

Gynaecological surgery: advice and exercises

This booklet has been written as a guide for your recovery after your operation.

Contents

- 1) Coming in for surgery
- 2) On the ward
- 3) Comfort after your surgery: breathing, coughing and circulation
- 4) Getting moving: starting your recovery
- 5) Bladder and bowels
- 6) Pelvic floor exercises
- 7) Other exercises
- 8) Regaining your previous level of fitness
- 9) General advice
- 10) Hormone advice

If possible, read through the advice in this leaflet and practise the exercises before going into hospital.

1) Coming in for surgery

Individual advice will vary depending on the exact surgery that you will have. You will have a pre-op assessment appointment when you will see a nurse who will explain exactly what your surgery will entail and what will happen during your hospital stay.

- Pre-operative assessment- this appointment may be in the months before admission, but may be nearer the admission date. It will cover information about the exact nature of your surgery. You will also be given information about your admission, pre- and post-operative care and discharge from hospital.
The average hospital stay for repair surgery and hysterectomy is now only 1-3 days. Most vaginal repair surgery or keyhole surgery will only need an overnight stay and you will be discharged the day after surgery. This is only a guide, as some people may require a shorter/longer stay depending on health needs or extent of surgery.
- Waiting times vary with each consultant. Being given a date does not guarantee that a bed will be available at that time. Although every effort is taken to ensure that your surgery occurs as planned, priority has to be given to those needing surgery more urgently, and this can mean that operations are occasionally cancelled, although this is rare.
- You will be admitted to the Day of Surgery Unit on the morning of your operation and the nurses there will get you ready for surgery. When you are awake afterwards you will be taken to ward B4. This is a mixed ward with half of the ward caring for both male and female patients undergoing colorectal surgery, and half the ward caring for **female patients only** having gynaecological surgery. Although there will be male patients on the ward, they will never be at the same end of the ward as the patients undergoing gynaecological surgery, and bathroom /toilet facilities are not shared.

- It is common following most types of surgery, that you will have a catheter in place to drain your bladder immediately after your operation. It is commonly removed the morning after your surgery although each consultant may give different instructions. After some surgery it is removed at bedtime on the day of surgery.

2) On the ward

- A list of useful items to bring with you is sent with your admission letter. You will only need wash things and nightclothes and perhaps something to read, but there is no space to store large bags. Please do not bring valuables or electrical items. The ward has a hairdryer. The need for sanitary towels will be discussed at your pre-operative assessment.
- Please nominate a spokesperson for family calls. This person can contact the ward for information and feedback to all other family members. This gives you time to recover and the nurse's time to care for you without answering the phone to numerous callers for each patient.
- Ideally only 2 visitors per patient at a time. Please see the hospital website for current visiting hours. Visitors can be tiring, so suggest that some people visit when you return home.
- Telephones/TV units are located at each bedside, and operate on a card system payable in advance. These units are organised by an outside company with representatives that visit the ward as needed. The operator can connect your phone and update your package as needed.
- Mobile phones should not be used in patient areas (ward bays and rooms), according to hospital policy. They can however be used in the waiting room, day room or on the balcony. If you have your mobile with you, please ensure that it is always kept on silent or switched off
- Flowers are not allowed on the ward due to the infections risks associated with stagnant water.

3) Comfort after your surgery

It is important that you are comfortable after your operation and that you can move, change position, do your exercises and cough without pain. Early mobilisation is important to prevent complications of immobility and facilitate an early discharge home.

a) Pain relief

There are many types of pain relief depending on the nature of your surgery. There are injections available, but mostly you will only need tablets or liquid medicine. Always tell a nurse if your pain is not well controlled and we can find alternative pain relief.

b) Breathing

Start these Deep Breathing Exercises immediately after your operation. Continue them for the first 48 hours, or until you are up and moving around frequently and fairly normally. These Deep Breathing Exercises help reduce the risk of getting a chest infection.

- Take a deep breath in through your nose (or mouth), hold for two seconds and then slowly sigh the air out through your mouth. As you breathe in, relax your shoulders and abdomen, feeling your waist expands as you draw the air deep into your lungs. Try this two or three times; then rest. Repeat the deep breaths every hour. This will be particularly

helpful if you have phlegm or feel congested. It may also help you to relax, relieve nausea or move trapped wind.

c) Coughing

- If you need to clear phlegm from your chest, sit up in bed with your knees bent up, or sit in a chair. Always have pillows supporting your back.
- If you have a wound in your abdomen, support your stitches or scar by holding a rolled towel or a pillow firmly against your abdomen. If your operation has been through your vagina, place your hand firmly over your sanitary pad.
- Perform the Deep Breathing Exercises described above. Take another deep breath in and then breathe out once forcefully through your mouth, making a huffing sound as if you were trying to 'steam up' a mirror. You can huff two or three times to help shift the secretions and then a gentle cough will help you to clear them.
- A cough, sneeze or laugh will not harm your stitches. However, you will be more comfortable if you support your wound with the rolled towel or pillow or your hand over your pad.



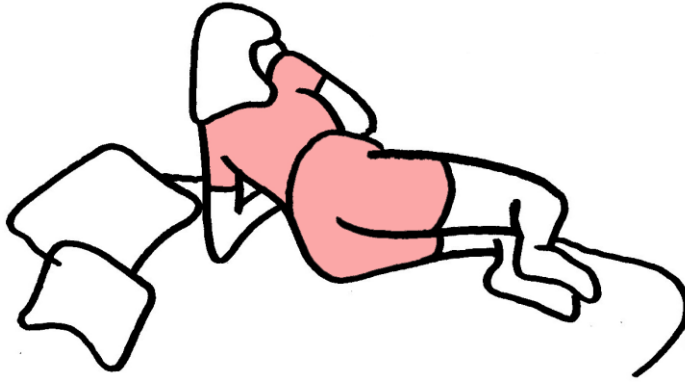
d) Circulation

It is important to prevent blood clots (deep vein thrombosis) forming in the veins of your legs after surgery.

- For this reason you will be given a daily injection of blood thinning medication, and special support stockings after your operation to prevent the pooling of blood in your legs.
- To give your circulation further help, when resting in bed or in a chair, move your feet and ankles up and down briskly for 30 seconds every hour. Also, circle your feet round at the ankles. Try to remember to do this before you get out of bed in the early days after your operation.
- Try to avoid crossing your legs at the ankles and knees.

4) Getting moving: starting your recovery

- **To turn in bed more comfortably**, bend your knees up and support your abdomen with your forearm or a rolled towel. Turn your head in the direction you are rolling. Keep your legs together, moving your shoulders and knees at the same time, 'reaching over' with your upper arm. You may be more comfortable lying on your side if you place a pillow beneath the lower part of your abdomen and one between your knees.
- **To sit over the edge of the bed**, turn onto your side as described above. Use your uppermost hand and arm to push your body up into a sitting position by pressing down into the mattress, allowing your feet to go down over the side of the bed to the floor. You may want to push down on the lowermost part of your elbow at the same time.



- **To stand up**, first get yourself into the sitting position. Stay there for a minute before pushing yourself up into a standing position with your hands and legs. Make sure your bottom is near the edge of the bed; you may need to shuffle your hips to get nearer to the edge. Lead into standing by pointing your nose upward, having your feet well back under your hips.
- **Before walking, stand tall.** Support your wound if it helps you to feel more comfortable. Then try to walk tall, keeping good posture to prevent backache.
- **To get into bed**, stand with the back of your knees against the bed. Support your abdomen with one hand and put the other on the bed behind you. Bend forwards as you sit. Shuffle your hips back into the middle of the bed. Lower your head and shoulders sideways down onto the pillow, lifting your legs up at the same time and keeping your knees bent and together. Then roll onto your back.
- **When sitting in bed or in an armchair**, sit well back. A pillow or a rolled towel placed in the 'small of your back' will give support and help to relieve backache. If your feet do not comfortably reach the floor, ask for a footstool.

5) Bladder and bowels

a) Bladder

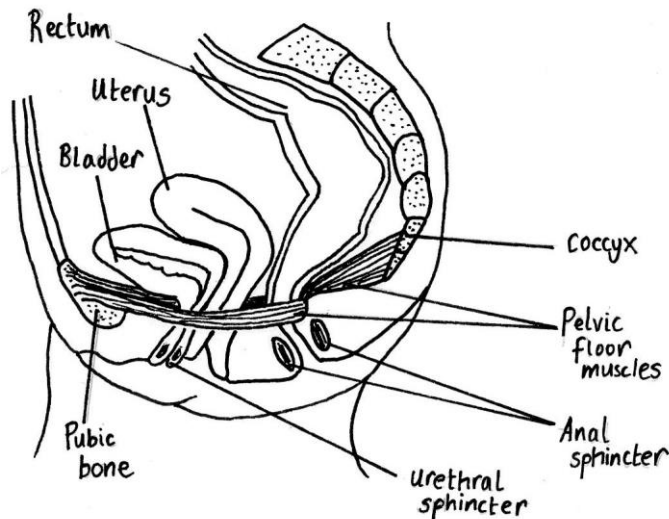
- For a few days after your surgery, you may have a catheter to drain your bladder. The nursing staff will advise you about how much you should drink after your operation. Once you have had the catheter removed and you first attempt to pass urine, make sure that you give yourself plenty of time and that you sit on the toilet or commode with your feet comfortably supported. Relax and breathe out.

b) Bowels

- After surgery many women complain of wind pain and feeling bloated which can be surprisingly painful. Peppermint tea and gentle exercises (explained below) can help.
- It is also important not to allow yourself to become constipated and not to strain. Positioning can help, and you may find it easier to put your feet on a footstool and lean forwards, resting your elbows on your knees. **NB This is not suitable if you have previously had a hip replacement operation.** If your operation has been done vaginally, press the area just in front of your back passage (with some toilet paper or your sanitary pad) when having your bowel motion. Try to relax your pelvic floor and around your abdomen, feeling your waist expand, and breathe out.
- After the first few days, ensure you have a diet rich in fibre and drink plenty of fluid (unless advised otherwise) to avoid constipation; try to keep 'regular' with emptying your bowels.

- It is not necessary for you to open your bowels before you go home, but if you are worried about constipation then please ask for some gentle medicine to be given either in hospital or for discharge home. If you have not opened your bowels within 5 days of surgery and you are at home, please seek advice from either a pharmacist at your local chemist, or a GP

6) Pelvic floor exercises



The Pelvic Floor Muscles

- The pelvic floor muscles are an important sling of muscles, running like a hammock from front to back and forming the floor of the pelvis. They give support to the pelvic organs (bladder, bowel, uterus and vagina) and provide control from the back passage (anus) and the front passage (urethra).
- If these muscles are firm and strong, they prevent leakage of urine from the bladder and faeces from the bowel. They also help to prevent prolapse.
- The pelvic floor muscles should relax when you open your bowels or pass urine and tighten again afterwards to restore control.
- Pelvic floor muscles can become weak and can 'sag' following childbirth or because of weight gain, lack of exercise, heavy lifting, menopause, chronic constipation, prolonged standing or just getting older.
- **NB** After you have had a hysterectomy, it is still possible for the vaginal walls, the bladder or the bowel to prolapse if lacking in support.
- After your operation, the exercises will help to:
 - a) Reduce discomfort and swelling
 - b) Make sure you regain full control of your bladder and bowels
 - c) Prevent prolapse in the future

NB: For the first few weeks after your surgery, do these pelvic floor exercises **gently**

- As mentioned above, you may have a catheter draining your bladder at first.
 - a) If this is a urethral catheter (inserted into your bladder via the urethra, the passage in front of the vagina), it is recommended that you do not start your pelvic floor exercises until the catheter is removed.

- b) If your catheter is supra-pubic (inserted into your bladder through the abdominal wall and usually left in place for longer), you may begin pelvic floor exercises as soon as you are comfortable enough to do so.
- To perform a pelvic floor contraction and improve the strength and endurance of these muscles:
 - a) You can do these exercises in lying, sitting up straight or standing tall, keeping your legs slightly apart and relaxed.
 - b) Imagine that you are trying to stop yourself passing wind and at the same time trying to stop the flow of urine. The feeling is one of 'squeeze and lift', closing and drawing up the back and front passages. Your buttock and leg muscles should stay relaxed.
 - c) Hold the lift for a few seconds without holding your breath and then relax for several seconds. Repeat this until your muscles tire.
 - d) At first, you may find it easier to do the exercises 'little and often', e.g. hold for five seconds, rest for five seconds; repeat this five times.
 - e) Progress the exercise gradually by holding the 'squeeze and lift' for up to 10 seconds and repeating it up to 10 times.
 - f) It is also important that the muscles can react quickly to prevent you leaking when you cough or sneeze. Tighten them quickly, and as strongly as you can, then let go immediately. Repeat this rapidly and powerfully several times (up to 10).
 - g) Practise the exercises (slow and quick ones) approximately five times a day.
 - h) Don't worry if you can't feel a squeeze straight after your operation. This will come with practice. It is advisable to continue with pelvic floor muscle exercises for life to prevent future problems of stress urinary incontinence and prolapse.
 - i) Please ask to speak to a Women's Health physiotherapist if you are experiencing any urinary leakage or cannot feel your muscles working. Alternatively, contact your GP for a physiotherapy referral. Help and advice is available.
 - j) Try to use these pelvic floor muscles before and during any activity requiring effort, for example: coughing, laughing, sneezing, bending and gentle lifting.

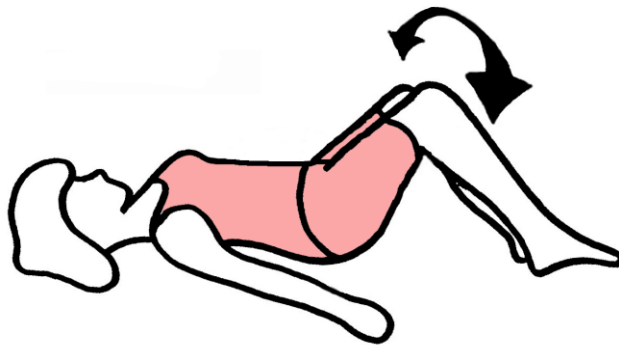
7) Other exercises

- Ensure you have good pain relief before doing these exercises.
 - These exercises can help relieve painful trapped wind you may have after your operation and relieve backache.
 - It is important to exercise your abdominal muscles after your operation; they form a natural corset and help to support your back and internal organs.
 - You can start these exercises after 24hrs or when your catheter has been removed and you feel comfortable enough to do so.
 - It is perfectly correct and desirable to feel your pelvic floor muscles working at the same time as you do the abdominal exercises but do not worry if this is not happening at first as it will come with practice.
- a) Abdominal hollowing or 'bracing'
- This is about using your body's natural protective 'corset'.
 - Lie on your back or side, or sit comfortably using pillows for support.
 - Place one or both hands on your abdomen below the level of the umbilicus (tummy button).

- Breathe in through your nose. As you breathe out again, gently draw in your lower abdomen, away from your hands and towards your spine, and then relax. You should feel a gentle 'tensioning' in your deep tummy muscles.
- Repeat three times if you can. You should be able to breathe and talk as you do this. Your back should not move at any time.
- Repeat at least three to four times a day or as often as you can.
- Progress this exercise by repeating as above, but keeping your muscles drawn in for three to four seconds while you continue to breathe in and out. Gradually increase the time you can hold the muscles drawn in, until you reach 10 seconds and you can repeat for a maximum of 10 times.
- Now try doing this in a standing position.
- Try to use the abdominal hollowing and pelvic floor squeeze together throughout the day during activities such as moving your legs in bed, moving from sitting to standing; getting in and out of bed, the bath or the car; standing and lifting.

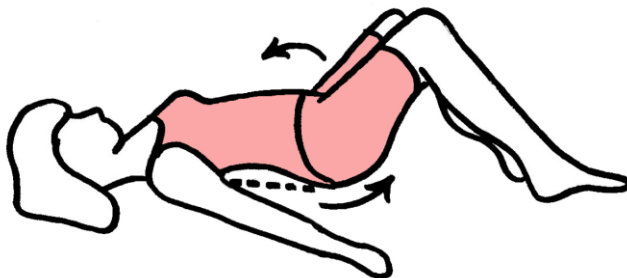
b) Knee rolling

- Lie with your knees bent and together, arms by your side and feet on the bed.
- Draw in your abdominal muscles as in 'abdominal hollowing' above
- Gently lower both knees to the right as far as is comfortable. Bring them back to the middle and then lower them to the left. Do this three times on each side if you can.
- Repeat three to four times daily.



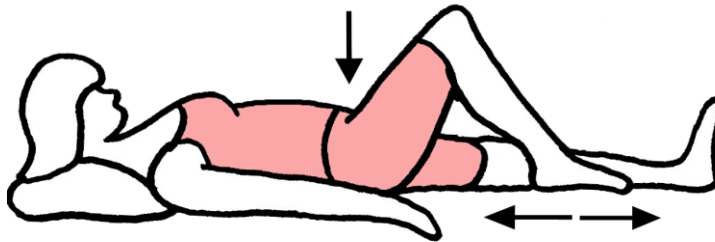
c) Pelvic tilting

- Lie with your knees bent and shoulder width apart, feet flat on the bed.
- Hollow your abdomen as before but, this time, allow your back to flatten into the bed as your pelvis tilts, like 'tucking your tail under'. Breathe normally.
- Repeat this up to five times, three to four times daily.



d) Knee bends

- Lie with your knees bent and shoulder width apart, arms by your side and feet on the bed.
- Draw in your abdominal muscles as in 'abdominal hollowing' above.
- Bend up one hip and knee as far as is comfortable, keeping your abdominal muscles pulled in.
- Hold for the count of 10 and then bring the leg down so that the foot is back on the bed.
- Do the same with the other side.
- Repeat three to four times daily.



8) Regaining your previous level of fitness

Remember that the rate at which you recover will depend on the type and extent of your operation, your age and your general fitness. Do not expect too much from yourself too soon. You may heal quickly on the outside but there will be internal stitches which will take more time to heal. If you are suffering any pain after your operation, it is vital that you ask for sufficient pain relief otherwise your recovery may be slowed

a) While in hospital

Try to increase your walking a little more each day but do not get overtired. Take the opportunity to get plenty of rest. Remember that everyone's operation will be a little different (even if it's given the same name) and that people recover at a different rate. Do not worry if someone else seems to be progressing more quickly than you at this stage.

b) Going home

Get into the car by lowering yourself backwards onto the seat, bending your knees and using the door frame for support. Using a plastic bag on the car seat can help you to swivel yourself into the correct position more easily. Move right back into the seat and as you turn to face forwards, lift one leg at a time into the car. Reverse the procedure to get out again. In the car, you may be more comfortable with a folded towel or soft cushion placed between your abdomen and the seatbelt.

c) Getting back to normal

Two general rules are worth following to help your recovery:

- Listen to your body. If something you are doing hurts – stop. Try again when you have recovered a little more.
- Never exercise when you are tired. Allow yourself to have a rest on a regular basis, especially during the first few weeks following your surgery. It is surprising how tired you can feel during those first few days/weeks!

d) Exercise and fitness

- Return to activities gradually, allowing time for healing and recovery.
- Walking is the best exercise at first. Gradually increase the distance and speed as you recover. Always try to walk tall, feeling a little control in your pelvic floor and lower abdomen. Every day, set yourself realistic goals in terms of how far you walk. Remember, you also have to get back from where you decided to walk to.
- Continue the abdominal and pelvic floor muscle exercises that you were practising in hospital and try to progress the exercises as described before.
- Swimming is a good exercise. However, it is recommended that you wait until you have had your post-operative check-up to ensure that your scar is well healed inside and out. It is important that you do not have a wound infection or excessive vaginal loss. Vaginal bleeding/discharge should have stopped by four to six weeks before you consider swimming.
- Competitive sport and high impact aerobics are best avoided for at least three to six months. Start with a gentle stretching or low impact class. Yoga and Pilates classes can both be very helpful but most teachers prefer you to wait for three months before returning to or beginning this kind of exercise.
- Dog walking: be cautious especially if your dog tends to pull. Better to wait for up to 12 weeks until your wounds have healed and your muscles have recovered enough.

9) General advice

a) Caution regarding lifting and carrying

- You are advised not to do any significant lifting (a kettle filled with water is fine) during the first six to 12 weeks after your surgery. This especially applies if you have an abdominal incision or have had a prolapse repair. With prolapse repair surgery, we advise avoiding any **heavy** lifting for life. Please speak to your physiotherapist if you need further advice. Always remember to bend your knees, hollow your abdomen and draw up your pelvic floor whenever you do need to lift. This is good back care for life!

b) Housework

- 'Take it easy' for the first two weeks, refrain from housework and be a 'lady of leisure'. Making yourself a cup of tea and a sandwich is fine.
- After this, you may resume light housework, e.g. dusting or ironing (ideally sitting down)
- Wait for about four weeks before you resume hoovering, etc.
- Kneel when making beds if possible.
- Sit when you are preparing meals.
- Avoid lifting heavy shopping bags, wet laundry, full pans, the Hoover or the ironing board.
- Reduce the amount of prolonged standing you do.
- Within six to 12 weeks you should be able to be able to do everything you want with the exception of heavy lifting (see comment above).

c) Driving

- You are advised not to resume driving for four to six weeks, especially if you have had an abdominal incision. If you have had keyhole surgery, you can return to

driving much sooner, providing you are pain-free, are alert enough, and can do an emergency stop. One suggestion would be to do a short drive 'round the block' first, taking somebody with you until you feel you have regained your confidence. It is also advisable to check with your car insurance company regarding driving timescales after gynaecological/major surgery.

d) Returning to work

- When you return to work depends on what the demands of your job are. If you have a mostly sedentary job, you can consider returning after about six weeks. If your work involves standing for long periods of time, lifting or manual work, or is mostly physical, e.g. nursing/teaching, it is best to wait three months before returning to work. Your muscles will need longer to build up sufficient strength and stamina; it is a good idea to go back part-time/on a gradual basis initially if you can. Speak to your consultant or GP if you need further advice on this.
- If you have had a keyhole procedure (laparoscopic), you will be able to return to work much sooner.
- If you require a **sick note** please ask the **doctor on the ward** to sign one when he/she says that you can go home. Once the doctor has left the ward it can be difficult to call them back. If you ask in time before you leave the ward it will help prevent any delays to your discharge.

e) Sexual intercourse

- Abstinence is recommended for the first four weeks to allow all the internal stitches to heal. It is advisable to try resuming sexual intercourse four to six weeks following your surgery, if you are in a relationship where you would normally be having intercourse. It is important to allow sufficient healing time. However, it is also helpful to be able to report to the surgeon at your follow-up appointment if there are any issues or any pain during intercourse that he/she may be able to help you with.
- The use of a vaginal lubricant helps with comfort during intercourse. Most women need to use vaginal oestrogens (usually in the form of vaginal pessaries) for a time before their surgery to ensure the best possible health of their vaginal tissues. Vaginal oestrogens improve the quality of the vaginal walls, help the healing process and help the function of the pelvic floor muscles and bladder. Your GP or consultant will prescribe these for you and advise you further on these if you have any queries. Vaginal oestrogens are important, especially in post-menopausal women, even without any sexual intercourse.

f) Emotional and hormonal aspects

- It is very common to feel emotional for short periods in the early days after your surgery. You may even feel a little depressed/low in mood. This will be worse if you are tired. Concentration can be poor. Do not worry; this should pass.
- After a few weeks, if you find that your mood is not lifting, this could be due to a slight hormone imbalance. In this case, or if you are experiencing other hormonal changes, such as hot flushes, etc, the Specialist Menopause Nurse may be able to help you. Please contact her on Tel: 01202 442651 for an appointment.
- The Specialist Menopause Nurse will also be very happy to see and advise you in preparation for your surgery:
 - a) If you are reading this leaflet before your surgery and you know that your surgery will cause you to become menopausal (i.e. you are having your

- ovaries removed and you have not yet gone through a natural menopause)
- b) If you are suffering menopausal symptoms at present

Further help

If you have any further questions or anxieties about your progress or about your return to exercise, work or sport, please contact either:

- Women's and Men's Health Physiotherapy Team at Poole Hospital
Telephone: 01202 442506

Or:

- The Specialist Menopause Nurse at Poole Hospital
Telephone: 01202 442651

Available to download from 'Pelvic Obstetric & Gynaecological Physiotherapy (POGP);
<http://pogp.csp.org.uk/publications/fit-following-surgery-advice-exercise-following-major-gynaecological-surgery>

Contact details

Therapy Services Poole: 0300 019 2121

Therapy Services Christchurch: 0300 019 4418

Poole Hospital, Longfleet Road, Poole, Dorset, BH15 2JB
Christchurch Hospital, Fairmile Road, Christchurch, Dorset, BH23 2JX

Author: **C. Drury, A. Henderson, A. Hillard** Date: **Jan 2022** Version: **Three** Review date: **Jan 2025** Ref: **010/22**

w: www.uhd.nhs.uk



@UHD_NHS



@UHTrust



@uhd_nhs