

Physiotherapy Advice after Gynaecological Surgery



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Please contact your physiotherapist with any questions you might have. Your physiotherapist is there to help you any time before or after your surgery.

Access: G:\Specialities\Respiratory\Protocols\Gynae

This booklet will help with your recovery following your surgery.

It will help you to:

1. Get you moving and prevent breathing problems
2. Exercise the pelvic floor muscles to prevent bladder, bowel problems and back pain.
3. Return to your previous activities and fitness levels.

All movements should be performed slowly and gently. They should not cause pain.

Exercises in Set A should be started the first day after your operation and continued for 6 weeks.

Exercises in Set B should be started 2 weeks after your operation until you attend your outpatient physiotherapy appointment.

Please note if you develop a seroma (a collection of fluid in the tissues) wait till it has been drained or reduced and then restart Set A exercises slowly. Please contact your nurse if a seroma is developing.

The Day after your surgery - checklist

It is very important that you start your breathing and leg exercises (Set A) as soon as possible after your surgery to help you breathing and walking.

1. Breathing exercises and coughing

Take a deep breath in through your nose, hold for 3 seconds and breathe out slowly. Repeat **5 times** and then try a cough.

Repeat every hour.

Please practise this sitting up in bed or sitting out in a chair

Coughing:

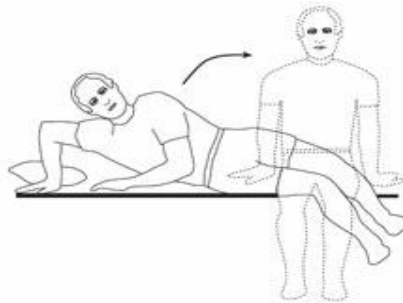
It's very important that you can cough strong and effectively after your surgery so you can clear any phlegm. You will find coughing more comfortable by holding a pillow on your stomach. Do not worry about damaging your stitches when you cough, they are very secure.



2. Sitting out and walking

Your physiotherapist will help you sit out and walk the first day after your operation. It's very important to sit out as it will help your breathing, circulation and muscle strength. Every day after your operation you should aim to increase your walking distance and frequency.

The best way to get out of bed is to bend both knees and roll onto your side. Do not come straight up into sitting. Always side roll first and then up.



3. Set A exercises – see page 6.

Set B exercises – see page 7.

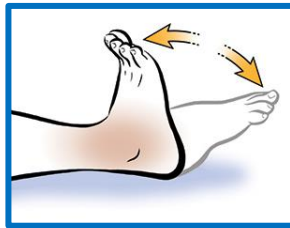
4. Pelvic floor exercises – see page 9.

3. Set A Exercises

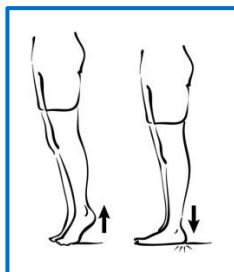
First 6 weeks after your operation

Frequency: 3 times a day/10 repetitions each exercise

1. **Ankles pumps:** Sitting out in chair “pump” your feet up and down. Repeat on both sides.



2. **Heel raises:** Push up onto your toes while holding onto a support. This exercise can also be completed in sitting. Your physiotherapist will guide you as to whether you should carry this out in sitting or standing.



3. Knee extension: sitting in chair, bend and straighten both legs. Repeat on both sides.



Set B Exercises

Exercises for Weeks 2 to 6. Please start on _____.

Frequency: 3 times a day/10 repetitions each exercise

1. Hip extension: Stand straight holding onto a chair. Bring your leg back ways keeping your knee straight. Do not lean forwards. Repeat on both sides



2. Hip flexion in sitting/standing: standing holding onto a surface with your hands, bend and straighten your legs. Repeat on both sides.



3. Mini squat at chair: standing holding onto chair. Bend and straighten your hips. Repeat on both sides.

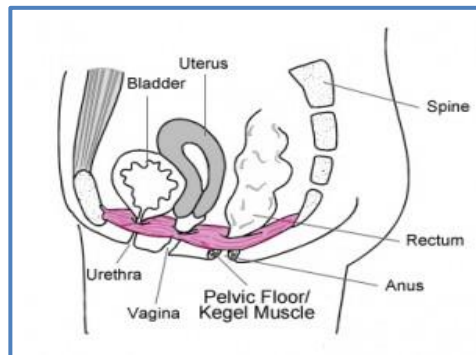


Pelvic floor exercises

Pelvic floor exercises - Please perform from day 1 after your operation 3 times a day every day.

The pelvic floor is a sheet of muscles which acts as a support to your pelvis and abdomen contents.

The pelvic floor also assists in controlling the bladder and bowel movements.



Gynaecological surgery will put added stress on your pelvic floor muscles, therefore you are to perform pelvic floor exercises immediately after your surgery to help build up the strength and support of the muscles.

Exercise 1 - 'Quick ones'

- In a comfortable position, tighten your pelvic floor muscles as though stopping yourself from passing wind and urine.
- You should feel a squeeze and a lift. Hold for a few seconds and relax. Keep breathing throughout.
- Repeat 10 times, 3 times a day

Exercise 2 - 'Slow ones'

- Contract the muscle as in exercise 1.
- Hold the contraction for whatever is comfortable and then relax. Keep breathing throughout.
- Build up to holding for 10 seconds, 10 times. 3

Pelvic floor exercises are important to continue for at least 3 months after your surgery and are a good exercise for life. Try to work in your exercises to your daily routine, such as doing them when you're watching TV, reading a book or sitting on the bus.

On discharge from hospital

Housework and Lifting

You should be able to do light activities around your house on discharge. You should take things slowly especially in the first 6 weeks after your operation.

For the first 6 weeks avoid lifting anything heavier than 1kg or 1 litre bottle of water. If you can't lift the object with one hand then it is too heavy in the first 6 weeks. Avoid lifting anything over 3kg until 3 months after your surgery.

Make sure to bend your knees, keep your back straight and try to switch on your pelvic floor muscles when lifting.



Walking

Build up the distance that you're walking gradually.

At 3 months after your surgery you should aim for walking 30 minutes, 5 times a week at a moderate intensity speed. At moderate intensity exercise you should be able to “talk and walk” but not “sing and walk”

You should aim to keep up this level of physical activity long-term.

Sports

We would expect you to be fit to return to your sport after 3 months. Please check with your doctor or clinical nurse specialist.

Driving

You should check with your consultant or GP, but most people cannot drive for at least 6 weeks. You should be able to perform an emergency stop pain free, wear a seatbelt and look over your shoulders comfortably.

You may find a towel between your stomach and seatbelt more comfortable when you drive.

Always check with your insurance company before you drive.

Sexual intercourse

This depends on the type of surgery, your rate of healing and personal preference. Generally you can resume sexual intercourse/penetration two to three months after your surgery. Please check with your doctor or clinical nurse specialist for advice.

Work

Again this can depend but generally you should expect to be off work for 6 weeks. You should be off for longer if your job involves any lifting.

Lymphoedema prevention

What is Lymphoedema?

Lymphoedema is an accumulation of lymph fluid in the soft tissues of the arm, chest, trunk, vulva, lower abdomen and legs. This accumulation of fluid is due to the disruption of lymph flow which may be due to surgery, removal of nodes and/or radiotherapy.

If you have a surgery that removes some of your lymph nodes and you have radiotherapy after your surgery it is important that you follow these guidelines for skin care to try

and prevent the development of complications such as lymphoedema.

What to watch out for?

- **Swelling in legs /ankles/toes/abdomen**
- **Sensation of heaviness , fullness in legs**
- **Feelings of soreness or discomfort in the legs/feet**
- **Restricted movements in the joints of your legs**
- **Clothing becoming too tight in your legs**

Preventing and Managing Lymphoedema

1. Skin care

Once your nodes have been damaged or removed you have a lifelong risk of lymphoedema. To avoid lymphoedema developing or worsening you should avoid cuts or infections to your legs. Here are some tips on how to avoid this.

- Keep your skin well moisturised to avoid dry skin.
- Do not have injections, blood samples or your blood pressure taken on the affected side.
- Wear gloves, long sleeves and long trousers to avoid scratches when gardening.
- Protect yourself from sunburn.

- If manicuring your nails, don't cut cuticles on the affected side. Keep cuticles moisturised.
- Avoid wearing restrictive clothing or jewellery on the affected side.
- If in an area where you might expect insect bites, use insect repellent or cover up to reduce bites.
- Avoid very hot baths, saunas or extremes of hot/cold.
- As cuts increase the risk of infection, avoid using wet razors to remove unwanted hair. Use an electric razor or depilatory cream. If you have a cut/break to the skin keep the area clean, apply antiseptic cream and keep it covered.

2. Physical Activity

Exercise has been shown to improve lymphoedema symptoms. It is recommended to start with 30 minutes of moderate activity 5 days a week. Even a brief, slow walk can provide benefits. Increased weight complicates lymphoedema.

3. Healthy Eating

Maintain a balanced diet of fruit, vegetables, whole grains and protein. Avoid excessive consumption of fatty foods,

sweets, salt and alcohol. Drink plenty of water and unsweetened liquids.

4. Garments

If appropriate your physiotherapist will measure you for a compression garment and advise you on its use. Wearing a compression garment provides external pressure to assist lymph drainage and prevent additional swelling. In use, you should wear your compression garment every day for as long as you are up and about. Take the garment off at bedtime.

4. Self-Manual Lymphatic Drainage

Manual Lymphatic is a special type of massage that helps to move fluid from your affected leg and divert it to areas where your lymph nodes are working efficiently. You should practice this every day. Your physiotherapist will show you how to do this.

Air travel

- Wear loose, non-restrictive clothing
- Move about the cabin frequently to help your muscles pump
- Ensure adequate fluid intake
- Maintain healthy eating, avoiding caffeine, alcohol and salty foods
- **Make sure you wear your garment**