

Exercises and advice following gynaecological surgery

This leaflet is a general guide to assist with your recovery following abdominal or vaginal surgery. It will help you to:

- Be comfortable following your operation;
 - Move easily and prevent breathing and circulatory problems;
 - Exercise the abdominal and pelvic floor muscles to prevent bladder, bowel problems and back pain.
 - Return to your previous activities and fitness levels.
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After your surgery

- It is very important that you start your breathing and circulatory exercises detailed below immediately after your operation.
- You can start your other exercises when you feel ready and comfortable.
- Getting up and out of bed as soon as you feel up to it will prevent post operative complications
- Ensure you allow yourself plenty of time to rest and recover.
- Make sure you take regular, adequate pain relief to help with your recovery. Speak with your nurse if you are in any discomfort

Early exercises

1. Breathing exercises: To prevent the risk of a chest infection post operatively

- Start on the day of your operation and immediately after. Continue until you are as mobile as before you were before.
- Take 3 deep breaths every hour you are awake to fully expand your lungs. Breathe normally the rest of the time.
- To clear secretions, try one or two ‘huffs’ – a strong breath out as though you were steaming up a mirror.
- To cough more comfortably, bend your knees and support your abdomen/wound with a folded towel or pressure from your hands.

- Getting up and sitting in the chair and moving around regularly will help expand your lungs and prevent a chesty cough.

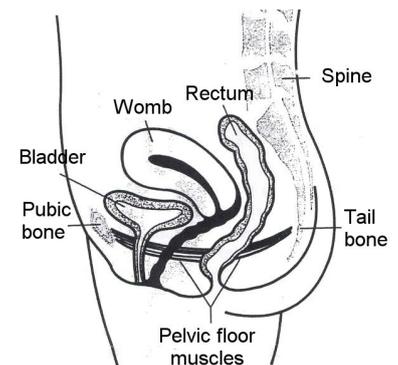
2. Circulation exercises: To minimise the risk of a blood clot occurring post operatively

- Start immediately after your operation and continue until you are as mobile as you were before.
- Pump your feet up and down 10 times every half an hour to help prevent swelling and blood clots in your legs.
- Avoid sitting or lying with your legs crossed.
- Getting up and moving regularly will minimise the risk

Later exercises- when you feel comfortable

Pelvic floor muscle exercise

- You can start pelvic floor exercises once your catheter is removed and you have passed urine as normal. Start this exercise as soon as you feel comfortable
- These muscles help to support the pelvic organs and assist in controlling the bladder and bowel and help support your back and pelvis. They are also important for sexual enjoyment.
- Pelvic floor muscle exercises are important to continue for at least 3 months for life after your surgery however they are a good exercise for life.



Exercise 1 - 'Quick ones'

In a comfortable position, tighten your pelvic floor muscles from back to front (as though stopping yourself from passing wind and urine). You should feel a squeeze and a lift. Hold for a few seconds and relax. Keep breathing throughout. Repeat 10 times 3-4 times a day.

Exercise 2 - 'Slow ones'

Contract the muscle as in exercise 1. Hold the contraction for what ever is comfortable and then relax. Keep breathing throughout. Build up to holding for 10 seconds 10 times 3-5 times a day.

Abdominal exercise

It is important to strengthen the abdominal muscles as they are important for stabilising your back particularly if you have incisions on your tummy.

As well as helping to strengthen your abdominal muscles, exercise may also help relieve backache and trapped wind. Start exercises as soon as you feel able. Your physiotherapist will be happy to give you more advice.

Exercise 1 - Abdominal hollowing exercise

Sitting or lying with your knees slightly bent, using pillows for support if necessary. Place your hands on your lower abdomen. Breathe in through your nose and as you breathe out, draw your abdomen away from your hands inwards towards your spine. Hold for a few seconds then relax. You should be relaxed and breathing normally while you do this and your back should not move. Repeat at least 3-4 times a day or as often as you are able.



Exercise 2 - Pelvic tilting

Sitting or lying with your knees slightly bent. Pull the muscles of your abdomen in and flatten your back against the bed. You should feel your pelvis tilting upwards. Breathe normally and hold the position for 3-4 seconds. Release gently and repeat 6 times. Practice pelvic tilting 3-4 times a day.



Exercise 3 - Knee rolling

Lying with your knees slightly bent. Draw in your lower abdomen and gently lower both knees to one side, continue to breath and then bring back the middle followed by repeating on the other side. Repeat 10 times 3 times a day. This exercise can help build the abdominal muscles, relieve trapped wind and backache.

Helpful tips

Getting out of bed

Compressing your abdomen will be uncomfortable therefore rolling in and out of bed can help.

Roll onto your side with your knees bent up and together. Lower your feet over the side of the bed and use your arms to push yourself up. Reverse this to get back into bed.



Sitting and standing

- Good posture will help use your muscles in the correct way and prevent neck, back and shoulder aches and pains
- Stand up tall, relax your shoulders.
- When sitting in bed or in a chair, sit well back. A small pillow or folded towel in the small of your back will help support you and relieve backache. Whilst sitting, your feet should be flat on the floor (use a book or a low stool under your feet if you cannot reach the floor).



Going to the toilet

- Once your catheter is removed and you first attempt to pass urine naturally, sit on the toilet, make sure your feet are flat on the floor, relax and give yourself plenty of time for the urine to start flowing.
- When you need to have a bowel movement, you might find it helpful to support the area in front of your back passage – use a wad of toilet paper or a sanitary pad to apply gentle pressure.
- Avoid straining.



Things to avoid

Lifting

- No heavy lifting for 6 weeks nothing heavier than 1.1kg which is similar to half a jug of a kettle or a litre bottle of water. If you can not lift an item with one hand then it is far too heavy.
- After 6 weeks gradually increase the weight of lifting but nothing heavier than 3.3kg which is similar to 3litre bottles of water.
- After 12 weeks gradually increase until you are back to your normal activities
- When lifting bend your knees pull in your Pelvic floor muscles and your lower abdomen this helps take load through your legs and is good back care for life.

Driving

- No driving until you feel ready to do an emergency stop pain free, you can wear a seatbelt and turn to look over your shoulder comfortably.
- This may take up to 4-6 weeks or less if you have had more minor surgery.
- You might find having a towel between the belt and your stomach more comfortable.
- Contact your insurance company before you drive.

Exercise

- Walking and the exercises listed earlier are the only exercise recommended for the first 6 weeks. Build up gently as you will feel more tired than normal.

- Walking downhill will put more strain on your operation site than going uphill.
- After 6 weeks you can return to light low impact exercise e.g. swimming if the internal stitching has healed and you have seen your doctor, cycling brisk walking, Pilates.
- After 12 weeks you can begin high impact activities e.g. running, jumping and weight training.

Be guided by your body it will tell you if you are doing too much and rest when you need to give your body a chance to recover.

Working

- Amount of time off will depend on what you do. Most people will have 6-8 weeks off.
- If you do any heavy lifting then you may need longer off.
- The doctor on the ward or your GP can write you a sick note.

Sexual intercourse

- Should be avoided for about 6 weeks until you are feeling more comfortable.

Where can I get more information?

If, after you have gone home, you have any questions or concerns. Please call the Emergency Gynaecology Clinic where the staff will be happy to help you.

Emergency Gynaecology Clinic Telephone Number: 0118 322 7181 (this number is available 24/7).

For more information about the Trust, visit our website at www.royalberkshire.nhs.uk

This document can be made available in other languages and large print upon request.

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