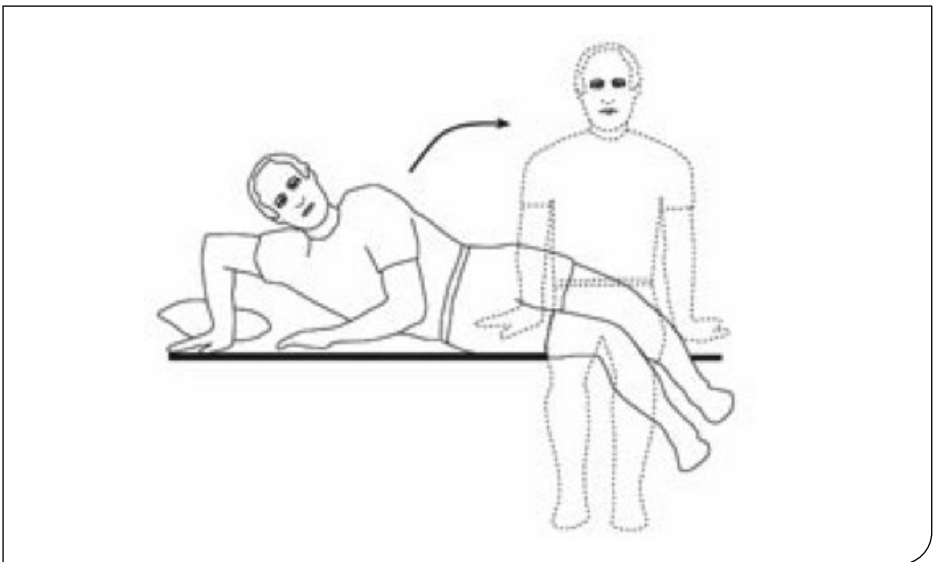
- 1) Sit comfortably, supported by pillows, with your shoulders relaxed.
- 2) Take a deep breath, trying to fill up the whole of your lungs by expanding your lower ribs.
- 3) Hold for a couple of seconds. Repeat 3 times. Stop if you feel light-headed.

Getting in and out of bed

Here are some tips to help you to move around your bed more comfortably. Try to avoid twisting. Move your body as a whole, keeping your shoulders and hips in line.

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.

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 a comfortable pressure to the area with your hand.

For those with a vaginal wound, you may find sitting more comfortable by placing a folded up towel under each buttock with a gap in the middle.



Bladder care

Try to stay well hydrated. Aim to drink 1.5 to 2 litres (3 to 4 pints) of fluid per day.

It is important that you empty your bladder well, without pushing or straining. Sit and relax when passing urine, and take your time. Try to avoid hovering over the toilet.

After you think you've finished emptying your bladder, you can try rocking your pelvis forwards and backwards a few times, or try standing up and then sitting down again.

Bowel care

To avoid constipation, eat plenty of fruit and vegetables, and stay well hydrated.

Do not strain when you go to the toilet; try sitting with your feet wide, knees higher than hips and lean forwards a little. Let your tummy bulge and take your time. It may help to have a small footrest under your feet to help raise your knees.



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.

If you have problems with constipation, seek help from your GP.

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, take your time when going up and down stairs. You may find it easier to take one step at a time and hold onto a banister initially.

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.

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 setback.

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 someone 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 low impact exercise such as swimming, cycling, Pilates and yoga. Avoid higher impact exercise (such as jogging or aerobics) for around 3 months. Ensure any return to exercise is gradual. Start gently, and progress as comfort allows.

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 feel safe to drive, as it may be longer than that for some. 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.

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.

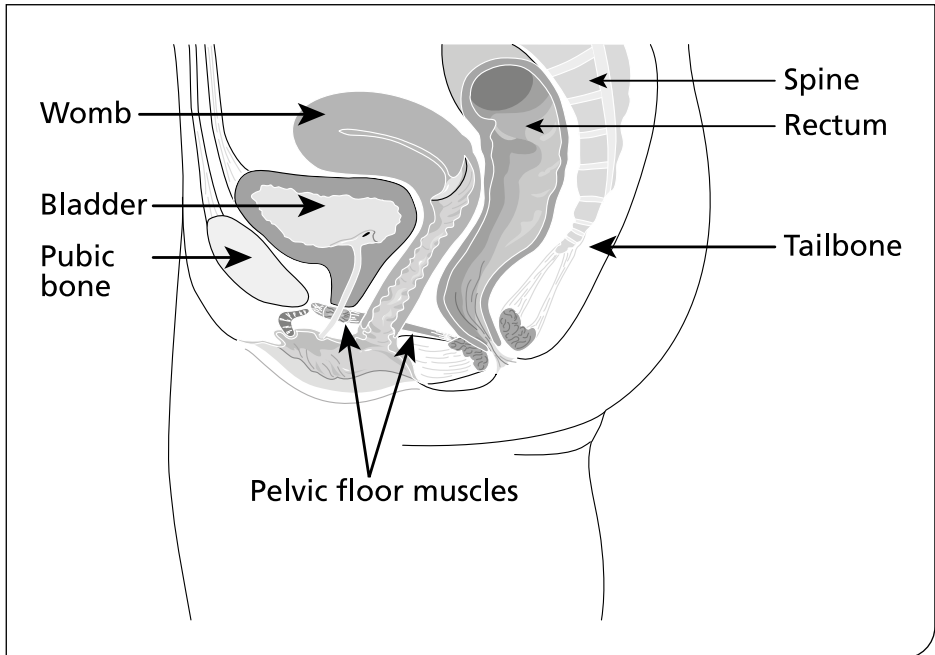
Help and encourage them to climb up to a safe level, so that you can avoid bending. You may find low steps helpful.

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.

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.
- 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 to 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 exercise.

Deep abdominal exercises

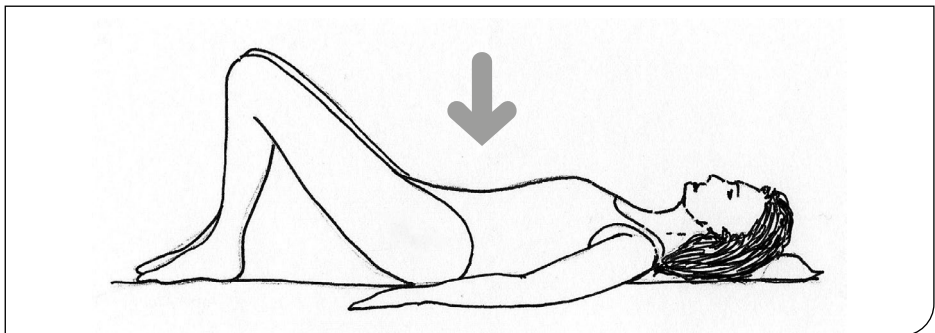
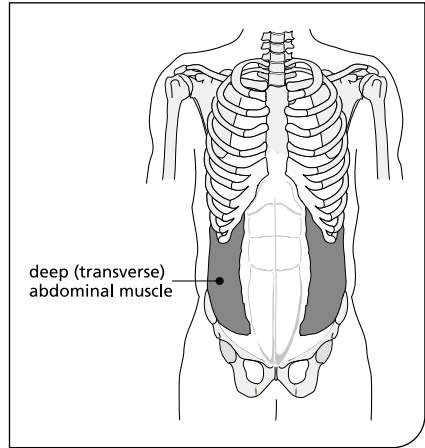
The transversus abdominus muscle is the deepest of the four abdominal muscles. It is connected from the top of your breast bone and ribs to the bottom of your pubic bone.

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 can become weak.

To exercise your deep 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 deep abdominal muscle, try tightening your pelvic floor muscles at the same time. 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.

Contact us

You can contact the Women's and Men's Health Physiotherapy department via the details below.

Telephone: 01865 235 383
Weekdays between 8am and 4pm
(or leave a message on our answerphone).

Email: physio.womensandmenshealth@ouh.nhs.uk

Other sources of information

OUH Women's and Men's Health Physiotherapy:

Website: www.ouh.nhs.uk/services/departments/therapies/therapy-rehabilitation/women-and-men.aspx

OUH Women's and Men's Health Physiotherapy Videos:

Advice Following Gynaecological Surgery.
Website: www.youtube.com/watch?v=E7TBg92YUOs



The Pelvic Floor Muscles – Developing an Exercise Program

Website: www.youtube.com/watch?v=KdN2gQX228



Follow the links or scan the QR codes to watch the videos.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Clinical Specialist Physiotherapists in Women's Health
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Oxford University Hospitals NHS Foundation Trust
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