



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



Physiotherapy post-operative advice

Urology, gynaecology
and gynaecology surgery



We acknowledge the Noongar people as the traditional owners and custodians of the land on which we work, and pay respect to their elders both past and present. North Metropolitan Health Service recognises, respects and values Aboriginal cultures as we walk a new path together.



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 one in 10 women will require gynaecological surgery and, of these, up to 30 percent 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.

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The healing process

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

To assist your recovery, it is important to follow the guidelines 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 affect your lung function. Before your operation, it is important to optimise lung function and fitness to achieve the best results from the surgery and minimise the risk of complications.

Things that you can do before surgery:

- Maintain fitness by walking daily – aim for up to 30 minutes a day
- Practise deep breathing exercises
- Practise huffing and coughing - this will help to clear any secretions following the surgery
- Manage any lung condition or chronic cough with your GP
- Stop smoking or vaping several weeks before your operation.

After surgery

Breathing exercises

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

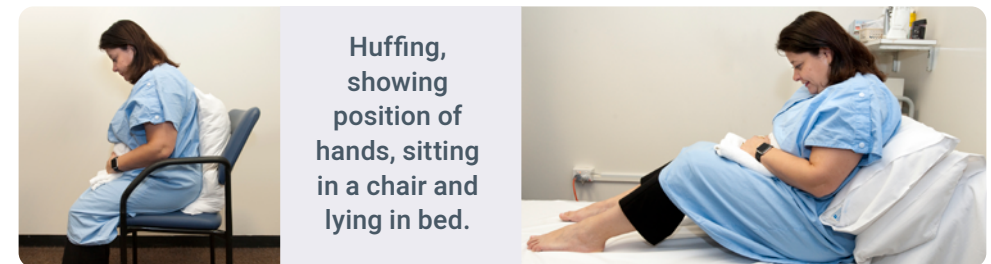
Recommended breathing exercise:

1. Sit up in bed with your knees bent and feet flat
2. Relax your shoulders and, if you have an abdominal incision, support this incision with both hands to increase your feeling of comfort.
3. Take a slow, deep breath, taking in as much air as possible and hold for a few seconds.
4. Relax and breathe out gently. Repeat 3-4 times.

Try to do 10 deep breaths each waking hour. 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.



Huffing,
showing
position of
hands, sitting
in a chair and
lying in bed.

Circulation

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 blood clots forming in your legs. These exercises are sometimes called ankle pumps.

Walking

Walking is one of the most important exercises as it stimulates deep breathing, improves circulation and reduces pain, which all help to enhance 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

As shown in the pictures below, bend your knees up and roll onto your side, keeping your knees together. Using your forearms and hands, slowly push up 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.

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 hands and forearms



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

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

Exercise

General fitness

Appropriate exercise is one of the most beneficial things to do for recovery. Walking and swimming (swim only after your doctor or nurse says your wound has healed) 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, increasing to 60 minutes daily (unless restricted for other reasons) by week six.

Initially break the walk into small amounts, such as 6 x 5 minutes or 3 x 10 minutes. Rest between each period of exercise.

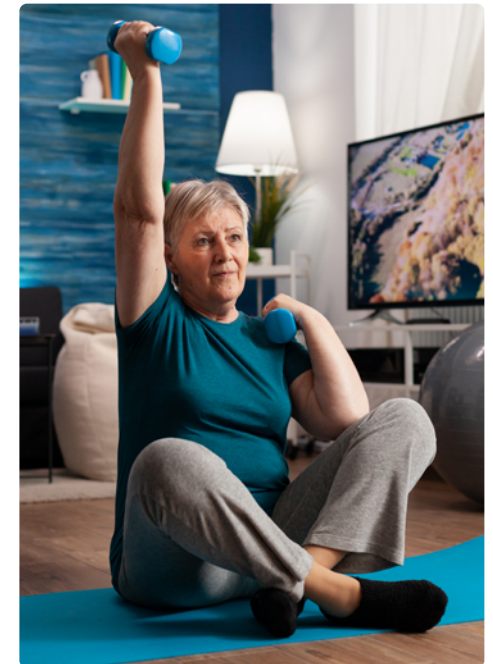
It is important to balance exercise with regular periods of rest to optimise recovery.

Why exercise?

Thirty 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.

Moderate exercise is any activity that gets your heart beating faster and breathing faster, but not to the point of being breathless.



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 otherwise advised by your physiotherapist, doctor or nurse. 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, reaching and stretching. Try to keep stair climbing to a minimum. It is okay to go up and down stairs after your operation, however at slow and gentle pace.

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 early after surgery?

- High impact or contact sports such as netball, squash, running and football 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
- Pilates in the first six weeks
- Core exercises (eg: sit-ups), as they increase the pressure in your abdomen
- Walking an enthusiastic dog can put strain on your abdomen.



Rest

Rest is important following an operation. You are likely to feel more tired than usual, and will need to rest more than you normally would for the first two to three weeks. 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 where you lie down for about an hour. 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 surgery. If your doctor requests that you wait longer, please follow their advice to allow for appropriate healing and to ensure your insurance cover is valid should you have an accident. After this, it is safe to drive when you can turn quickly to look over your shoulder and push all foot pedals quickly and without pain or restriction.

Return to work

The first seven to 10 days are essential for initial soft tissue healing and overall recovery. It is recommended that, where possible, only light duties be undertaken if it is necessary to resume work before the six-week mark. Ensure that there is no heavy lifting, prolonged sitting or standing.



Sexual intercourse

After (most gynaecological) surgery, do not insert anything into the vagina until the tissues are completely healed. This will take six weeks. Sexual intercourse is expected to be enjoyable and comfortable when resumed an appropriate amount of time after your operation (check with your doctor). Using a water-soluble lubricant may be needed to relieve vaginal dryness and enhance comfort.

Please do not persist if sexual intercourse is uncomfortable. Instead consult your doctor or women's health physiotherapist for specific advice to suit your needs.

Sexuality and cancer

The diagnosis of cancer and its treatment can have a dramatic effect on a person's sexual identity. It may impact your beliefs, sexual behaviors, and intimacy as you confront issues of survival and mortality.

Sexual activity may be the last thing on your mind as you cope with any anxiousness surrounding a cancer diagnosis. However, as you start to feel better, your life may return to a more familiar pattern. This may include having sex.

The Cancer Council offers support to individuals and couples to overcome sexual and relationship difficulties and enhance and maintain sexuality and intimacy throughout your cancer journey. Women undergoing treatment for gynaecological cancers can have four free sessions with a sexologist. You can self-refer by ringing the Cancer Council on 13 11 20.



Posture

Many people tend to hunch to 'protect' their abdominal wound after an operation. It is safe and encouraged to slowly sit or stand upright after your surgery. The aim is to feel a gentle sense of lengthening through your abdomen and opening up through your chest. Changing posture regularly is recommended to optimise comfort and minimise prolonged strain on the abdominal muscles. Gentle movement is also excellent for promoting soft scars that move freely.

Sleeping

- Being comfortable when you sleep is essential to getting enough rest.
- Sleeping on your side with a pillow supporting your back and between your legs may give you more comfort.

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. This may become uncomfortable

Standing

- Stand tall with chin in and shoulders down and back.
- Distribute weight evenly on both legs.
- Avoid prolonged standing, especially in high-heeled shoes.
- When walking, let your arms swing and relax shoulders.

Remember: Stand tall, walk tall, sit tall!



Lifting

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

In practical terms, this means avoiding:

- Unloading washing machines
- Carrying loads of wet washing
- Scrubbing, mopping and vacuuming floors
- Making and stripping beds
- Carrying bags of shopping
- Picking up children.

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. Start with light bags of shopping, half a basket of wet washing, hanging light washing on the line, etc.

To minimise any strain, the correct lifting technique is essential:

- Bend knees
- Keep back straight
- Keep object close to body
- Gently brace tummy and pelvic floor
- Breathe out as you lift – most important!

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



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 300-500ml 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
- A sense of the bladder being empty after a wee.

Ways to promote good bladder habits

- Drink 1.5–2L of fluid per day. Make the most of this water and limit caffeine drinks, as well as those with the label 'diet' since the artificial sweetener can irritate the bladder.
- 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 hover over the toilet – make sure you sit down and relax your stomach muscles.
- 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 (see bowel habits).
- Do not hurry to the toilet – this will only worsen any feeling of urgency in the bladder.










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.

Bristol Stool Chart		
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		Water, no solid pieces, entirely liquid

What's normal for the bowel?

- Opening your bowels three times a day to three times a week
- A well-formed stool, a smooth and cohesive paste that is easy to pass (numbers 3 and 4 on Bristol stool chart – see below)
- Empty in 20 seconds with no pain or discomfort
- Feeling of being completely empty afterwards
- 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 to 2L (about eight cups) of fluid per day (as explained in bladder habits).
- Exercise daily to keep your bowels regular.
- 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,

such as 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 good bowel habits.
- 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 dietitian 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).

Going to the toilet

Correct sitting position:

1. Lean forward with forearms on knees.
 2. Raise your knees slightly higher than your hips using a stool or raising your feet onto your toe.
 3. Keep your knees apart.
 4. Keep your back straight, lean forwards from the hips.
 5. Relax your stomach muscles.
Some people like to support their abdominal wound(s) with their hands for added comfort.
- Make a “hiss” sound to activate the correct muscles and prevent straining
 - Do not hold your breath
 - Squeeze and lift the pelvic floor muscles after you have finished.



Pelvic floor exercises

Pelvic floor exercises are very important to gain the most benefit from your operation, improve bladder and bowel control and improve circulation to the vaginal area.

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. This is especially important if you have had a prolapse repair.

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.

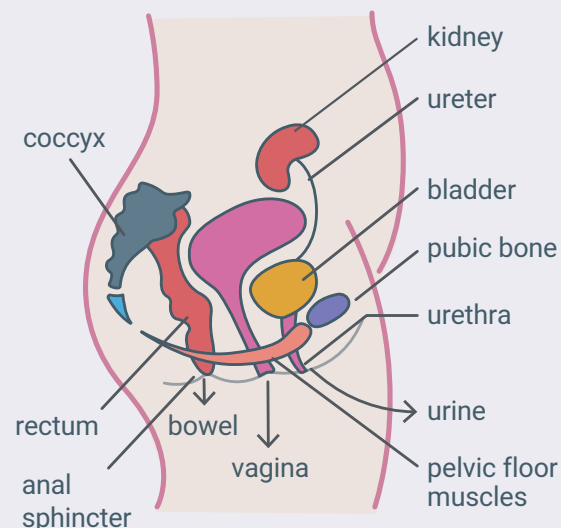
Where are the pelvic floor muscles?

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 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.

The female pelvic floor



What weakens the pelvic floor?

The most common causes of weakening include:

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



How to do pelvic floor exercises

Reliable ways to ensure a correct pelvic floor contraction include an internal examination by your treating physiotherapist or an ultrasound to assess the pelvic floor. However, these methods are unable to be used in the first few weeks after your surgery.

When you are allowed to start pelvic floor exercises, try this:

- STEP 1** Breathe normally and keep buttocks and thighs relaxed.
- Sit forward on your chair and place your feet and knees slightly apart (the same position for bladder and bowel emptying).
- STEP 2** Gently squeeze and lift the muscles around your back passage.
- STEP 3** Now squeeze the muscles around your vagina and front and passage. Feel your pelvic floor lift up inside.
- Imagine that you want to stop yourself from passing wind or urine.
- STEP 4** Relax the pelvic floor muscles. Make sure you can feel the 'let go' as the muscles go down.

Handy hints

- Doing these exercises lying down may be easiest to start with but progress to sitting and standing as soon as comfortable.
- Squeeze and lift your pelvic floor whenever you need to cough, sneeze, lift or jump. This is called 'The Knack' and integrates pelvic floor exercise into your everyday life.
- Besides these exercises, it is important to lose excess weight, avoid constipation or straining, and be physically active every day.

Determining your own pelvic floor exercise program

- Everyone's starting pelvic floor strength is different, so everyone needs a personal exercise program to strengthen and improve these muscles. If needed, your physiotherapist will devise this program for you after your six-week post-op visit.
- It is important to remember that many women 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. They 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.



Scar management

- Scars are the expected result when you have had surgery to the skin. Depending on the surgery, and provided the wound is not weeping or at all moist, you may begin gently **massaging along and across the scar** with a topical moisturizer about four weeks after your surgery. This will help the scar become flatter, more moveable and less sensitive.
- Sunscreens (SPF30 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 have been 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 are individual surgeries with approximate time frames for the expected length of stay in hospital, the appropriate rest time, the time you should wait before lifting more than 2kg, 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 only and should your doctor or physiotherapist specify otherwise, be sure to follow their advice.

Prolapse repair surgery

Anterior and/or posterior vaginal repair

- **Rest:** Three weeks
- **Lifting:** Six weeks
- **Pelvic floor exercises:** Six weeks
- **Exercise:** Moderate impact six weeks, high impact 12 weeks to six months

Sacrocolpopexy (abdominal approach)

- **Rest:** Three weeks
- **Lifting:** Twelve 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, leakage of urine when you laugh, cough, sneeze, lift things or exercise.

Minimally invasive slings (MIVS)

(eg: tension-free vaginal tape or TVT)

- **Rest:** Two weeks
- **Lifting:** Six weeks
- **Pelvic floor exercises:** Six weeks
- **Exercise:** Moderate impact six weeks, high impact 12 weeks



Other surgeries

Abdominal hysterectomy with or without removal of the ovaries

- **Rest:** Three weeks
- **Lifting:** Six weeks
- **Pelvic floor exercises:** Six weeks
- **Exercise:** Moderate impact six weeks, high impact 12 weeks

Total vaginal hysterectomy

- **Rest:** Two weeks
- **Lifting:** Six weeks
- **Pelvic floor exercises:** Six weeks
- **Exercise:** Moderate impact six weeks, high impact six to 12 weeks

Laparoscopic hysterectomy

- **Rest:** Two weeks
- **Lifting:** Six weeks
- **Pelvic floor Exercises:** Six weeks
- **Exercise:** Moderate impact six weeks, high impact six to 12 weeks

Laparoscopic Salpingo-Oophorectomy

- **Rest:** Two weeks
- **Lifting:** Six weeks
- **Pelvic floor exercises:** Six weeks
- **Exercise:** Moderate impact six weeks, high impact six to 12 weeks

Multidisciplinary team

Below is a list of the other departments, in addition to physiotherapy, that are part of the multidisciplinary team at KEMH.

During your stay in hospital you are able to speak with any of them if you have any concerns regarding their specific area.

Dietitian

Dietitians educate people on the science of nutrition and assess and manage dietary changes to optimise good health.

Occupational therapist

The primary goal of occupational therapy is to enable people to participate safely in the activities of everyday life. Another role is to assess and modify home and community environments to improve a person's safety and independence.

Pastoral care

This is a model of emotional and spiritual support for people during pain, loss and anxiety, which may occur during times of personal stress.

Social worker

Social work plays a role in improving people's lives with family relationships, work and financial difficulties following illness or health issues.

Pharmacist

Pharmacists provide medicine and medicine information to patients, their carers and other health professionals. This is often in the form of consumer medicine information leaflets and discharge medicines lists.

Aboriginal health liaison officer (AHLO)

AHLOs work with Aboriginal patients, families and staff to ensure a patient's time in hospital is positive and culturally respectful, especially for those who are away from home.



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