

INFORMATION  
FOR WOMEN

# FIT following Surgery

*Advice and exercise following  
major gynaecological surgery*



EXCELLENCE  
MATTERS

# Fit following Surgery

## Contents

Introduction .....	3
First day after your operation.....	3
Pelvic floor muscle exercises .....	8
Abdominal exercises .....	10
Making progress .....	13
Going home.....	13
Travelling .....	14
Exercise and rest.....	15
Household tasks, lifting and returning to work .....	16
Sexual activity .....	18
Contact information .....	19

## Women with disabilities

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.

Details on how to find a women's health physiotherapist can be found at the end of this booklet.

## Introduction

This booklet is a general guide, attempting to cover the needs of all women, and should be helpful for whatever gynaecological surgery you have had. Your operation may have been performed through your abdomen (tummy), your vagina (birth canal) or keyhole surgery using a laparoscope. Rates of recovery will vary and will depend on your age, lifestyle and fitness level before the operation. If you have had less major surgery e.g. TVT (tension free vaginal tape) you should recover more quickly.

This booklet will advise you how to:

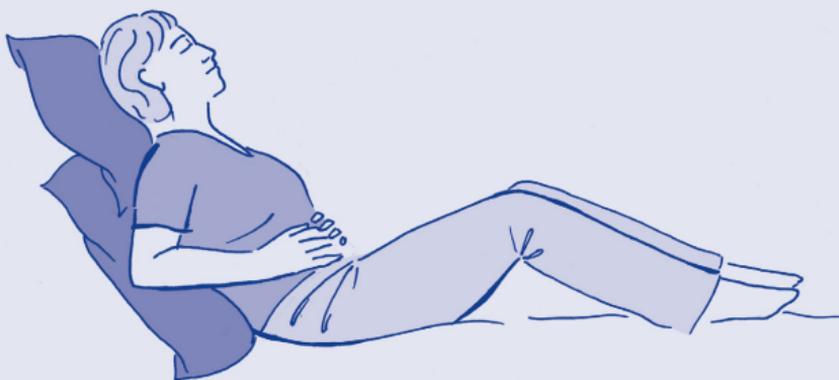
- move easily and rest comfortably after your operation
- exercise to prevent chest and circulatory problems
- exercise the abdominal and pelvic floor muscles
- regain your previous level of fitness following surgery

If you read this booklet 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 upright, and well supported. 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, and 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 to 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, and 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 tummy you may need some extra support such as a small towel under your tummy.

If you are lying on your back, bend your knees, and hold onto your tummy 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 tummy. Once you are lying on your side, you may find it more comfortable to place a pillow or towel under your tummy.

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

### *Getting Out of Bed*

Roll onto 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 tummy at first.

### *Getting In to 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 and at the same time lift your legs up onto the bed. Now you can roll onto your back, holding onto your tummy 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 or step 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 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/day – water is best. This will help your bladder and bowels to work well.

When you open your bowels you may find that it helps to support your stitches; if they are underneath, a pad held against them may help. If they are in your tummy a folded towel or your hand may help.

## DO NOT STRAIN TO EMPTY YOUR BOWEL.

Some women experience constipation after an operation, which may be due to medication for pain relief. Sitting in a comfortable and correct position on the toilet helps your muscles to relax and may make 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:

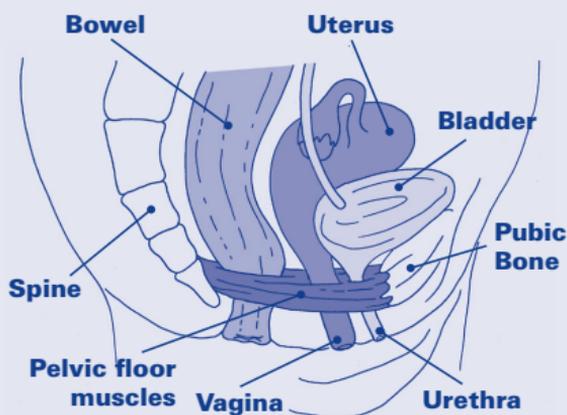
- Sit comfortably on the toilet and relax
- Keep your knees apart and higher than your hips (you may need a footstool)
- Lean forwards and rest your forearms on your thighs
- Let your tummy relax, allowing your abdominal muscles to bulge outwards, making your waist widen
- Keep your mouth slightly open 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:

- help to keep your pelvic organs in the correct position (prevent prolapse)
- tightly close your bladder and bowel (stop urinary or anal incontinence)
- 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. 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.

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 slowly. Start by finding out what your muscles can do now:

### **Short squeezes**

Squeeze and lift your pelvic floor muscles and then relax. Repeat until your muscles get tired. How many times can you repeat your short squeezes?

### **Long squeezes**

Squeeze and lift your pelvic floor muscles, hold for several seconds, and then relax for several seconds. How long can you hold?

Repeat until your muscles get tired. How many times can you repeat your long squeezes?

Aim to do your pelvic floor muscle exercises at least 3 times every day. You may find the exercises easier to do in lying at the start. As your muscles improve, aim to do your exercises in other positions such as standing.

### **Improving your pelvic floor muscles**

You will need to build up your exercise programme gradually. Most women will eventually aim for 10 long squeezes, up to 10 seconds each, followed by 10 short squeezes. This may be easy for some women and too difficult for others.

Start with what you feel is a comfortable length of time for you to squeeze. Gradually increase it over the next few weeks.

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 keep your pelvic floor muscles exercised for the rest of your life. Here are some suggestions to help you to remember:

- Use coloured stickers or reminder notes around the house or at work
- Do your exercises when you have a drink or after you have emptied your bladder but do not practice stopping your flow of urine mid-stream.
- Use the advert break between television programmes

## Preventing problems

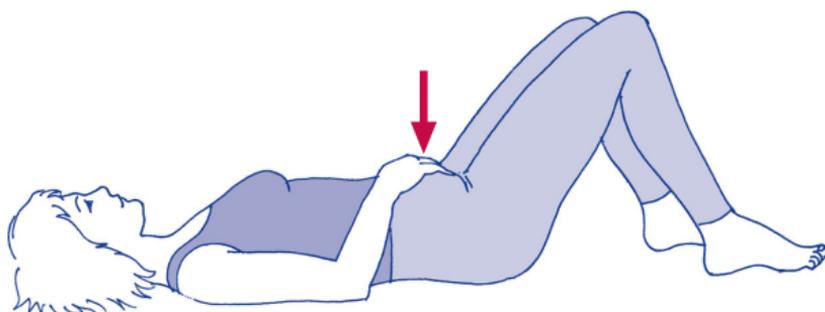
**Remember to** tighten your pelvic floor muscles before you do anything that may put strain on them, such as pulling, pushing, lifting, coughing or sneezing etc.

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 often constipated, you may need to seek advice from a health professional.

## Abdominal exercises

It is important for all women to exercise their abdominal muscles after any major gynaecological operation. The abdominal and pelvic floor muscles provide help to support your back and improve your posture.

You should start the following exercises within the first day or two after your operation. Begin gently and gradually build up how much you can do. You might have had a chance to practice this pre-operatively.



### **Abdominal Hollowing**

This is the basic exercise (using the deep tummy muscles) 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 or too flat.

Gently breathe in, and as you breathe out gently draw in your pelvic floor muscles, at the same time as drawing your lower tummy muscles in towards your spine. Keep these muscles drawn in as you take a few normal breaths. Now relax your lower tummy muscles and pelvic floor 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 flat. Draw in your lower tummy muscles and gently tilt your pelvis backwards flattening your lower back into the floor/bed. 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.

### **Single Bent Knee Fall Out**

Lying with your knees bent and feet flat as before. Draw in your lower tummy and pelvic floor muscles and gently let one knee move out to the side and back in again. Keep your pelvis still and breathe normally throughout. Do this several times to both sides.



### **Knee Rolling**

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

## Making progress

Recovery from your operation varies from person to person. Your return to normal activity should be gradual. Make sure that you get enough rest whilst you are in hospital.

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

- are over 60 years old
- have had previous surgery
- 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.

## 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 of help with things which may cause strain/fatigue for you.

# 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
- 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 tummy you may be more comfortable with some padding or support under your seat belt. Try using a folded towel between your tummy and the belt.

It will be some time before you are ready to drive. This may 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 with your insurance company what the policy allows.

As a guide you are advised to wait 3-4 weeks after your operation before you start to drive (and 6 weeks if you have had a repair operation.) You must wait until you feel fully fit to drive.

You need to be able to:

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

## Exercise and rest

Continue with your exercises at home gradually progressing the programme. Aim to have a walk each day, carefully increasing the time, pace and distance, starting with 5-10 mins at a moderate pace. You should not be in pain when you are walking but some discomfort to start with is not unusual. Consider what you were able to do before your operation and gradually aim towards this. Remember that it is harder work if you are walking on hills/slopes, into the wind or carrying something.

It may help you to have a rest during the day for the first few 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. If you are exercising with an instructor make sure that you tell them that you have had a major gynaecological operation. This will help them to start your exercise programme in the right way. If you have had vaginal surgery you should wait 6 weeks before you start 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. However some exercises that need "heavy straining" should

be avoided for life. You should ask your women's 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. You should also avoid heavy lifting ie two hands too heavy or any object which weighs more than 2.5kgs (about 5lbs).

For the first 3-6 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.

Ideally wait 6 weeks before returning to light activities and your more normal tasks. It may be recommended that you do not return to work for up to 12 weeks after your operation.

When you start lifting you should always remember to:

- bend your knees if the weight is at a low level
- hollow your abdomen (use your deep tummy muscles)
- tighten your pelvic floor muscles
- breathe out.

Also remember that you need to gradually build-up any activity that involves lifting.

Avoiding heavy or repetitive lifting may be advised in the long-term, especially if your operation is a pelvic floor repair for prolapse

or an operation for incontinence and 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, then you may be able to return within 3-6 weeks. If however, your job involves heavy, physical work, lifting or standing still for long periods then you may need longer before you return to work.

You may want to ask your 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 return to work'. Talk to your employer about this, if you think it may be helpful.

Before you return to work think about how you will get there. If you drive, then you should follow the advice described earlier in this booklet. If you use public transport you need to consider the effect of your journey on your work day, for example whether it would include standing for long periods.

If you need more specific advice about returning to work then ask your doctor or women's 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.

## Sexual activity

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

Whether or not you have a follow up appointment after your surgery depends on your medical team.

## Contact information

This booklet has been produced by the Pelvic Obstetric and Gynaecological Physiotherapy group (formerly ACPWH). Women's health physiotherapists are available in most hospitals and have specialised training to help you. Alternatively, if you do not know a physiotherapist in your area, enquire at your local physiotherapy department or contact

POGP Administration  
Fitwise Management Ltd  
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## Booklets

Useful POGP booklets

- The Mitchell Method of Simple Relaxation
- Pelvic Floor Muscle Exercises

For details of these and further advice please see our website [pogp.csp.org.uk](http://pogp.csp.org.uk)

