

Fit following Surgery

advice and exercise
following
gynaecological surgery



EDUCATES, SUPPORTS AND PROMOTES SPECIALIST PHYSIOTHERAPISTS

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Getting help

If you have any difficulty with the exercises in this booklet, or find that your symptoms are not improving, ask to be referred, or if available, refer yourself to a physiotherapist with experience in treating women with pelvic floor muscle problems.

To find your nearest specialist physiotherapist visit:

thepogp.co.uk

Women with complex needs

If your ability to follow the advice in this booklet is affected by any health problem we suggest that you contact your local specialist women's health physiotherapist, who will be able to assess you and offer specific alternatives, suitable for your needs.

Glossary as the words occur in the booklet

vagina - a muscular tube from the external genitalia (labia and vulva) to the end of the uterus (**cervix**)

laparoscopy - examination of the pelvic contents by laparoscope (camera) through a small incision below the umbilicus (belly button)

pelvic floor muscles - the group of muscles spanning the base of your bony pelvis, held in place by ligaments which support the pelvic organs. Pelvic floor muscle exercises / Kegels will help keep these muscles strong

urinary catheter - a tube put into your bladder to drain the urine (wee)

bladder - where urine is stored until you go to the toilet to pass water/ have a pee

perineum - the area between the back passage and the vagina

anal incontinence - uncontrolled leakage of wind or stool

pelvic organs - the bladder, bowel or uterus which drop downwards in a pelvic organ prolapse

intra-abdominal pressure - an increase in the pressure in the tummy which causes strain downwards onto the pelvic floor muscles

uterus - the hollow organ in which a foetus / baby develops in pregnancy (sometimes called the womb)

transverse abdominals (transversus abdominis) (TA) - the deepest layer of abdominal muscles at both sides of the abdomen, working with the lower back and pelvic floor muscles

neutral spine - when the lower back is midway between a tucked and arched position

Introduction

This booklet is a general guide for women following gynaecological surgery. Your operation may have been performed through your abdomen (tummy), your **vagina** (birth canal) or via **laparoscopy** (keyhole surgery). Rates of recovery will vary and may depend on your age, lifestyle and fitness level before the operation.

This booklet 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

It is advisable to practise your exercises before you go into hospital, as it helps to prepare for your operation. It is important that you and your family understand that although the outside scar can heal very quickly, it takes longer to heal on the inside; allow yourself time to recover fully.

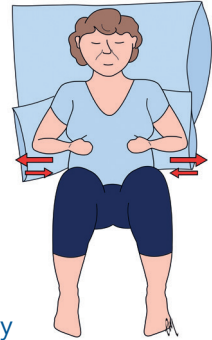
The Day of your Operation

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

Circulatory exercises in sitting and lying

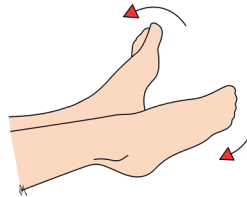
Until you are back to full mobility, do these every few hours

- Sitting upright, take a deep breath in, feeling the lower ribs move out sideways. Repeat 4 to 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 onto your side
- Push up with your hands
- Lower your feet 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

Going to the toilet

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.

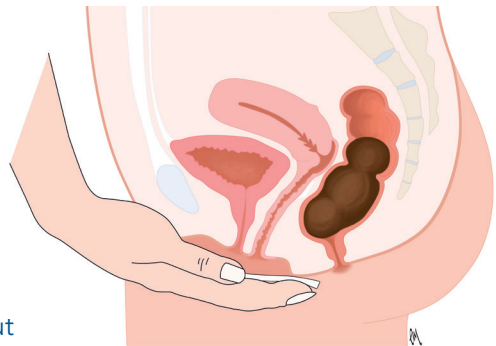
It is important to drink normally (1.5 to 2 litres per day), and water is best. This will help your bladder and bowels to work well. You should pass urine every 3 to

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.

Moving your 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.

- 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 pull in your tummy muscles
- Avoid breath-holding; try to have a relaxed breathing pattern
- Gently breathe into your tummy and slightly bear down to open the back passage for bowel movement, but do not 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.

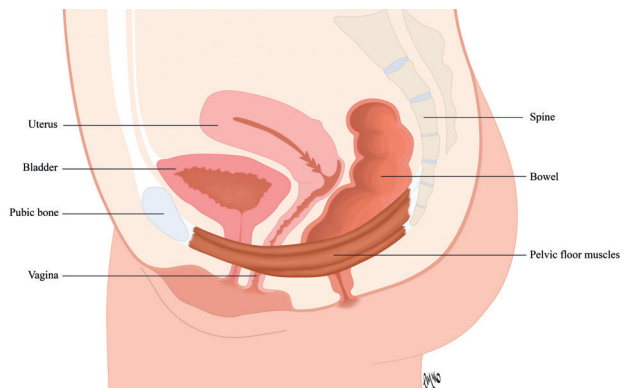
Pelvic Floor Muscle (PFM) Exercises (Kegels)

Your pelvic floor muscles start from the pubic bone and run to the tail bone (the diagram shows where the pubic bone is) They:

- keep your bladder and bowel closed (stop urinary or **anal incontinence**)
- help with sexual function and pleasure
- help with the stability of the pelvic and lumbar joints
- support your **pelvic organs** helping to prevent prolapse

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.

Once the catheter has been removed and you are able to pass urine on your own, start exercising them gently, even if you have stitches underneath. Pelvic floor exercises should not be painful to do.



Imagine that you are trying to stop yourself from passing wind at the same time as trying to stop passing urine. You should feel a squeeze and a lift inside the vagina. Do not hold your breath. Do not clench your buttocks.

Pelvic floor muscle exercises (sometimes called Kegels) should include long squeezes as well as short, quick squeezes. You should aim to work the muscles until they tire and do the exercises regularly to help the muscles become stronger and more effective.

Long squeezes

- Tighten your PFM, hold them tight, then release and let them fully relax. How long can you hold the squeeze?
- Repeat the squeeze and hold until the PFM tire. How many times can you repeat the squeezes?

Short squeezes

- Quickly tighten your pelvic floor muscles, then immediately let them go again. How many times can you do this quick squeeze before the muscles tire?
- Always let the muscles fully relax after each squeeze

Pelvic Floor Muscle Exercises

- Aim to do 10 long squeezes, holding each for 10 seconds, relax the muscles for 10 seconds then do 10 short squeezes
- You may need to start with 'little and often' if you find that you can only hold the squeeze for a short time, or only do a few before the muscles tire
- You should do your PFM exercises at least 3 times a day. Starting in lying and sitting positions and progressing to standing and active positions such as walking and bending
- Build up your exercise routine gradually over the weeks and months. If your muscles were weak, you should notice an improvement in 3-5 months. Then keep up the practise to maintain the improvement

The Knack

Draw up and engage your pelvic floor muscles before any activity that increases the **intra-abdominal pressure** (coughing/ sneezing/ laughing/ bending) to help the pelvic floor muscles resist the downward movement of the **pelvic organs** including the **uterus**.

PELVIC FLOOR EXERCISES ARE FOR LIFE - TRY AND DEVELOP A DAILY PELVIC FLOOR MUSCLE EXERCISE ROUTINE

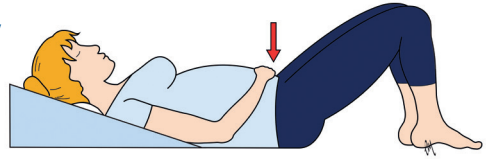
Abdominal Exercises

Finding and exercising your abdominal muscles

The deepest abdominal muscles are called **Transverse Abdominals** (TA) and they work together with the other abdominal muscles and your pelvic floor muscles to support your back and help with good posture.

It is important to get the basic TA contraction right. It is not always easy - seek help if you are finding it difficult. (If you are finding lying on your back uncomfortable this exercise can be adapted to a side lying position).

1. Lie on your back with your knees bent, feet on the floor/bed and relax into the floor/bed



2. Find **neutral spine** - neither too tucked nor too arched

3. Lay your hands on your lower abdominal muscles (as shown)

4. Breathe in gently allowing your tummy to rise. As you let the breath out, keep your back and ribs relaxed while drawing in your lower tummy (at the navel/ belly button level) towards the spine. You will probably feel the muscles under your fingers tense up. Keep the spine in the neutral position and the pelvis still

5. Keep this contraction in the deep abdominals for 2 or 3 breaths and then relax fully

This is the muscle to use for support when you are being physically active with bending, lifting, standing for a period of time.

Further Exercises

Basic abdominal exercises:

1. Pelvic tilt

Do a **basic abdominal contraction**, drawing up your pelvic floor muscles at the same time, and flatten your lower back into the floor/bed allowing your pelvis to tilt. Hold this position for a few seconds while you breathe normally, and then relax. Repeat a few times.

This exercise may also be useful for relieving trapped wind and backache after your operation.

2. Knee Rolls

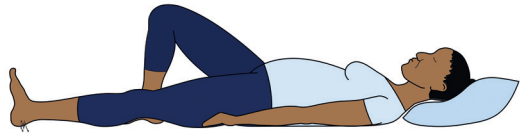
Do a **basic abdominal contraction**, keeping your back still on the bed, and your knees and feet together, slowly let both knees go to one side. Bring them back to the middle and relax.

Repeat the **basic abdominal contraction** and do the same exercise to the left side.

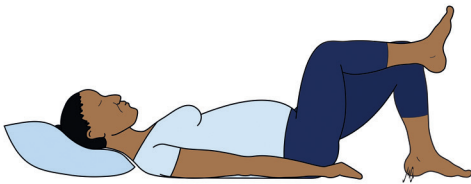


3. One leg stretch

Do a **basic abdominal contraction**, drawing up your pelvic floor muscles at the same time then gently slide one heel away from you, keeping the heel in contact with the floor/bed. Do not hold your breath. Repeat for the other leg.



Progressing your Exercises



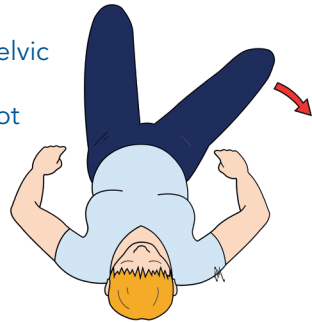
Alternate knee bends

Do a **basic abdominal contraction** and draw up your pelvic floor muscles. Keeping your spine in neutral, bend your hip and float your knee up as far as is comfortable. Hold for a short count then lower your foot to the floor with the

abdominal muscles staying active. Do not hold your breath. Repeat for the other leg and do on alternate sides for several repetitions.

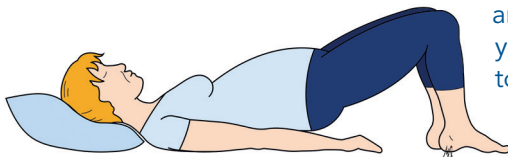
Single knee fallout

Do a **basic abdominal contraction** and draw up your pelvic floor muscles. Allow one knee to gently fall to the side away from midline keeping both feet on the floor. Do not let your pelvis roll or move. Let the knee lower as far as you can keeping the pelvis still then return the knee to the midline position keeping the abdominals active throughout the movement. Relax the abdominals and pelvic floor muscles before repeating the exercise on the other side.



Bridging

Do a **basic abdominal contraction** and draw up your pelvic floor muscles. Starting in a lying position on the floor, very gently curl the pelvis inwards starting from the tailbone and bit by bit roll your spine away from the floor to create a bridge above the floor. Imagine that you are lying on a strip of velcro peeling yourself away from it. Gently roll back to start position. You may feel that you do not get very far at first but don't worry it will feel easier with practise.



Healing and Return to Activity

Recovery from your operation varies from person to person. Your return to normal activity should be gradual.

Up To 6 weeks

This is when the initial healing takes place. The wound needs time to heal on the inside, even if it appears healed on the outside quite quickly.

- Avoid standing still for long periods (30 mins or more), particularly in the early days post-op
- Avoid heavy lifting e.g. Hoover, full kettle, bag of groceries
- Start your pelvic floor muscle exercises and early abdominal exercises in the Further Exercises section: Pelvic tilt / Knee rolls / One leg stretch
- Daily walking, starting with short distances and building up gradually
- Remember to listen to your body, and stop if anything is uncomfortable

6 to 12 weeks

- Try low impact exercises such as swimming, cycling, low level pilates, a cross-trainer, more vigorous walking or gentle aerobics. Make sure that any vaginal discharge or bleeding has stopped before you do
- If you are exercising with an instructor make sure that you tell them that you have had a recent gynaecological operation

12 weeks +

- You will need to wait at least three months before you start more physically active exercise including high impact activities and competitive sports. However, some exercises that need 'heavy straining' may need to be avoided for life. You should ask your Specialist Women's Health Physiotherapist for specific advice, and potentially a pelvic floor muscle assessment, especially if you have had an operation for prolapse

Driving

It may be some time before you are ready to drive, depending on the type of surgery that you have had. This varies from person to person, so you need to check with your doctor, and also with your insurance company regarding what your policy allows.

Physically, you need to be comfortable and able to:

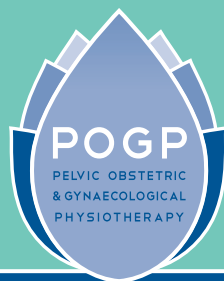
- Wear the seatbelt comfortably
- Press a brake pedal hard enough for an emergency stop; practise this whilst stationary first
- Turn to look over your shoulder, and turn the steering wheel without pain

Sexual Activity

The right time to resume sexual activity will vary from person to person. You may want to wait at least 3 to 4 weeks before resuming sexual intercourse, but be guided by how ready and comfortable you feel. Make sure that any bleeding has stopped. Take your time and use adequate lubrication if needed. If you feel that this is too soon, then wait until you are ready.

Useful Websites

- Royal College of Obstetricians and Gynaecologists (RCOG):
<https://www.rcog.org.uk/en/patients/patient-leaflets/recovering-well-from-gynaecological-procedures/>
- NHS Choices - <http://www.nhs.uk/pages/home.aspx>
- POGP - Booklets such as: The Mitchell Method of Simple Relaxation available to download at thepogp.co.uk
- For menopause specific support:
Positive Pause - <https://www.positivepause.co.uk/>
My Menopause Doctor - <https://www.balance-menopause.com/>
British Menopause Society - <https://thebms.org.uk/>
- Various apps including: **Squeezy** - the NHS Physiotherapy App for pelvic floor muscle exercises



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