

Patient information

Physiotherapy following gynaecological surgery

The aim of this leaflet is to provide you with advice and information following your operation. It will teach you important exercises that will optimise your recovery, and advise you of 'do's and don'ts' for when you are home. It is beneficial to try the exercises before you go into hospital.

The day of your operation

As soon as you are able to, it is beneficial if you get out of bed and sit for a time, as well as walk short distances.

Until you are back to full mobility you should do these exercises every few hours:

- Sitting upright, take a deep breath in, feeling the lower ribs move out sideways. Repeat 4 - 5 times, every hour and every time you wake up. A pillow across your tummy may help if you feel that you need to cough.
- Move your feet and ankles up and down for 30 seconds.
- In sitting, bend and straighten your knees (one at a time) for 30 seconds.

How to get out of bed

- Roll on to your side
- Push up with your hands
- Lower your leg over the side of the bed

If you have abdominal stitches, you may want to give some extra support by holding onto your tummy with a rolled towel or your hands as you come forwards.

Toilet advice

Bladder: You may have a urinary catheter in your bladder after your operation. When you first try to empty your bladder on your own, make sure that 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 normally (1.5 - 2 litres per day), and water is best. Reduce caffeine intake as this can irritate the bladder. Be aware this may be hidden in many fizzy drinks and hot drinks other than tea and coffee. Reduce your alcohol intake if it irritates your bladder. You should pass urine every 3 to 4 hours throughout the day. Avoid going to the toilet to pass urine 'just in case'. If you are having difficulty passing urine, or you have any altered sensation of the need to go, it is important that you tell your doctor immediately.

Bowels: It is important to avoid constipation as this puts extra unnecessary pressure on your pelvic floor muscles and operation site. Eating plenty of fruit, vegetables and fibre can help. Also, make sure that you are drinking enough fluids. Move around a little and often as sitting for prolonged periods can worsen constipation.

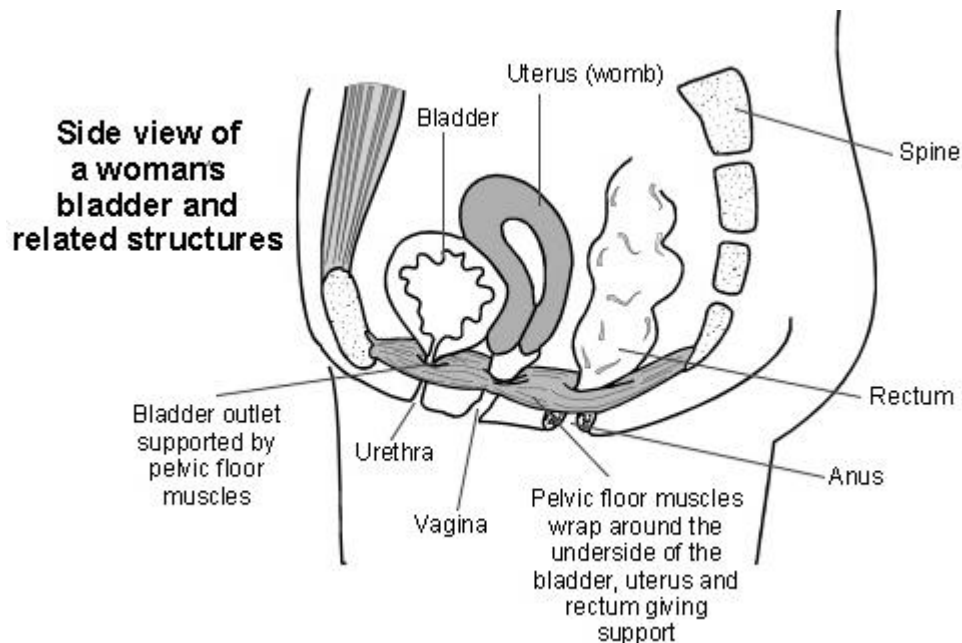
- Do not strain
- Sit fully on the toilet seat – do not hover
- Have your feet apart and raised up on a stool/support, with your arms resting comfortably on your thighs
- Keep your tummy relaxed; don't tighten your abdominals
- Avoid breath-holding; try to have a relaxed breathing pattern
- A slight bearing down will help the stool to open the back passage for the bowel movement but do not push push push!

Some women may find it helpful to support the perineum (the area between the back passage and the vagina) by applying some pressure with a clean hand or pad, when emptying their bowels, particularly if you have had vaginal stitches.

If you feel constipated, or have an increased need to strain when passing a bowel motion, talk to your doctor about medications that may help

What is the pelvic floor?

Pelvic floor muscles: The pelvic floor muscles are a 'hammock' of muscles underneath your pelvis. They are attached at the front of the pelvis to the pubic bone and span backwards to attach at the base of the spine around the sacrum and coccyx (tailbone). The opening of the bladder, birth canal (vagina) and the bowel all pass through the pelvic floor.



What does the pelvic floor do?

1. The pelvic floor muscles are continually working to help support your pelvic organs and abdominal content (bladder, uterus in women and bowel) from underneath and stop them dropping down.
2. The pelvic floor muscles help with bladder and bowel control. The pelvic floor muscles circle around the opening for the urethra, vagina and back passage and stop you leaking urine, wind or faeces. The muscles need to work harder when you cough or sneeze or on exertion to avoid leaking.
3. The pelvic floor muscles have an important sexual function, helping to increased sexual awareness for you and your partner during sexual intercourse.

Common disorders of the pelvic floor include urinary incontinence (leaking) or prolapse of the vaginal walls or the uterus. Like other muscles in the body, 'if you don't use them, you lose them'. They weaken and are no longer efficient at doing their job. The pelvic floor muscles are affected and can weaken for a variety of reasons:

- Childbirth
- Pelvic surgery
- The natural aging process
- Hormonal changes for example the menopause
- Obesity
- Chronic constipation
- Repetitive heavy lifting
- Smoking
- Medical conditions such as diabetes, multiple sclerosis and stroke
- Repetitive urine infections
- Chronic cough, chest infection and conditions such as asthma and COPD
- Hypermobility

When weakened these muscles are less able to support the pelvic organs. This is especially important following gynae surgery as changes made to the internal anatomy require increased support from your pelvic floor. A weak pelvic floor could lead to bladder, uterus or bowel prolapse and/or urinary or faecal incontinence.

Strengthening your pelvic floor muscles will significantly lower your risk of developing these problems.

How to perform a pelvic floor contraction

Pelvic floor Exercises

Pelvic floor muscles need to be exercised like any other weak muscles. An individual programme is important and we will discuss this at your appointment, but here are some exercises to get you started.

A pelvic floor contraction is performed by closing and drawing up your front and back passage. Imagine you are trying to stop yourself from passing wind and at the same time trying to stop your flow of urine. The feeling is one of 'squeeze and lift'. In the beginning it may be easier to do the exercises lying, but you can progress them to sitting or standing. You can feel the correct muscles by placing your index finger or thumb into the vagina.

Do not:

- Pull in your stomach excessively
- Squeeze your legs together
- Tighten your buttocks
- Hold your breath.

There are two types of pelvic floor exercises you should do:

1. **Quick and strong:** Squeeze as hard as you can and then let go completely. Rest a second and then repeat. Aim to build up to 10 in a row. This exercise will help you to contract your muscles quickly when you laugh, cough etc.
2. **Endurance:** Perform a pelvic floor contraction and this time try to hold it for as long as possible. Try to build up to holding for 10 seconds. You must feel the muscle relax. Aim to repeat it as many times as you can, building up to a maximum of 10 times. Rest between each contraction for the same length of time you were able to hold it for.

You must aim to do these exercises at **least 3 times a day**. Generally, it takes 3 - 6 months to get a muscle really strong again. Do not do so many that the muscle begins to ache, remember it is quality not quantity!

- Avoid repetitive heavy lifting where you can.
- Maintain a healthy weight. Excess weight will add pressure on your bladder and pelvic floor
- Give up smoking. Persistent coughing associated with smoking can weaken your pelvic floor. Advice and support on quitting smoking is available through the NHS. Please ask your GP for more information.
- Pull in your pelvic floor before coughing and sneezing, and lifting (where unavoidable).

Keep forgetting to do your exercises?

- Associate particular objects around the house with your exercises or place little stickers around the house to jog your memory.
- Set an alarm on your phone.
- Download the NHS Pelvic Floor app 'Squeezy'. Or one of several other free apps.
- Associate your exercises with something you do regularly throughout the day such as washing your hands or hearing the advert break on the radio or television.

Continue to complete them regularly to maintain the strength that you have gained. It can take **3 - 6 months** to see significant results.

Don't forget ... pelvic floor exercises are for life.

Abdominal exercises

These exercises are designed to help strengthen your deep abdominal muscles. These muscles work with the pelvic floor to help prevent leakage and prolapse and to support your back. You can start these exercises while in hospital after your operation.

Static abdominals



Place your hands on your tummy. Keeping your back still, draw your tummy in away from your hands then relax. Remember to keep breathing. Aim to hold this for 10 seconds and repeat up to 10 times.

Pelvic tilting



Push the lower part of your spine down into the bed and curl your bottom up, hold for 3 seconds and then return to the resting position. Repeat 5 times.

Knee rolling



Keeping your knees together, gently move your knees down towards the bed on one side as far as feels comfortable. Repeat to the other side. Aim to complete 5 on each side.

*****Do not focus solely on the abdominal exercises. Your pelvic floor exercises are very important to get started on*****

Returning to normal activities

The following is only a guide. Be sensible, don't over exert yourself. Have regular rests and **pace yourself**. The activities listed are only examples and to be done

only if you feel ready and want to do them. Healing rates will vary for each individual and will depend on the type of operation that you have had.

Week 1

- Regular short walks
- Pelvic floor exercises
- Abdominal exercises (as listed)
- Rest during the day but moving little and often.
- Avoid lifting more than 3kg (7lbs)
- Avoid sustained positions
- Minimal light housework

Week 2 - 5

- Continue with exercises and walking; increase distance as able and as feels comfortable
- Regular rest. Remember to pace yourself.
- Light loads of washing
- Light gardening e.g. pruning
- Still no heavy lifting

Week 6

- Drive (4-6 weeks). You must be able to wear a seatbelt comfortably and perform an emergency stop.
- Push shopping trolley
- Swimming
- Cycling on the flat
- Vacuuming
- Sexual intercourse

Week 8

- Mowing the lawn
- Carrying heavier bags
- Cycling uphill
- Golf
- Bowls

Week 12

- Normal activities
- Preferred exercise should be resumed gradually, especially high intensity / competitive sports
- Aerobics
- Gym
- Horse riding
- Dancing
- Avoid heavy lifting where possible. If unavoidable, tighten your pelvic floor ahead of doing so.

You should expect a phone call from a Women's Health Physiotherapist usually within two weeks of discharge. This is to check on your progress and ensure you are managing your pelvic floor exercises. This can be a useful time to discuss any additional questions you may have.

If your contact details have changed or you are staying at an alternative address during your recovery, *please* ensure this is updated and passed on before you are discharged. If you have not heard from the physiotherapist within one month of your surgery, please contact AHP Suffolk on 03330 433 966.

Should you feel you require further advice before you leave hospital, you can ask to speak with the physiotherapist before you are discharged.

If you experience any ongoing problems with incontinence following surgery, speak with your consultant or GP. You can self-refer to physiotherapy at AHP Suffolk on 03330 433 966 or online at: www.ahpsuffolk.co.uk/referral

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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