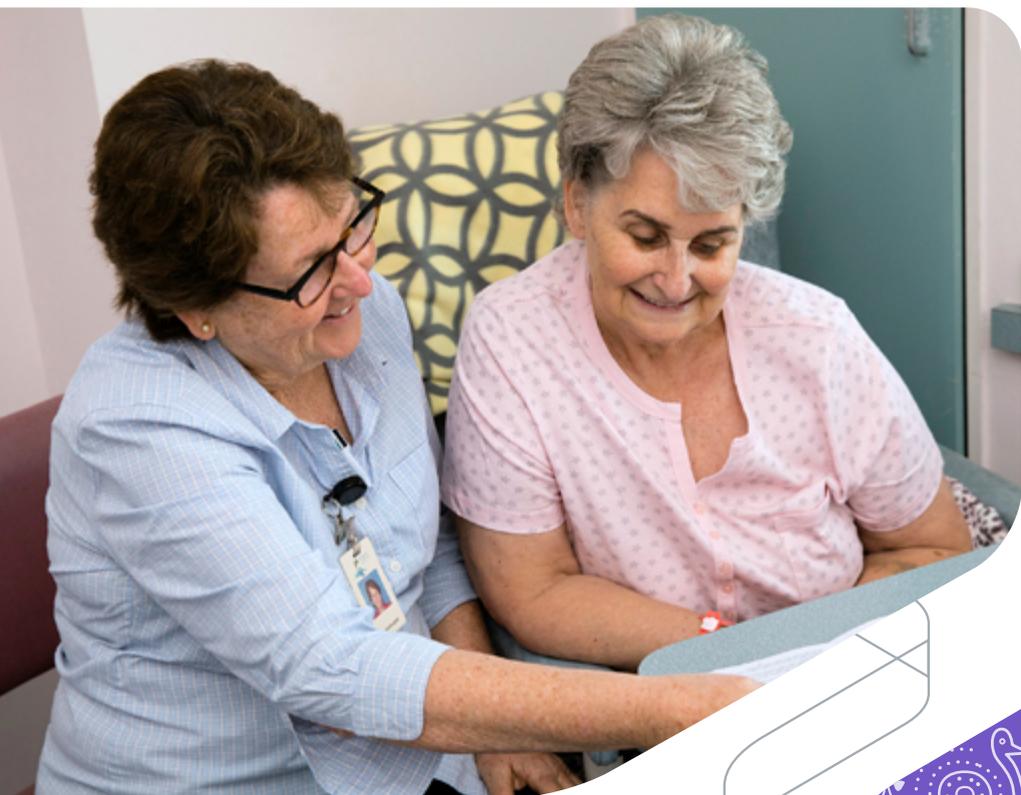




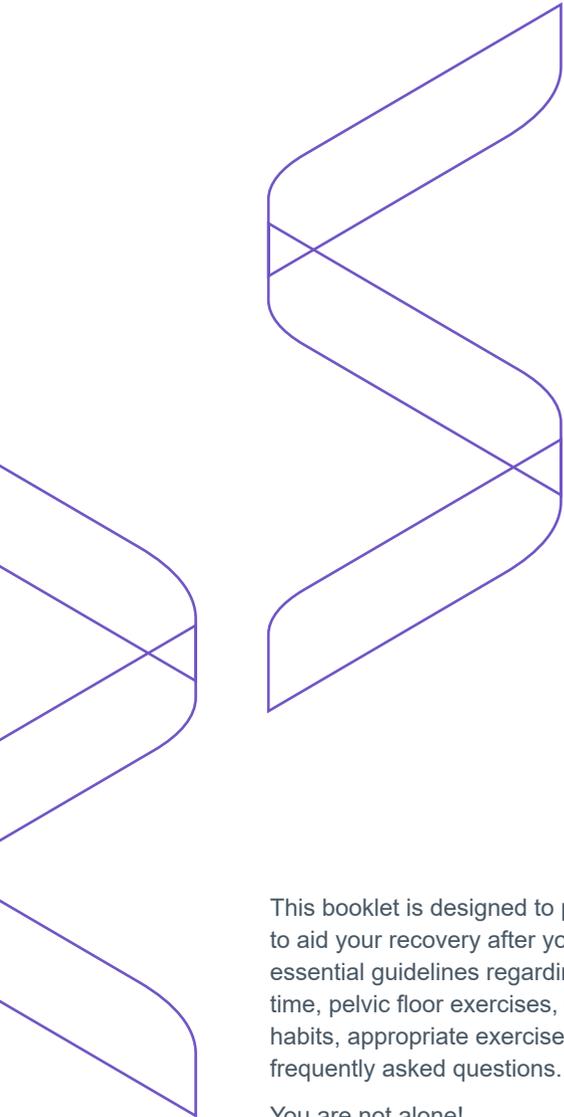
Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service



Physiotherapy post-operative advice

Urology, Gynaecology
and Gynae / Oncology Surgery





This booklet is designed to provide important information to aid your recovery after your surgery. It includes essential guidelines regarding the healing process, rest time, pelvic floor exercises, good bowel and bladder habits, appropriate exercises / activity and answers to frequently asked questions.

You are not alone!

It is estimated that approximately one in ten women will require gynaecological surgery, and of these, up to 30% will have a recurrence of their original problem such as urinary incontinence or a prolapse. Studies show that post-operative physiotherapy advice can significantly improve quality of life and may reduce recurrence rates and other common problems.

Photos from WA Health - Pages 8, 9 10 and 11

Contents

The healing process.....	4
Early advice	4
After surgery.....	5
Lifting.....	7
Exercise	8
Rest.....	10
Driving.....	10
Sexual intercourse	11
Return to work.....	11
Posture	12
Good bladder and bowel habits	13
Pelvic floor exercises.....	18
Scar management.....	22
Vulval care	22
Types of surgery.....	23
Multidisciplinary team	26

The healing process

It takes time for an incision to heal. After two weeks a wound only has 10% of its original strength. By six weeks most internal healing has occurred and the tissue has regained 75% of its original strength. By approximately four months, full potential strength has occurred. This is only ever up to 80% of the original tissue strength. Even when external scar tissue has formed, internal healing is still continuing. It is essential that you do not strain the operated area while this process is occurring in order to maximize the benefits of your surgery.

To assist your recovery it is important to follow the guidelines explained in this booklet.

A physiotherapist is available on the ward to help you with appropriate exercises and advice.

Early advice

The anaesthetic and bed rest associated with surgery can both affect your lung function. Before your operation it is important to optimize lung function and fitness to achieve the best results from the surgery and minimize the risk of complications.

Things that you can do before surgery:

- Maintain fitness by walking daily – aim for up to 30 mins a day.
- Practice deep breathing exercises.
- Practice huffing and coughing which will help to clear any secretions following the surgery.
- Manage any current lung conditions or chronic cough together with your GP.

After surgery

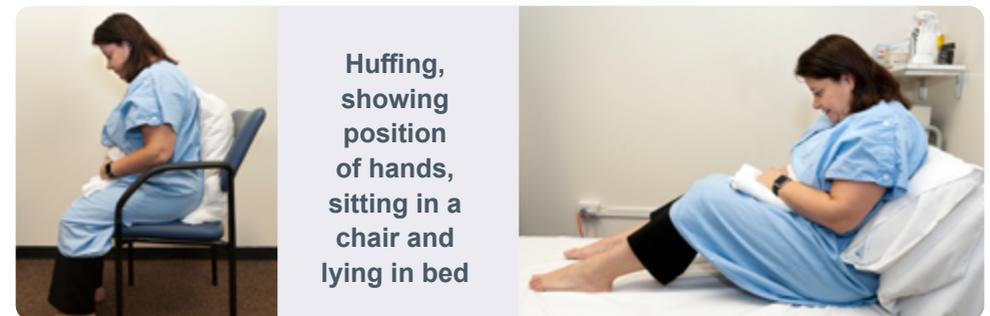
Breathing exercises

Breathing exercises help reduce the effects of an anaesthetic and prevent complications with the lungs, such as collapse and pneumonia.

Sit up in bed with your knees bent and feet flat. Relax your shoulders, and if you have an abdominal incision, support this incision with both hands to increase your feeling of comfort. Breathe out gently, then take a slow deep breath, getting in as much air as possible. Relax and breathe out gently. Take your time. Try to do ten deep breaths each waking hour, but no more than three to four at once. You should also do deep breathing exercises hourly sitting in a chair.

Coughing and Huffing

Coughing places stress on your stomach and pelvic floor muscles, so it is better to huff to clear phlegm from your chest. Take a medium sized breath in and then force the air out through a rounded mouth as if you are fogging up a mirror. Aim for a long huff out. If you need to cough or sneeze, hold a pillow against your tummy for support.



Circulation

From your ankles, move your feet up and down and in circles repeating each movement at least 10 times each waking hour, even when sitting out of bed. This will help prevent any blood clots forming in your legs. These ankle exercises are sometimes called ankle pumps.

Walking

Walking is an important exercise as it helps the lungs by stimulating deep breathing, improves circulation and reduces pain, which help to speed up your recovery. If you feel unsteady on your feet use the buzzer to call your nurse for assistance.

Start with frequent short walks around your room, progressing to a full lap of the ward. Do this several times a day, resting between each lap.

Don't forget to bring any walking aids (sticks, crutches, frames) you use into hospital with you.

Getting out of bed after your operation

Bend your knees up, roll onto your side keeping your knees together. Push up using your forearms and hands to sitting and as you do so, swing your legs down over the side of the bed. Sit on the edge of the bed, feet flat on the floor, lean forward and stand up. This is shown in the pictures below.

To get back into bed, reverse the procedure.

This is a good way to get out of bed



1. Roll on to your side



2. Push up with your hand and elbow



3. Swing your legs over the edge of the bed and sit up.

This technique reduces stress on your healing tissues and minimises pain.

Lifting

In order to avoid stress on healing tissues do not lift, carry or push anything heavier than 2kg for the first 6–8 weeks. This is equivalent to a full kettle.

Avoid

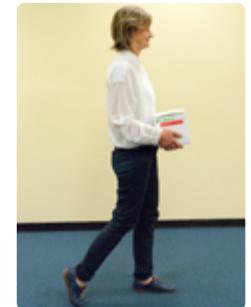
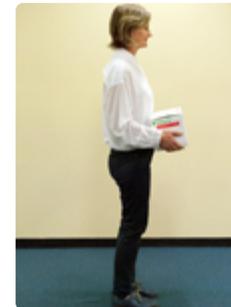
Unloading washing machines, carrying loads of wet washing, scrubbing, mopping and vacuuming floors, making and stripping beds, carrying bags of shopping, picking up children, bending and squatting.

When you do start lifting, caution is required for a further six to eight weeks. Gradually increase the weight you lift until you have safely resumed your usual activities e.g. start with light bags of shopping, half a basket of wet washing, hanging light washing on line etc.

To minimise any strain, correct lifting technique is essential:

- Bend knees
- Keep back straight
- Keep object close to body
- Brace tummy and pelvic floor
- Breathe out as you lift

If you need to hold your breath or you feel any pain as you lift, the object is too heavy, seek help.



Exercise

General fitness

Rest is important, but so too is appropriate exercise, and the two should be balanced. Walking and swimming (swimming only after your six weeks review with the doctor) are easy and safe ways to get fit, however any exercise program must be started slowly and gradually increased.

When you leave hospital, gradually increase the time you walk, from 30 minutes daily in the first week, up to 60 minutes daily (unless restricted for other reasons) by week six.

Initially break the walk into small bursts e.g. 6 x 5 minutes or 3 x 10 minutes.

In the first three to four weeks avoid walking up or down steep slopes and over uneven or unstable ground as this may cause more strain on your operation.

Why Exercise?

30 minutes of moderate exercise daily will:

- Improve your recovery.
- Help prevent osteoporosis.
- Improve heart / lung fitness.
- Increase energy levels during the day.
- Help achieve and maintain a healthy weight.
- Facilitate mental wellbeing.
- Improve sleep patterns.
- Help keep your bowels moving.



What activities are safe?

To assist recovery after your surgery it is important to walk several times a day, starting on the day after your surgery, unless restricted by medical or nursing staff. Walks within your room and walks around the ward are encouraged, with increasingly longer laps as you feel stronger.

Once home, you can resume daily activities - walking, light housework such as dusting and tidying, going up and down stairs, reaching and stretching. Try to keep stair climbing to a minimum. For the first two to three weeks avoid going up and down stairs more than twice a day; try to consolidate your trips i.e. use the bathroom downstairs instead of going back up and down.

Listen to your body, if an activity gives you pain or a pulling sensation STOP and rest. Wait a few days before trying that activity again.

What activities should be avoided?

- Sports such as netball, squash, running and high impact aerobics can put a lot of strain on healing tissues and may need to be avoided for up to six months. If you have a specific sporting interest, discuss this with your physiotherapist.
- Swimming in the first six weeks.
- Sit ups since they increase the pressure in your abdomen
- Walking the dog can put strain on your abdomen especially if you have an abdominal scar (and an enthusiastic dog!).





Rest

Rest is important following an operation. You are likely to feel more tired than usual so for the first two to three weeks you will need to rest more than you would normally. You can do this by getting up later or going to bed earlier and by having a nap during the day. For the first couple of weeks you should have at least one daytime rest for approximately an hour, when you should be lying down. Try not to be on your feet for more than a couple of hours at a time during that early healing period.

Driving

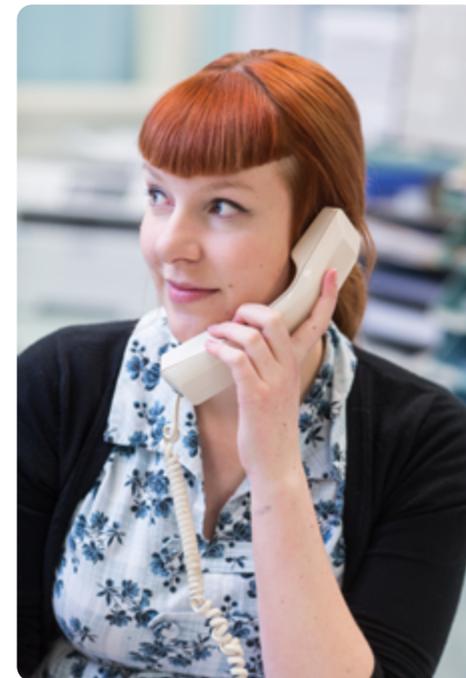
The time that you are unable to drive varies between two to four weeks depending on your particular surgery. If your surgeon requests that you wait longer, please follow their advice to allow for appropriate healing and to ensure your insurance cover should you have an accident. After this it is safe to drive when you can check blind spots, push all foot pedals and look over your shoulder without pain or restriction.

Sexual intercourse

After (most gynaecological) surgery do not insert anything into the vagina until the tissues are completely healed. This will take six weeks. When you do resume intercourse, a water-soluble lubricant may be needed to relieve vaginal dryness. If sexual intercourse is painful it is important not to persist. Instead consult your doctor for advice. The doctor may then refer you to a women's health physiotherapist in order to treat this particular problem.

Return to work

Ideally return to work is after four to six weeks. The first seven to ten days are essential for initial soft tissue healing and overall recovery. It is recommended that where possible light duties are taken at work if it is necessary to start before the six week mark. Ensure that there is no heavy lifting, prolonged sitting or standing. Continue light duties at home for the first six weeks.



Posture

Good posture will put the abdominal muscles and pelvic floor in the best position for working, providing better support and reducing the strain on your back. It is especially important to have good posture if you have an abdominal wound to avoid the scar healing in a shortened position.

Sleeping:

- Sleeping on your side with a pillow between your legs may give you more comfort and support.
- Avoid sleeping on your stomach, especially if you have an abdominal wound.

Sitting Posture:

- Sit right back in the chair.
- You may need a small pillow to support the lower back.
- Your feet should be flat on the ground
- Keep shoulders relaxed.
- Avoid sitting for long periods (>one hour).

Standing:

- Stand tall with chin in and shoulders down and back.
- Gently draw in pelvic floor and lower stomach muscles (no pain!).
- Distribute weight evenly on both legs.
- Avoid prolonged standing especially in high-heeled shoes.
- When walking let arms swing and relax shoulders.

Remember: Stand tall, Walk tall, Sit tall!



Good bladder and bowel habits

Bladder habits

What's normal for the bladder?

- Voiding frequency (going to the bathroom to wee) four to six times during the day.
- Getting up to empty the bladder once or not at all during the night.
- 300 – 500mls each void (1.5 to 2 cups).
- No leakage.
- No urgency: this is a sudden strong urge to urinate or having a strong feeling of not being able to hold on and perhaps then leaking.
- A strong and smooth flow of urine with no straining or trouble starting or completing the stream, nor having a stream that stops and starts.
- No discomfort or burning when passing urine.



Ways to promote good bladder habits:

- Drink 1.5 – 2 litres of fluid per day. Make most of this water and limit caffeine drinks as well as those with the label “diet” since the artificial sweetener can irritate the bladder.
- If you are confident that you know the correct way to perform pelvic floor exercises, and you have passed your six week post-op surgical review, exercising your pelvic floor muscles daily will help to improve bladder support and control.
- Do not go to the toilet “just in case”. Try to go to the toilet only when your bladder is full and you feel a need to go.
- Do not hurry to the toilet, this will only worsen any feeling of urgency in the bladder.
- Do not hover over the toilet – make sure you sit down.
- Take your time to empty your bladder completely. A bladder that is rushed may not empty totally and, over time, may increase your risk of bladder infections.
- Try to keep your weight within a healthy range for your height.
- Keep your bowel habits healthy (information following).

Bowel habits

Most of us used correct bladder and bowel emptying patterns through infancy, childhood and early adulthood while we were very active. At this stage we had the benefit of good pelvic floor muscle tone and pelvic organ support. Problems may have started as we got older, perhaps with a history of chronic constipation, chronic coughs, repeated heavy lifting, childbirth and the onset of menopause, all of which can weaken the support mechanism of the pelvic organs. The result can be that we strain to empty our bowels, or feel that we do not empty our bowels completely. Being aware of the best way to empty your bowels without straining is very important, as is making sure our bowel habits are normal.

What's normal for the bowel?

- A frequency of opening your bowels from three times a day to three times a week or anything in between.
- A well formed stool, a smooth and cohesive paste that is easy to pass (Number 3 – 4 on Bristol stool chart – see next page).
- Empty in 20 seconds with no pain.
- Feeling of being completely empty.
- No constipation or straining to empty bowels - this can cause haemorrhoids or anal fissures, or may weaken the pelvic floor which can cause prolapse.

Ways to promote normal bowel habits:

- Always go on first urge
- Drink 1.5 – 2 litres (approx. 8 cups) of fluid per day (as explained in bladder habits)
- A diet high in soluble, low residue fibre is best. Soluble fibre mixes with water to form a gel and helps to maintain a regular digestive system and prevent straining. Good sources of soluble fibre include fruits, vegetables, oat bran, barley, seed husks, flaxseed, psyllium, dried beans, peas, lentils, soy milk and soy products.
- A diet too high in insoluble fibre, wheat bran, wholemeal and wholegrain products and muesli, can cause problems by bulking up the stool making it harder to pass.
- Some fruit juices, pears, apples and prunes are natural bowel stimulants and assist normal bowel function.
- Kiwifruit lubricates the bowel making it easier to pass a bowel motion.

- Studies show that fibre is only helpful when combined with drinking an adequate amount of water. High amounts of fibre without fluids can aggravate, rather than alleviate, constipation. Eating foods high in both soluble and insoluble fibres combined with the prescribed amount of fluids will ensure a good bowel habit.
- If you are having trouble with constipation and you already have a balanced fibre / fluid diet, supplements such as Metamucil, Benefiber, or adding psyllium to drinks and foods may help. Advice from a dietician can be invaluable in addressing bowel problems.
- Do not overuse laxatives – too many can create a rebound effect and result in constipation.
- When you go to the toilet, use the correct way to empty your bowel (see next section).

THE BRISTOL STOOL FORM SCALE

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

Going to the toilet

- Correct Sitting Position:
 1. Sit up straight on the toilet – don't slump.
 2. Your knees need to be higher than your hips, so either raise your feet onto your toes, or use a little footstool (if you don't have one be creative and make one out of a few phone books).
 3. Keep your knees apart.
 4. Keep your back straight, lean forwards from the hips.
 5. Rest your forearms along your knees.

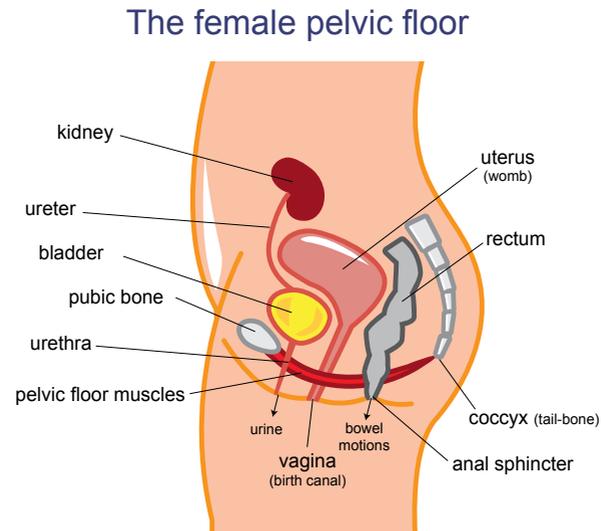


- Brace: make your waist wide. Allow your deep corset muscles of the abdomen to “bulge” forwards (the muscles you use to pull your tummy in when you do up your skirt or trousers). As you do this, the deep sphincter muscles of the anus relax, which will encourage funneling of the rectum.
- With each urge to empty your bowel, brace and bulge.
- Keep your mouth slightly open and breathe out. Making a “shhhhh” sound can aid this. Do not hold your breath.
- As you finish emptying, contract the anorectal muscles. This improves the closing reflex.

Pelvic floor exercises

Strengthening the pelvic floor muscles is very important to gain the most benefit from your operation. It is important to wait until after your six week post-op clinic visit before starting them to ensure everything is well healed and that you are doing the exercises correctly. At the clinic visit you will see one of the surgeons, but you can also ask for a referral to see the physiotherapist who will be able to assess your pelvic floor function.

If you are having a second or subsequent vaginal repair – you may have to wait a further six weeks before starting these exercises. If uncertain please ask your doctor or physiotherapist.



Where are the pelvic floor muscles?

The pelvic floor is a sling of muscles at the base of the pelvis extending from the top of the tailbone to the pubic bone. The opening from the bladder (urethra), the uterus (vagina) and the back passage (rectum) all pass through the pelvic floor muscles. The muscles have a voluntary component meaning you can control them yourself.

What do the pelvic floor muscles do?

- Support all of the internal pelvic organs.
- They close strongly under the strain of coughing, sneezing and lifting to prevent leaking of urine.
- They help you to “hold on” whenever you need to go to the toilet either to urinate or empty your bowels.
- They work with your lower abdominals (or corset muscles) to assist in support for your lower back.
- They have a role in sexual arousal.

What weakens the pelvic floor?

The most common causes of weakening include:

- Pregnancy.
- Childbirth, with increasing risk to women whose babies weigh more than 4,000g, assisted deliveries (e.g. vacuum, forceps), or pushing for more than two hours.
- Chronic constipation, repetitive heavy lifting, repeated coughing e.g. with bronchitis or asthma or in smokers.
- Growing older.
- Obesity.

Who needs to do pelvic floor exercises?

Every woman regardless of her age needs to have good bladder and bowel control. Pelvic floor exercises are especially important following childbirth and after surgery to the pelvic region. Strengthening these muscles will help support the bladder, bowel and vagina and help prevent any long term problems.

How to do pelvic floor exercises

Reliable ways to ensure you are doing a correct pelvic floor contraction are by your treating physiotherapist performing an internal examination or by assessing the pelvic floor muscles using an ultrasound machine. However, these methods are unable to be used in the first few weeks after your surgery.

Try this when you are allowed to start pelvic floor exercises:

- STEP 1:** Sit forward on your chair and place your feet and knees slightly apart (the same position for bladder and bowel emptying).
- STEP 2:** Imagine that you want to stop yourself from passing wind or urine.
- STEP 3:** Now squeeze the muscles around your front and back passages gently and slowly. Feel your pelvic floor lift up inside.
- STEP 4:** Relax the pelvic floor muscles. Make sure you can feel the “let go” as the muscles go down.

During the exercise you:

- MUST NOT hold your breath.
- DO NOT use other muscles such as thigh and buttock muscles.
- SHOULD NOT feel any downward pressure (do not bear down).
- SHOULD feel a definite letting go.

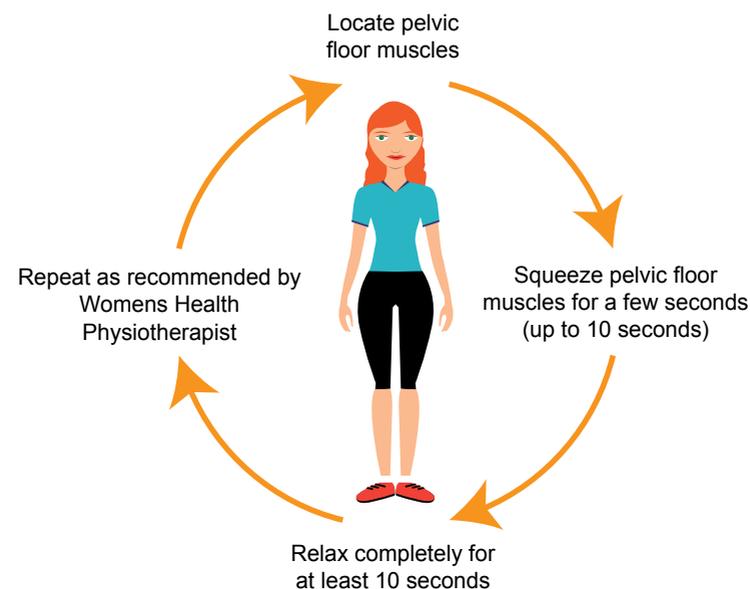
It is extremely important that you use these muscles in day to day activities. Whenever you need to cough, sneeze, lift or jump, or do anything that you think might make you leak urine, make sure you squeeze and lift your pelvic floor first. This is called “The Knack”.

Determining your own pelvic floor exercise program

Everyone’s starting pelvic floor strength is different, so everyone needs a personal exercise program to strengthen these muscles. Your physiotherapist, if needed, will devise this program for you after your six week post-op visit.

It is important to remember that many women in fact bear down with their pelvic floor without knowing, which means they are weakening rather than strengthening it! For most women, if you have had a surgical repair, it is essential you wait until the six week visit and get your pelvic floor checked by your doctor, or women’s health physiotherapist, who will provide you with the best program possible, first ensuring that you are doing these exercises correctly. Your physiotherapist will discuss this on the ward with you.

How to perform pelvic floor exercises



Scar management

Scars are the expected result when you have had surgery to the skin. Depending on the surgery and as long as the wound is not weeping or at all moist, you may begin gently massaging along and across the scar at about four weeks post op with a topical moisturiser. This will help the scar become flatter and smoother and also prevent dryness. Sunscreens (SPF 30 or higher) may prevent dark discolouration of the scar. It can take one to two years for the discolouration to fade. To promote general healing of the scar – Vitamin E, aloe vera and silicone gels are shown to be helpful. If you have problems with painful scar tissue, contact the Physiotherapy Department.

Vulval care

These are some tips for vulval skin care:

- Keep skin clean by showering daily.
- Pat the area dry rather than rubbing with a towel.
- Use toilet paper that is white and unscented.
- If applicable, change pads every two to three hours.
- Avoid using soaps, bubble baths, bath salts and scented oils as these can be irritating to the skin.
- Try to wear white, all cotton underwear: cotton allows air in and moisture out.
- Avoid tight clothing, especially clothing made of synthetic fabrics.
- For six weeks avoid soaking in baths and do not use tampons.
- Powders should never be used.

Types of surgery

Listed below for individual surgeries are some approximate time frames for the expected length of stay in hospital, the appropriate rest time, the time you should wait before lifting more than 2kgs, when to begin pelvic floor exercises and when it is safe to progress to more intense exercise.

Please be aware that this is a guideline and should your surgeon specify otherwise be sure to follow their advice.

Prolapse repair surgery:

Anterior Vaginal Repair:

- **Length of stay in hospital:** one to two days
- **Rest:** three weeks
- **Lifting:** six weeks
- **Pelvic floor exercises:** six weeks
- **Exercise:** Moderate impact six weeks, High impact 12 weeks – six months

Posterior Vaginal Repair:

- **Length of stay in hospital:** two to three days
- **Rest:** three weeks
- **Lifting:** six weeks
- **Pelvic floor exercises:** six weeks
- **Exercise:** Moderate impact six weeks, High impact 12 weeks – six months

Total Prolift:

- **Length of stay in hospital:** two to three days
- **Rest:** three weeks
- **Lifting:** six weeks
- **Pelvic floor exercises:** eight weeks
- **Exercise:** Moderate impact six weeks, High impact 12 weeks – six months

Sacrocolpopexy (Abdominal approach):

- **Length of hospital stay:** two to three days
- **Rest:** three weeks
- **Lifting:** 12 weeks
- **Pelvic floor exercises:** eight weeks
- **Exercise:** Moderate impact six weeks, High impact six months

Incontinence surgery

This surgery is used to help control stress incontinence which is leakage of urine when you laugh, cough, sneeze, lift things or exercise.

Minimally Invasive Slings (MIVS):

e.g. tension free vaginal tape (TVT)

- **Length of stay in hospital:** one to two days
- **Rest:** two weeks
- **Lifting:** six weeks
- **Pelvic floor exercises:** six weeks
- **Exercise:** Moderate impact six weeks, High impact 12 weeks

Removal surgery

Abdominal Hysterectomy with or without removal of the ovaries:

- **Length of stay in hospital:** two to four days
- **Rest:** three weeks
- **Lifting:** six weeks
- **Pelvic floor exercises:** six weeks
- **Exercise:** Moderate impact six weeks, High impact 12 weeks

Total Vaginal Hysterectomy:

- **Length of stay in hospital:** two to three days
- **Rest:** two weeks
- **Lifting:** six weeks
- **Pelvic floor exercises:** six weeks
- **Exercise:** Moderate impact six weeks, High impact six–12 weeks

Laparoscopic Hysterectomy:

- **Length of stay in hospital:** one to two days
- **Rest:** two weeks
- **Lifting:** six weeks
- **Pelvic floor Exercises:** six weeks
- **Exercise:** Moderate impact six weeks, High impact six–12 weeks

Laparoscopic Salpingo-Oophorectomy:

- **Length of stay in hospital:** one to two days
- **Rest:** two weeks
- **Lifting:** six weeks
- **Pelvic floor exercises:** six weeks
- **Exercise:** Moderate impact six weeks, High impact six–12 weeks



Women and Newborn Health Service

King Edward Memorial Hospital
374 Bagot Road, Subiaco WA 6008
☎ (08) 6458 2790
🌐 kemh.health.wa.gov.au

Compiled by: Physiotherapy Department
Produced by: Women and Newborn Health Service

This document can be made available
in alternative formats on request.

