Information post Hysterectomy

Physiotherapy Instructions
Physiotherapy Department 01 2936692

The following is an outline of instructions and information for patients following hysterectomy. If you have any questions, the physiotherapist looking after you on the ward will be happy to answer them.

Physiotherapy after your operation
The main aim of physiotherapy after your operation is to get you back on your feet so that you can make a safe transition back home. We are also involved in looking after your chest and breathing, to ensure that you have no complications and avoid any risks of developing an infection. The following is some information for you in regards to pain and specific breathing exercises aimed at maintaining a clear chest. Your physiotherapist will talk you through this, and don’t be afraid to ask any questions you may have.

• Pain
It is normal to have some pain in the days immediately following your surgery. You will be given pain relief to make you more comfortable. Excessive pain can delay mobility and/or prevent coughing which can lead to chest complications. Therefore, it is important that you always report any pain you are experiencing, so that appropriate pain relief can be given to you, allowing you to move about more freely, make a speedy recovery and tolerate physiotherapy treatment sessions better.

• Respiratory Care
After an anaesthetic, you may find it difficult to take deep breaths and to cough up secretions. It is therefore important to do regular breathing exercises to ensure you are expanding all parts of the lungs and to clear any build up of secretions, decreasing the risk of infection. Your physiotherapist will instruct you in these exercises, which are explained below:
Breathing Exercises – Active Cycle of Breathing Technique

- Sit in a comfortable position – ideally high up in bed with your head and shoulders well supported by pillows or sitting over the edge of the bed or sitting out in a chair.
- Take a long, slow, **deep breath in** to fully expand the lungs. **Hold for 3 seconds**, and then breathe out slowly. Repeat this 4 to 5 times.
- Then take a **rest**, breathing at a relaxed level for approx 10sec.
- Continue this “cycle” three times.
- The aim of the deep breaths is to loosen any secretions which you may feel have moved into throat and upper airways.
- If you feel these secretions moving, performing a **huff** will often help to move these sections to the back of throat, and from there, you should be able to clear them with a less vigorous **cough**.
- When huffing, it is important that you tilt your chin up, and keep your mouth open. Take a medium sized breath in and a short, sharp breath out, as if fogging up a mirror. Repeat this step two to three times.
- For an effective huff/cough, use a rolled up towel/pillow to support your tummy/abdomen and wound.
- You may wish to bend your knees up towards your chest also to support coughing. Remember fewer strong coughs have more effect than a lot of weak ones.

**Coughing**
It is important to cough in the days following your surgery. It is a good idea to support your wound with your hands or a rolled-up towel, and you may wish to bend your knees up towards you chest. Fewer strong coughs have more effect than a lot of weak ones. Your physiotherapist will instruct you in this technique.

**NB**: You may also feel discomfort in the abdomen at the wound site when you are performing the breathing exercises, particularly the cough.
YOU WILL NOT DAMAGE THE STITCHES OR CLIPS IN THE SCAR/WOUND BY HUFFING OR COUGHING.

Incentive Spirometry

Incentive spirometry is designed to mimic natural sighing or yawning, therefore, encouraging maximum inflation of your lungs and preventing the build up of secretions. You will be provided with an incentive spirometry device by your physiotherapist. It provides visual feedback on how deep a breath you are taking. Place the mouth piece in your mouth and secure a firm seal with your lips. Take a slow deep breath in through the tube, trying to keep your shoulders relaxed. The aim is to try and raise two of the balls and try to hold them up for three seconds. It will get easier the more often you do it.

• Exercises

**Day 1:**

These are designed to improve circulation in your legs whilst lying in bed or sitting in a chair. Try to do these exercises every hour.

1. **Ankles**
   Bend and stretch the ankles up and down firmly and quickly. Repeat 10 times.

2. **Knees**
   Tighten your thighs by pushing the backs of your knees down against the bed and pulling toes up towards you. Repeat five times.

3. **Buttocks**
   Tighten/Clench your buttocks regularly to relieve pressure from your bottom. Repeat five times.
From Day 2 onwards

Start all exercises by lying with your head on a pillow, knees bent and shoulder-width apart, with feet flat on the bed.

1. Abdominal exercise

Gently place your hands on your lower tummy. Breathe in through your nose and as you breathe out, gently pull your tummy away from your hands towards your back. Feel the muscles tighten under your hands. Try to hold for a count of 3 and then relax. Breathe in and out normally. Repeat 3 times throughout the day. You should aim to gradually increase the time the contraction is held to reach 10 seconds and can repeat 10 times.

2. Pelvic Tilting

Place your hands in the hollow of your back. Tighten your tummy muscles (Exercise 1), flatten your lower back onto your hands and tilt your bottom down towards feet. Breathe normally. Hold for three seconds and release gently.

Try to progress this exercise by tightening your tummy muscles and also pulling up your pelvic floor before continuing as above.

3. Knee rolling

Tighten your tummy muscles (Exercise 1) and gently lower both knees to one side as far as is comfortable. Bring them back to the middle and relax. Repeat to the other side.
4. Knee bends

Tighten your tummy muscles (Exercise 1). Keep your back flat on the bed and bend one hip and knee up as far as is comfortable. Try to hold up to the count of 10 and then replace the leg, so the foot is back on the bed. Repeat with the other side.

Repeat each of these exercises four times, three times a day.

Mobility

It is important to mobilise as early as possible post surgery. This will help to facilitate a speedier recovery and in turn assist with your chest care. Your physiotherapist will probably advise you to sit out, and to take a few steps day one post surgery. He/she will be there to assist you the first time you get up.

While static positions and walking are not excessively painful, moving out of bed can cause pain. You will be instructed in how to get out of bed on the first morning after the operation. Try to stay out for a minimum of 30 – 40 minutes.

To get out of bed:
- Bend knees up and roll onto side. (This avoids twisting the abdomen and incision).
- Hook your legs over the edge of the bed and push with your arms into a sitting position.
- Reverse these steps to get back into bed.

Getting out of bed may make you feel light-headed or nauseous. This can be a side effect of the general anaesthetic and can be helped by sitting at the bedside for a few minutes and taking deep breaths. If necessary, an injection may be given to control nausea.

Posture and Back Care

It is very important to be aware of your posture and to take special care for about six weeks after your surgery. A good posture will help prevent backache.
**Sitting**

Sit upright in a supportive chair, with both feet on the floor. Do not slouch. You may find it helpful to place a small cushion or rolled towel in the small of your back to give support.

**Standing or walking**

Avoid holding your tummy with your hands and slouching forwards. Stand upright with shoulders back, and bottom and tummy tucked in.

**Lifting**

Do not lift heavy objects. Try to pull up your pelvic floor, tighten your tummy muscles and breathe out as you lift. Remember to bend your knees and keep your back straight. Hold larger objects close to your body.

If you are suffering from back pain after your operation, seek further advice from your physiotherapist.

If any exercises cause pain, discontinue and seek advice from your physiotherapist.

**Pelvic Floor Muscles**

**What is the Pelvic Floor**

The pelvic floor muscles are layers of muscles that stretch like a hammock from the pubic bone in front to the bottom of the backbone. These firm supportive muscles are called the pelvic floor. They help to hold the bladder, womb and bowel in place, and to close the bladder outlet and back passage.

**How does the Pelvic Floor work**

The muscles of the pelvic floor are kept firm and slightly tense to stop leakage of urine from the bladder or faeces from the bowel while performing normal daily activities. They work particularly hard when there is an increase in intra-abdominal pressure and therefore an increase in pressure on the bladder that might lead to leakage of urine from the bladder. Abdominal pressure is increased when you cough, sneeze, run, jog, dance or exercise, pull or strain, for example lifting heavy objects or straining when going to the toilet. Pelvic floor muscles can become weak because of pregnancy, childbirth and following the menopause. Common manifestations of weakness in the pelvic floor are stress incontinence (leakage of small amounts of urine when laughing, sneezing etc.) and a prolapsed uterus. When you pass urine or have a bowel motion the pelvic floor muscles relax. Afterwards, they tighten again to restore control.
How can Pelvic Floor exercises help?

Pelvic floor exercises can strengthen these muscles so that they once again give you support. This will improve your bladder control and improve or stop leakage of urine. Like any other muscles in the body, the more you use and exercise them, the stronger the pelvic floor will be. A common observation is that a woman may feel that she can do one good contraction, hold for a couple of seconds, then let go, but find she is unable to repeat a second or third contraction. This is because the muscles fatigue quickly especially in the beginning. It is important to perform them frequently, but with a small number of repetitions.

Pelvic Floor Exercises

You can find the muscles by imagining you are trying to stop the flow of urine or trying to hold in wind. You should feel you are squeezing around the vagina and back passage and drawing up inside.

To identify the correct muscles and to find out how strong your muscles are, you can use the STOP TEST. This means trying to stop or slow the stream of urine. This must not be done as the exercise as it can interfere with the normal bladder function. You only need to do it to check your progress.

If your muscles are very weak, you can increase your exercise program to three times a day but do not overdo them. There should be no pain or discomfort from doing your exercises.

Ensure you fully relax the pelvic floor muscles after contracting them as sometimes the pelvic floor muscles can be overactive which also poses problems.

To increase the Pelvic Floor Muscle Strength:

Start by lying comfortably on your back with knees bent up and the muscles of your thighs, bottom and stomach relaxed. Tighten the muscles around the front passage as if stopping yourself passing urine.

Squeeze and lift your pelvic floor muscles for 6-8 seconds and then without releasing them, squeeze again and then add another squeeze. Relax the muscle completely before repeating the exercise again. Aim for 3 sets of 10 repetitions.

To improve the Pelvic Floor Muscle Endurance.

Slowly and gently lift the muscle (about 30% of the maximum squeeze). Aim to hold for 15 seconds or longer, gradually increase the number of repetitions until the muscle feels tired. Relax in between each contraction.
Preventing the leaks

Now start to use your muscles during the activities that cause the leaks. To prevent leakage during coughing, sneezing and lifting etc. squeeze the muscles as hard as you can and keep holding the contraction while you practice a cough. Practice this until you can hold for 6 coughs without leaking. This is called the ‘Knack’. Now tense the muscle and hold it every time you stand up from sitting, bend down, lift or what every activity causes the leak.

Maintaining a good posture will help reduce your leaks while walking. Stand tall, keeping your head and shoulders upright. Gently draw in your lower tummy muscles.

When you use your lower abdominal muscles, they help activate your pelvic floor muscles and so help to reduce the amount of leakage. Continue practicing these gentle holds and keeping a good posture until your muscles respond automatically and you don’t have to think about it.

- Advice on discharge

Exercises
Continue with exercises taught for at least six weeks, preferably three months. Your consultant may prefer that you wait for 6 weeks before you start doing your pelvic floor exercises so it is important to check with your consultant.

Rest
Take a daily rest on your bed for about an hour. Continue for as long as necessary.

Walking
This is a very valuable exercise. Try to walk for about 20 minutes at least once a day. Hills and stairs are quite safe, but build up speed and distance gradually.

Bowel
It is important not to strain on the toilet when you are emptying your bowels. Ensure you have a good diet and you are drinking enough water daily to minimize constipation.

Driving
Check with your consultant but do not expect to drive for about four or six weeks, depending on your surgery. Make sure you can wear a seatbelt comfortably and perform manoeuvres and an emergency stop without undue pain.
Work
You should not expect to return to full-time work until after your post-op appointment with your consultant (six weeks). Always get approval from your doctor to return to work.

Sports
Also get approval at this appointment to return to sports, swimming, aerobics etc.

Gardening
Avoid gardening for a few weeks. Start slowly.

Sexual Intercourse
You should refrain from sexual intercourse for about six weeks.

Household Activities
'Dos and don'ts'

Do'S:
Independent personal hygiene; light housework, such as dusting, ironing, making drinks; washing and drying dishes; preparing light meals.

Don'ts:
Decorating; heavy lifting; shaking the duvet or heavy bedding; cooking a large meal using the oven; heavy housework.

Do you have any questions
This information sheet is designed to provide you with information post hysterectomy. If you have problems doing the exercises, or if you don’t understand any part of this information sheet, ask your physiotherapist, nurse or doctor for advice.

Contact the Beacon Hospital Physiotherapy Department to speak to a physiotherapist.
Number: 01 2936692

This Patient Education leaflet was developed by the Chartered Physiotherapists in Beacon Hospital. © Beacon Hospital.