

INFORMATION FOR PATIENTS ABOUT Gynaecological Surgery

Introduction

The aim of this leaflet is to advise how to restore you to full health as quickly as possible after your operation.

Research indicates that, after surgery, the earlier you get out of bed and start eating and drinking the better. This will speed up your recovery, making it less likely that complications will develop.

For example, the benefits of getting up early are:

- Reduced risk of chest infections or breathing problems
- Stronger muscles
- Decreased tiredness
- Reduced risk of developing blood clots

Your body will need energy and nutrients to help repair itself after surgery. For further information and advice see- <http://www.nhs.uk/Livewell/Goodfood/Pages/the-eatwell-guide.aspx>.



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Sleep, rest and play - staying physically active will help in your recovery. Continue to socialise as normal with friends and family, which will help reduce anxiety and stress.

Smoking and Alcohol -if you do drink or smoke use this as an opportunity to stop or cut down. This will help recovery and reduce complications.

Goals for Day 0- Day of surgery

- Sit out of bed
- Eat and drink
- Pass urine if catheter removed

Breathing exercises

These exercises are to help relieve nausea, to reduce the effects of the anaesthetic, to aid relaxation and to relieve wind and can help prevent chest infections.

Take a deep breath in through your nose, hold for 3 seconds, breathe out, and then repeat 3 times. As you breathe in, make sure you feel your waist expand. Try to do these exercises every hour.

Supported cough

It is important to be able to cough well to clear mucus on your chest. You are very unlikely to harm your stitches or scar when you cough. You will be much more comfortable and able to cough if you support the site of your operation.

Following vaginal incisions-support the vagina by putting a hand over the pad between your legs to give support as you cough.

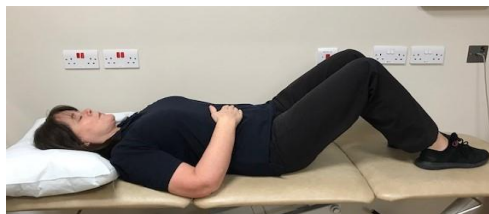
Following abdominal incisions- Lie in bed with knees bent or in sitting. Support the wound with your hands or a pillow as you cough.

Circulation and Lower limb exercises

You should do the following exercises to maintain blood flow in your veins and prevent blood clots. When resting in bed or sitting in your chair, bend your feet and ankles up and down briskly **for 30 seconds every hour.**



Getting in and out of bed



1. Bend your knees and roll onto your side.
2. Ease legs over the edge of the bed and push yourself up into a sitting position with your hands.
3. When ready push to stand, using your hands and legs, standing tall keeping your back straight will help to prevent backache.

What will happen on the first day after my operation? (Day1)

You will continue to have regular tablets for pain relief if necessary. You may eat and drink as normal. If you still have a drip, this will be removed.

If you have any drains – these will be removed.

Some women have a vaginal pack in place, if so this will also be removed. You will need to tell the nurses if you are having difficulty passing urine.

You should be up and out of bed today for about eight hours. We suggest that this is linked to meal times as you will not be allowed to eat in bed. You should also rest on your bed for at least an hour a day. It is advisable to pace your daily activities. You will need to take a few short walks today, aiming for around 150 metres in total. If you are not sure how far this is then please ask the nurses for advice.

Goals for Day 1:

- Eat and drink as normal
- Pass urine
- Shower and dress in day clothes
- Walk x 4
- Home if well
- Pelvic floor exercises if catheter removed and passed urine x3

What will happen on the second day after my operation? (Day 2)

If you are still in hospital you will continue to take pain relief medication to ensure your pain is well controlled.

If you experience an increase in pain levels please inform your nurse.

You need to be up and out of bed for eight hours and take regular walks, as on day one.

You may be discharged home this afternoon, providing:

- You feel confident about going home
- Your pain is well controlled
- You are eating and drinking well
- There are no signs of infection in your wound
- You are passing wind or have opened your bowels
- You are passing urine normally
- You are up and about and carrying out normal activities like washing, dressing, making drinks, etc.

Before leaving the ward?

You will be given information and contact numbers to ring if you have any problems after going home.

Exercises after surgery

It is important to exercise your abdominal muscles before and after your surgery. They form a natural corset and help to support your back and internal organs. You can start the exercises before your operation and re-commence them one or two days after surgery.

Exercise rules:

Listen to your body. Stop if it hurts and you feel tired. You should be able to breathe and talk while you are doing the exercises.

Abdominal hollowing exercise

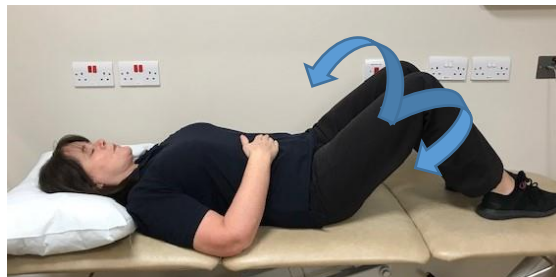
This exercise can be done lying on your back or side, sitting or standing. Gently place your hand below your belly button. Breathe in through your nose. As you breathe out, gently draw in your lower tummy away from your hand towards your back. Aim to hold the tummy muscle in up to 10 seconds repeating 3 times, you may need to build up to this. You should continue to breathe as you hold the contraction. Your upper tummy should remain relaxed. Repeat at least 3-4 times per day or as often as you can.

Pelvic Tilts

Lie on your back, knees bent. As you breathe out draw in your abdominal muscles then tuck your bottom under and flatten your back into the bed. Breathe normally and take care not to hold your breathe. Hold this position for 5 seconds and relax. Repeat 10 times 3-4 times daily.

Knee rolling

Lie with your knees bent and your feet on the bed. Draw in your abdominal muscles as described previously. Gently lower your knees to one side as far as is comfortable. Bring them back to the middle and repeat on the other side. Do this 5 times, 3-4 times a day. This exercise can relieve discomfort and help get rid of wind.



The Pelvic floor

The pelvic floor forms a sling of muscles, which are attached to the pubic bone at the front of the pelvis and extend to the coccyx (tailbone) at the back. These muscles can become weak due to childbirth, prolapse and post gynaecological surgery. It is important that these muscles regain their strength to carry out their normal functions of preventing incontinence and supporting the pelvic organs (even after having a pelvic floor repair).

You need to exercise them to:

- Reduce discomfort and swelling after your operation.
- Prevent leakage from your bladder or bowel.
- Help prevent prolapse of pelvic organs.

If you have a catheter in place only start your pelvic floor exercises once your catheter is removed and you have passed urine normally x3 times with no problems.

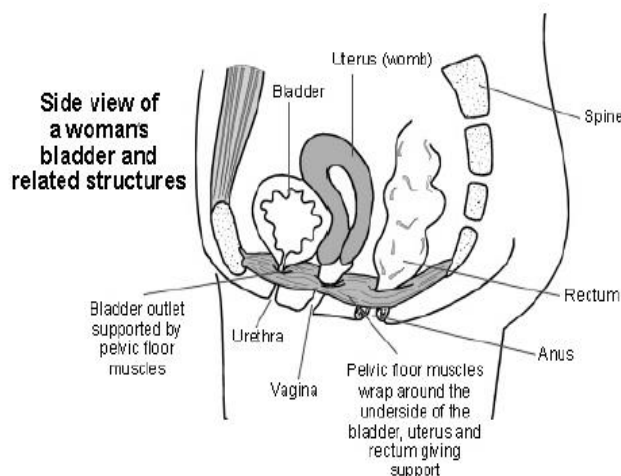


Diagram copy EMIS and PiP 2006, as distributed on www.patient.co.uk

How to exercise your pelvic floor muscles

Pelvic floor muscle exercises should include both long and short squeezes. It is important that you let the muscle relax after each contraction to prevent any pelvic floor dysfunction.

Exercise 1

Step 1

Sit, stand or lie comfortably with your knees slightly apart.

Step 2

Gently breathe in to prepare and, as you breathe out, tighten the muscle around your back passage as if you are trying to stop yourself from passing wind, now slowly tighten the muscles around your front passage as if you are trying to stop yourself passing urine; lift up from back to front and hold.

Aim to hold both back and front pelvic floor muscles tight for 5-10 seconds (without holding your breath). Fully relax your pelvic floor muscles for 4 seconds and aim to repeat up to 10 times. Avoid tightening your buttocks and squeezing your legs together. You should feel your lower abdomen draw in slightly.

Exercise 2

To perform the short squeezes

In the same position as before tighten your back and front pelvic floor muscles for a short strong squeeze followed by relaxing the muscles fully.

Aim to build up to 10 short squeezes up to 3 to 6 times per day. Make sure you are breathing normally throughout the exercise.

Aim to repeat both long and short squeezes 3-6 times a day

Your starting point- this is the maximum number of seconds you can hold your contraction for (up to 10 seconds) and the maximum times you can repeat this (up to 10 repetitions). Build up your exercise routine gradually and you should notice an improvement in the first three months (this can sometimes take longer).

Aim to progress the position you do your exercises in progressing from lying to sitting to standing and, over time, practise them whilst doing activities such as walking.

Make sure you are fully relaxing your pelvic floor muscles between squeezes.

Keep practising your pelvic floor muscle exercises twice a day to maintain the improvement.

Tips to remember to exercise:

- Try to make the exercises part of your daily routine. Perhaps doing them at the same time as another activity: brushing your teeth / when washing your hands/ after emptying your bladder sat on the toilet.

Please do not practise by stopping your urine flow as this may lead to bladder problems.

Additional suggestions:

- Try downloading an app on your phone e.g. NHS squeeze app
- Put a reminder on your phone

Going to the toilet

After surgery you may have a catheter to drain your bladder for a few days. Once it is removed and you first attempt to pass urine, sit on the toilet, lean forwards and relax. If you have any difficulty, inform your nurse.

Passing urine

Sometimes after surgery you may feel that your bladder is not emptying fully, this usually improves with time. It is worth checking the colour of your urine – if you are well hydrated you should be passing straw coloured urine, if you find that your urine is darker it may be a sign that you are dehydrated and need to drink more.

If you feel you are not emptying your bladder fully or you have excessive stinging, please see your GP.

Your bowels

Your bowel habits may change after surgery – you may become constipated, or have loose stools.

Make sure you eat regular meals three or more times a day, drink adequate amounts (2000ml or around four pints of fluid per day) and take regular walks during the first two weeks after your operation.

If constipation lasts for more than three days, a laxative is advised.

When having a bowel movement, you may find it more comfortable to hold a wad of toilet paper or a sanitary pad firmly in front of the back passage. It is important that you sit with your knees above your hips, feet resting on a foot stool, and that you do not strain. Breathing out will help you to relax.

Do not be afraid of opening your bowels. Go when you get the urge to avoid constipation.



<https://www.bladderandbowel.org/help-information/resources/toilet-positions/>

As well as keeping up with your exercises remember to listen to your body and rest if you feel you need to:

- Week 1–2 you should take it easy but remain active.
- Week 3–4 you should build up your activities gently.
- Week 6+ you should be returning to your normal activities.
- This may vary depending on age, health and your normal activity level.

What will happen after I go home?

Unless otherwise stated you will not need to see your consultant again.

Complications do not happen very often, but it is important that you know what to look out for.

During the first 48 hours after discharge please telephone the ward if you are worried about any of the following.

You will be given the number to call before you leave the ward.

If you cannot contact the ward, please contact your GP.

Abdominal pain

You may experience griping pains caused by trapped wind. If you have severe pain lasting more than one or two hours, or have a fever and feel generally unwell within two weeks of your operation date, you should immediately contact the ward. We may advise you to see your GP.

Your Wound

It is not unusual for your wound to be slightly red and uncomfortable during the first one to two weeks.

You may shower as normal but avoid using perfumed bath products or talc.

Please see your GP and let the ward know if the wound becomes inflamed, painful or swollen or starts to discharge fluid.

Do I need to continue to take painkillers at home?

Continue to take your painkillers regularly for the first three to four days then reduce gradually.

When can I start my normal daily activities and exercise?

Daily activities and light exercise may be resumed as soon as possible. Regular pain relief will enable you to do this.

REST from household chores is essential after an operation.

Lie down on your bed for at least an hour every day for the first few weeks. Do accept offers of help with the chores. For the first 6 weeks after major surgery minimal lifting is advised.

After 6 weeks you can gradually start to lift but avoid heavy lifting for 3 months. Anything that causes you to strain or requires you to hold your breath is too much. Avoid heavy shopping bags or lifting children.

Do not do heavy housework, for example vacuuming, for the first 4-6 weeks. If you are going to iron clothes or prepare vegetables it is recommended to sit down. When you are lifting, remember to protect your back by bending your knees holding things close to your body, drawing up and holding your pelvic floor muscles as you lift.

The “Knack” technique- this is a technique to help prevent straining. Tighten your pelvic floor muscles before an activity that raises the abdominal pressure such as sneezing, coughing, lifting and laughing.

Sport

You may be able to start swimming six weeks after your operation. You must make sure that your wound is dry and healed and your vaginal discharge/bleeding has stopped. Competitive sport and high impact aerobics exercise should be avoided for at least 12 weeks.

Always start slowly and if you experience any urinary leakage, you should stop and further increase your pelvic floor muscle strength.

Work

Returning to work will depend on the actual surgery you have had and the job you do. Please discuss when it is suitable to return to work with your doctor.

When can I have sex?

Sexual activity may be resumed when you feel able, although it is advised to avoid intercourse for six weeks if you have had vaginal surgery.

When can I drive?

You can start driving after six weeks or when your consultant advises it is safe to do so (check your insurance for exceptions).

You should NOT drive until you are confident that you can drive safely.

A good measure for this is when you are back to normal activities. It is important that any pain has reduced sufficiently to enable you to perform an emergency stop and turn the steering wheel quickly.

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