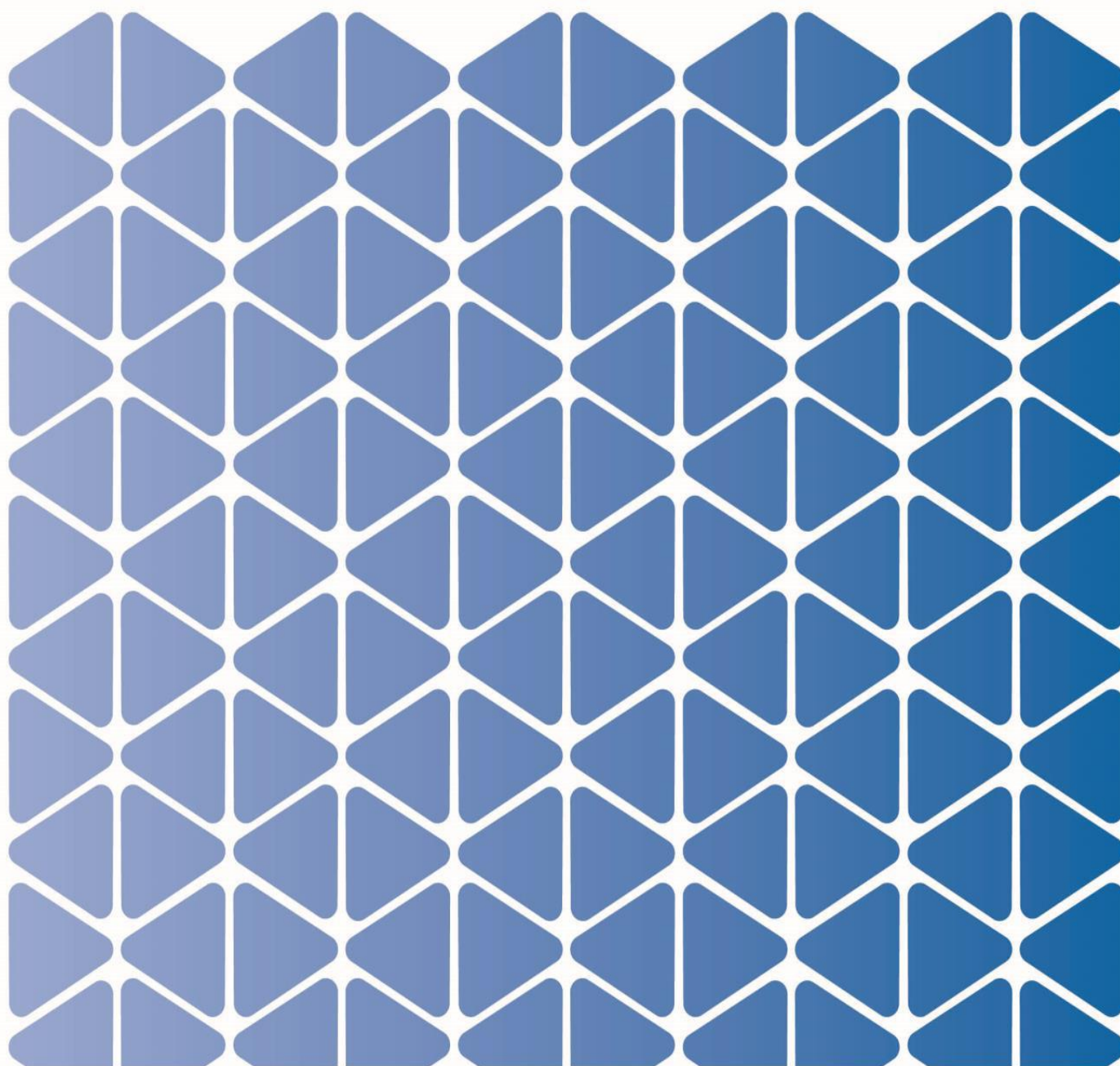


**PATIENT INFORMATION****ADVICE AND EXERCISES  
FOLLOWING MAJOR  
GYNAECOLOGICAL SURGERY**

## INTRODUCTION

This leaflet is a general guide, attempting to cover the needs of all, and should be helpful for whatever major gynaecological surgery you have had. Your operation may be having been performed through your abdomen or through your vagina. Rates of recovery will vary and will depend on your age, lifestyle and fitness level before the operation. If you have had more minor surgery e.g. TVT (tension free vaginal tape) or a 'key-hole' procedure you should recover more quickly.

This leaflet will advise you how to:

- Move easily and rest comfortably after your operation
- Exercise to prevent chest and circulatory problems
- Exercise the abdominal and pelvic floor muscles
- Regain your previous level of fitness following surgery

If you read this leaflet and practice your exercises before you go into hospital it will help you to prepare for your operation. It is important that you and your family understand that although the outside scar heals very quickly, it takes longer to heal on the inside.

## FIRST DAY AFTER YOUR OPERATION



### DEEP BREATHING EXERCISE

This exercise will help to keep your chest clear. It may also help you to relax and relieve any nausea.

Practice this exercise when you are sitting in bed or in a chair, and well supported as in the diagram above. Take a deep breath in, hold for the count of three, and then slowly let the air out. Try to make sure that the air goes all the way to the base of your lungs – your lower ribs should move out (sideways). Repeat this up to five times, and then breathe normally. Repeat this, every hour, or every time you wake up.

### CLEARING YOUR CHEST

This technique will help to clear any phlegm. Take a deep breath in, then breathe out quickly and forcefully through your mouth, making a huffing sound as if you were steaming up a mirror. Repeat two or three times after your deep breathing exercises, and then breathe normally. Repeat this more often if you feel it is necessary. You are unlikely to harm your stitches or scar when you huff or cough. It may help if you support the site of your operation when you huff or cough. You can do this by holding a folded towel or pillow firmly over your abdomen, or if your operation was performed vaginally, place your hand firmly over your sanitary pad.

### CIRCULATION EXERCISES

These exercises will help your circulation. Move your feet up and down briskly (from your ankles) for 30 seconds every hour, or every time you wake up. You should continue to practice this until you go home.

## GETTING MOVING

### Rolling over in bed

Lying on your side can be comfortable after an operation. If you have stitches in your abdomen you may need some extra support such as a small towel under your abdomen.

If you are lying on your back, bend your knees, and hold onto your abdomen with your hand. Roll onto your side making sure that you move your shoulders at the same time as your hips and knees. This will avoid twisting your abdomen. Once you are lying on your side you may find it more comfortable to place a pillow or towel under your abdomen.

To roll back onto your back, roll in one movement as above, holding onto your abdomen with your hand.

### Getting out of bed

Roll on to your side as above. Gently lower your feet over the side of the bed and at the same time push your body up with your arms. Once you are sitting on the side of the bed, rest for a moment to catch your breath. If you feel dizzy, let this settle before you stand up. Try to stand straight and tall. It may help to hold your abdomen at first.



### Getting into bed

Stand with the back of your knees against the bed. Use your hands to help lower yourself onto the edge of the bed. Lie onto your side using your elbow to lean on. At the same time lift your legs up onto the bed. Now you can roll onto your back, holding onto your abdomen if you need to.

## **Sitting**

Try to sit with good posture – sit well back in your chair with a small pillow or rolled towel to support your lower back. You may wish to place a footstool under your feet to make you more comfortable.

## **Standing**

Good posture will help to prevent backache – you will look and feel better if you stand tall. This may be difficult to start with, but should get easier day by day.

## **GOING TO THE TOILET**

You may have a catheter in your bladder for a few days after your operation. When you first try to empty your bladder on your own, make sure you sit down properly on the toilet. If you hover over the toilet seat your bladder may not empty properly. Take your time and try to relax. It is important to drink 1.5 – 2 litres (3-4 pints) of fluid each day – water is best. This will help your bladder and bowel to work well.

When you open your bowels you may find that it helps to support your stitches. If you have stitches underneath it may help to hold a clean sanitary towel (or a pad of toilet paper) against them as you empty your bowel. If your stitches are in your abdomen it may help to support them with a folded towel or your hand.

## **DO NOT STRAIN TO EMPTY YOUR BOWEL**

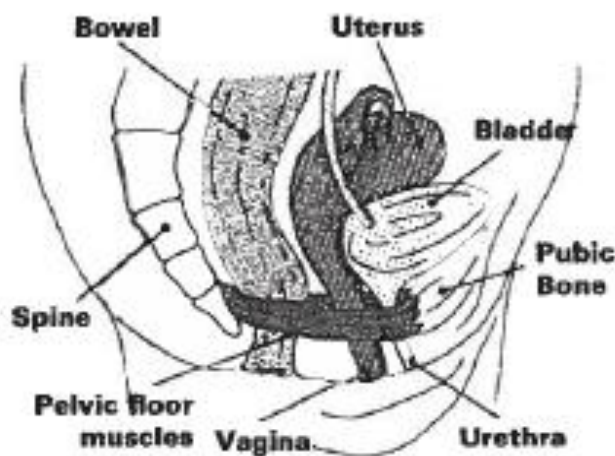
Some people experience constipation after an operation. Sitting in the right position on the toilet helps your muscles to relax, and makes it easier to open your bowels. Follow these instructions and use the position shown in the diagram below to help you to empty your bowel more easily.



- 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 stomach relax, widen your waist and allow your abdominal muscles to bulge outwards, making your waist wider
- Keep your mouth slightly open and your jaw relaxed. Breathe out. This allows your pelvic floor to remain relaxed.
- Squeeze the muscles around your back passage (anus) after you finish emptying.

## PELVIC FLOOR MUSCLE EXERCISES

Your pelvic floor muscles span the base of your pelvis. They work to keep your pelvic organs in the correct position (prevent prolapse), tightly close your bladder and bowel (stop urinary or anal incontinence), and help with sex. Your pelvic floor muscles need to be strong, but they also need to work in the right way at the right time.



It is important that you get these muscles working again after your operation to help with recovery and to prevent problems in the future. Don't be afraid to do them even if you have stitches underneath. Start these exercises gently once your catheter has been removed and you are able to pass urine on your own.

To do these exercises, imagine that you are trying to stop yourself from passing urine and at the same time trying to stop yourself from passing wind. You could also think of squeezing tightly inside your vagina. You should feel your muscles 'squeeze and lift'. It is important to breathe normally while you are doing these exercises. You may also feel some gentle tightening in your lower abdominal muscles, this is normal.

You need to practice short squeezes as well as long squeezes. You might need to build up your routine. Start by finding out what your muscles can do now.

## **Short firm squeezes**

Squeeze and lift your pelvic floor muscles as firmly as you can and hold for 1-2 seconds, then relax. Repeat until your muscles get tired. Gradually increase your repetitions up to 10 times. Aim to increase the strength of the squeeze as comfort allows.

## **Long gentle squeezes**

Gently squeeze and lift your pelvic floor muscles, hold for several seconds, and then relax for several seconds. Aim to hold for up to 10 seconds. Repeat until your muscles get tired. Gradually progress this exercise until you can hold for 10 seconds and repeat 10 times

You should do your pelvic floor muscle exercises at least 4 times every day. At first you may find it easier to do pelvic floor exercises when you are lying down, if sitting is uncomfortable.

## **Improving your pelvic floor muscles**

It may take some time for your pelvic floor muscles to recover. If you continue to find these exercises difficult you could ask to be referred to a specialist physiotherapist.

## **Remembering to exercise**

It is easy to forget your pelvic floor muscle exercises. Make sure your exercises are part of your daily routine – just like brushing your teeth. You should continue with your exercises twice daily for the rest of your life. Here are some suggestions to help you remember.

- Use coloured stickers or reminder notes around the house or at work
- Do your exercises when you have had a drink or after you have emptied your bladder. Sitting on the toilet lid might be a good position. Do not practice stopping your flow of urine mid-stream
- Use the advert break between television programmes.

As your muscles improve, aim to do your exercises in other positions such as standing up and walking around.

## **Preventing problems**

Tighten your pelvic floor muscles before you do anything that may put them under pressure, such as lifting, coughing or sneezing.

Being overweight puts extra strain on your pelvic floor muscles, so try to aim for a healthy weight. Straining to empty your bowels (constipation) may also weaken your pelvic floor muscles, and should be avoided. If you are constipated, you may need to seek help from a professional.

## **ABDOMINAL EXERCISES**

It is important to exercise your abdominal muscles after any major abdominal gynaecological operation. The abdominal muscles provide support to your back and help your posture.

You should start the following exercises the first day after your abdominal operation. Start gently and gradually build up. It will probably be easier if you practice them before your abdominal operation.

### **Abdominal hollowing**

This is the basic exercise which the other exercises will build on. It may seem simple but it can require practice to make sure you are doing it correctly.

Lie on your back with your knees bent, and feet flat on the bed. Make sure that you keep your breathing relaxed throughout this exercise. Keep your back in a comfortable position – not too arched nor too flat.

Gently breathe in, and as you breathe out gently draw your lower abdomen in towards your spine. Keep these muscles drawn in as you take a few normal breaths. Now relax your lower abdominal muscles. Repeat this a few times.

As you feel more confident with this exercise you can try to hold for longer, up to 10 seconds. Repeat up to 10 times.

You may prefer to try this exercise lying on your side, or sitting up. With practice you should be able to do it standing up. Then you can gradually start to use this hollowing movement with your normal daily activities e.g. lifting, bending, or walking.



## Pelvic tilting

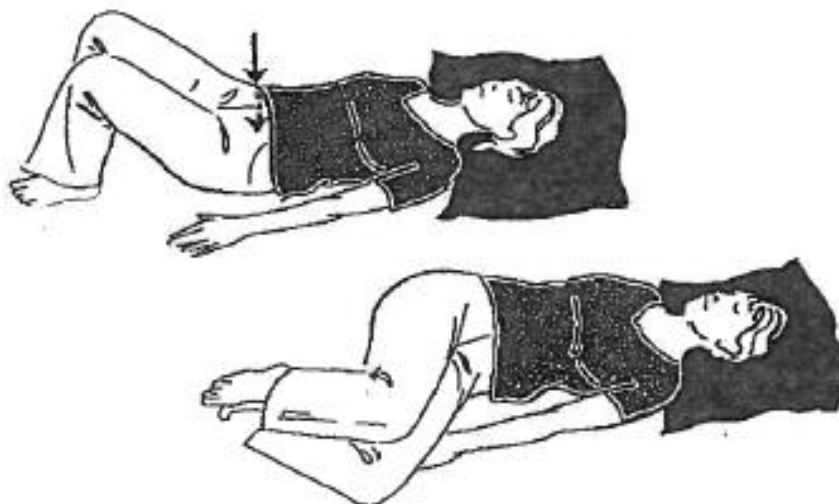
Lie on your back with your knees bent and feet on the bed. Draw in your lower abdominal muscles as above. Now gently tilt your pelvis so that you are pushing your lower back into the bed, then relax. This exercise may also be useful for relieving trapped wind and backache after your operation. Repeat up to 10 times.



To increase the strength of your abdominal muscles, try to hold this position for up to 10 seconds while you breathe normally and then relax. Repeat up to 10 times over the next week as you feel more comfortable.

## Knee rolling

Lie on your back with your knees bent and feet on the bed. Draw in your lower abdominal muscles as above. Gently let your knees roll to one side. Keep your hips flat on the bed, and keep breathing normally. Your knees need only move a short distance at first. Return your knees to the starting position, and then relax. Repeat to the other side. Try to do this 10 times to each side.



This will help to relieve trapped wind and stretch internal tissues as they heal.

## Single bent knee fall out

Start on the second or third day after your abdominal surgery. Lie on your back with your knees bent and feet on the bed. Draw in your lower abdominal muscles as described for the abdominal hollowing exercise. Gently let one knee fall out to the side. Keep your hips flat on the bed, your stomach muscles firm and keep breathing normally.

Your knee should only move a short distance. Return your knee to the starting position, and then relax. Repeat to the other side. Gradually increase your repetitions up to 10 times to each side.



## MAKING PROGRESS

Recovery from an operation varies from person to person. Your return to normal activity should be gradual. Listen to your body and make sure that you get plenty of rest whilst you are in hospital.

We know that some people are more vulnerable to problems, such as prolapse after their operation. This includes those who:

- Are over 60 years old
- Have had a major gynaecological operation before this one
- Are overweight
- Have weak pelvic floor muscles

If you are in any of these categories, then we suggest that you take more care with your recovery. If you are not in any of these categories, then you can be a little more flexible with the timescale of your recovery.

## GOING HOME

The length of time that you stay in hospital will vary. It will depend on you, your doctor and your operation. When you go home you will need time to rest and recover. Even if your scar has healed on the outside, it needs time to heal on the inside, so do not rush into things. Accept offers to help with household tasks and meal preparation.

## TRAVELLING

### When getting into a car:

- Stand with the back of your legs against the side of the seat
- Lower yourself onto the seat, using the door frame or the seat for support
- Once you are sitting down move yourself back into the seat
- Turn to face forwards lifting one leg at a time into the car
- To get out of the car reverse this procedure

If you have a scar across your abdomen, you may be more comfortable with some padding or support under your seat belt. Try using a folded towel between your stomach and the belt.

It will be some time before you are ready to drive yourself. This will vary from person to person and further advice can be given by your doctor. You are responsible for making sure that you are in control of your vehicle. Check your insurance policy to make sure you are insured. If your policy is not clear you will need to check with your insurance company. As a guide, we advise you to wait at least 3 weeks after your operation before you start to drive. For some this will not be long enough. You must wait until you feel fully fit to drive.

### Make sure that you:

Can turn to look over your shoulder and turn the steering wheel without pain or discomfort

Can make an emergency stop – try it with the engine off before you go out for the first time

Can concentrate fully on your driving and the road around you

Are insured to drive

## EXERCISE AND REST

Continue with your abdominal and pelvic floor muscle exercises at home. You should gradually progress your programme as described earlier in this leaflet. Aim to have a walk each day. Start with 5 minutes. You can gradually increase the time, pace and distance. You should not be in pain when you are walking. Following vaginal surgery, if you start to get a 'heavy' or 'dragging' sensation in the vagina, you should reduce

distance walking or time standing, until this improves. Consider what you were able to do before your operation and aim towards this over the 6 weeks following surgery.

It will help you to have a rest during the day for the first 2 weeks. It is common to feel emotional in the early days after your operation and if you are tired this may seem worse. You will also find that some days are better than others. Remember to listen to your body.

You may feel ready to do some light general exercise about 3-6 weeks after your operation. This could include low impact activities or controlled stretches. It also includes swimming. If you are exercising with an instructor, make sure that you tell them that you have had a gynaecological operation. This will help them to start your exercise programme in the right way.

For swimming you need to make sure that your scar has healed and that any vaginal discharge or bleeding has stopped.

You may need to wait for three months or longer before you start more physically active sports including high impact activities and competitive sports. You should ask your pelvic health physiotherapist or doctor for specific advice, especially if you have had an operation for prolapse.

## **HOUSEHOLD TASKS, LIFTING AND RETURNING TO WORK**

Immediately after your operation you should avoid prolonged standing. This is particularly important after vaginal surgery. You should also avoid lifting any object from floor level or anything which weighs more than 2.5kgs (about 5lbs).

For the first 3-4 weeks after your operation, you can gradually increase your activity level. Make sure that you pace yourself. You may be able to sit to do some activities which you would usually do standing up, for example preparing food.

About 3-6 weeks after your operation is usually the right time to return to light work and household activities. When you start lifting you should always remember to:

- Bend your knees if the weight is at a low level
- Tighten your pelvic floor muscles – particularly important after vaginal surgery
- Hollow your lower abdomen (use your deep stomach muscles)
- Breathe out

Remember that you should gradually increase any activity that involves lifting. Avoiding really heavy or repetitive lifting may be advisable in the long term, especially if your operation is a prolapse repair or you have weak pelvic floor muscles.

Your return to work will depend on you, your operation and your job, including the number of hours that you work. If your work is not physically demanding, for example some desk-based jobs, you may be able to return within 3-6 weeks.

If, however your job is heavy physical work and involves lifting or standing still for long periods, for example on a production line, then you may have to wait for about three months before you return to work.

You may want an employer to carry out a risk assessment on your work activities. This can help to make sure you are working in the best way. You may be able to return to work part time; this is called a 'graduated' or 'phased' return to work. Talk to your employer about this, if you think it may be helpful.

If you need more specific advice about returning to work then ask your doctor, nurse or your pelvic health physiotherapist. Whatever your job involves it is important that you have good posture. Make sure that you sit in a supported position and use your deep tummy and pelvic floor muscles when standing and lifting.

## **SEXUAL ACTIVITY**

The time to restart sexual activity will vary from person to person and on the activity itself. You must be guided by how ready and comfortable you feel. You should wait at least 3-4 weeks before having intercourse. Make sure that any bleeding has stopped. If you feel that this is too soon then wait until you are ready. Some will want to wait until they have had their post operative appointment, but for some this will be too long.

## DAILY MILESTONES RECORD

You may find it helpful completing the following tick boxes. It serves as a record of how you feel and what activities you are able to perform on a daily basis. In doing so, it will help you review the progress of your own recovery

### DAY OF SURGERY - Tick one box in each section:

#### PAIN: I have

- ☐ No pain
- ☐ Mild Pain (that can be tolerated)
- ☐ Moderate Pain (causing some distress)
- ☐ Severe Pain (worse pain possible)

#### NAUSEA/SICKNESS: I have had

- ☐ No nausea or vomiting
- ☐ Nausea only
- ☐ One episode of vomiting in the last hour
- ☐ More than one episode of vomiting in the last hour

#### I FEEL:

- ☐ Very well
- ☐ Well
- ☐ Little unwell
- ☐ Very unwell

### POST OP:

- Drink fluids and eat a little if you feel able
- Deep breaths      YES ☐      NO ☐
- Leg exercises      YES ☐      NO ☐
- I have sat up/sat out of bed for \_\_\_\_\_ hours
- Walking:      YES ☐      NO ☐

## POST OPERATIVE DAY 1 - Tick one box in each section:

### PAIN: I have

- ☐ No pain
- ☐ Mild Pain (that can be tolerated)
- ☐ Moderate Pain (causing some distress)
- ☐ Severe Pain (worse pain possible)

### NAUSEA/SICKNESS: I have had

- ☐ No nausea or vomiting
- ☐ Nausea only
- ☐ One episode of vomiting in the last hour
- ☐ More than one episode of vomiting in the last hour

### I FEEL:

- ☐ Very well
- ☐ Well
- ☐ Little unwell
- ☐ Very unwell

- Have you drunk plenty of fluids: YES ☐ NO ☐
- Have you managed to eat? YES ☐ NO ☐
- Have you passed the following? Urine / Wind / Faeces
- Deep breaths? YES ☐ NO ☐
- Leg exercises? YES ☐ NO ☐
- I sat out for \_\_\_\_ hrs in the morning and \_\_\_\_ hrs in the evening.
- I have walked along the full length of the ward either assisted or unassisted. am ☐ pm ☐

**POST OPERATIVE DAY 2** - Tick one box in each section:

**PAIN:** I have

- ☐ No pain
  - ☐ Mild Pain (that can be tolerated)
  - ☐ Moderate Pain (causing some distress)
  - ☐ Severe Pain (worse pain possible)

**NAUSEA/SICKNESS:** I have had

- ☐ No nausea or vomiting
- ☐ Nausea only
- ☐ One episode of vomiting in the last hour
- ☐ More than one episode of vomiting in the last hour

**I FEEL:**

- ☐ Very well
  - ☐ Well
  - ☐ Little unwell
  - ☐ Very unwell

- Have you eaten and drunk normally today: YES ☐ NO ☐
- Have you passed the following? Urine / Wind / Faeces
- Were you able to wash yourself: YES ☐ NO ☐
- Deep breaths? YES ☐ NO ☐
- Leg exercises? YES ☐ NO ☐
- I sat out for \_\_\_\_ hrs in the morning and \_\_\_\_ hrs in the evening.
- I have walked along the full length of the ward either assisted or unassisted.  am  pm
- Do you feel ready to go home in the next day? YES ☐ NO ☐



## POST OPERATIVE DAY 3 - Tick one box in each section:

### PAIN: I have

- ☐ No pain
- ☐ Mild Pain (that can be tolerated)
- ☐ Moderate Pain (causing some distress)
- ☐ Severe Pain (worse pain possible)

### NAUSEA/SICKNESS: I have had

- ☐ No nausea or vomiting
- ☐ Nausea only
- ☐ One episode of vomiting in the last hour
- ☐ More than one episode of vomiting in the last hour

### I FEEL:

- ☐ Very well
- ☐ Well
- ☐ Little unwell
- ☐ Very unwell

- Have you eaten and drunk normally today: YES ☐ NO ☐
- Have you passed the following? Urine / Wind / Faeces
- Were you able to wash yourself: YES ☐ NO ☐
- Deep breaths? YES ☐ NO ☐
- Leg exercises? YES ☐ NO ☐
- I sat out for \_\_\_\_ hrs in the morning and \_\_\_\_ hrs in the evening.
- I have walked along the full length of the ward either assisted or unassisted. ☐ am ☐ pm
- Do you feel ready to go home in the next day? YES ☐ NO ☐

## Queries

If you have any queries about any of the advice contained in this booklet or if you require further advice from a chartered physiotherapist please contact your local Physiotherapy Department between 8.30am and 4.30pm Monday to Friday on the direct dial numbers below:

### **Worcestershire Royal Hospital**

Tel: 01905 760622

### **Alexandra Hospital, Redditch**

Tel: 01527 512114

### **Kidderminster Hospital**

Tel: 01562 513066

**[www.worcsacute.nhs.net](http://www.worcsacute.nhs.net)**

## **Feedback for Inpatient Therapies**

**Please scan the QR code or follow the link below:**

If you have been seen by a Physiotherapist or Occupational Therapist during your admission, please leave us some feedback by scanning the QR code or following the link and filling in the short survey.



<https://apps.worcsacute.nhs.uk/PublicSurvey/AHPFeedback>

Ward admitted to: \_\_\_\_\_

Therapy team who treated you: \_\_\_\_\_

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

### **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PALS@nhs.net](mailto:wah-tr.PALS@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.