

Physiotherapy Advice

following gynaecological surgery

It is normal to feel overwhelmed after surgery. This leaflet will guide you through the early stages of your recovery so you can progress with confidence.

The day of your surgery.

- It is beneficial to sit out of bed and go for a short walk as soon as you are able to. If you are in pain, talk to your nurse about available pain relief to help with your early recovery.
- Sit upright in your bed or a chair and take 5 slow, deep breaths, feeling your lower ribs move sideways. Repeat this every hour. Use a pillow across your tummy for extra support if you feel that you need to cough.
- Move your feet and ankles up and down and in a circular motion for 30 seconds every hour until you get more mobile.



Early mobility

- **Getting out of bed.** Bend your knees and roll onto your side. Push up with your hands whilst lowering your feet over the side of the bed. If you have abdominal wound, you can give it extra support by holding onto your tummy. Ask the nursing staff to help you get out of bed for the first time. It is important to sit out in a chair each day.
- **Mobilising.** It is recommended to start walking the day after your surgery to enhance your recovery and prevent unwanted complications such as chest infection. Start with a short walk and slowly increase the distance over time.



Aim to do 3 walks per day. Ask your nurse to help you if you need extra support or if you have medical tubes or drains attached to you. Once these attachments have been removed, you should try to wear some comfortable, loose fitting day clothes. This will have a positive impact on your physical recovery as well as your mental wellbeing.

Toileting advice

Correct toileting position and technique is very important after the surgery to enable your bladder and bowel to empty fully. You should talk to your nurse/doctor if you have problems emptying your bladder or bowel.

Bladder

- Unless otherwise stated, you should drink 1.5 – 2 litres per 24 hours to help your bladder and bowels to work well.
- You should try to pass urine every 3 to 4 hours whether you have the sensation to or not.
- Sit down properly on the toilet, do not hover. Keep your feet flat on the floor. Take your time and try to relax. You shouldn't force your wee out.

Bowel

Constipation puts unnecessary pressure on your pelvic floor and operation site. To avoid this, eat food rich in fibre such as fruit and veg (unless otherwise stated). If you struggle to open your bowels, talk to your nurse/doctor about medication that may help.

- Sit fully on the toilet, if available, place your feet on a low footstool.
- Relax your tummy and breathe in a relaxed way. Do not strain or hold your breath.
- Gently breathe into your tummy and slightly bear down to open the back passage for bowel movement. Do not push.
- You may find it helpful to support your perineum (the area between the back passage and the vagina) using your palm / closed fingers to apply some gentle pressure.



Pelvic floor exercises

The pelvic floor muscles form a supportive sling at the base of the pelvis. They run from the pubic bone at the front to your tailbone, the coccyx, at the base of your spine. The muscles support a person's bladder, vagina and anus. They play a vital role in childbirth, sexual function and bladder and bowel function.

It is important to get the pelvic floor muscles working again after your operation to help you recover and to avoid problems. You should start exercising them gently, once your catheter has been removed and you are able to pass urine. You can start even if you have stitches.

Imagine that you are trying to stop yourself from passing wind at the same time as trying to stop passing urine. You should feel a squeeze and a lift inside the anus and the vagina. These exercises shouldn't be painful. Avoid holding your breath, clenching your buttocks or tensing up.

Pelvic floor exercises include long (endurance) squeezes and short (quick) squeezes. You should aim to work the muscles until they tire and do them 3 times per day. Start lying down and progress to sitting and standing as you feel stronger. You may need to start with 'little and often' and build up with time.

- **Endurance exercises**

Start with two relaxed breaths. As you breathe out through your mouth, lift and squeeze your back passage as if you are stopping passing wind. Then lift and squeeze the front of the pelvic floor, as if you were also stopping the flow of urine. Hold both for up to 10 secs. Relax at the end of your breath. Repeat up to 10 times.

- **Quick exercises**

Start with two relaxed breaths. Quickly squeeze and lift your pelvic floor muscles then release completely whilst you continue to breathe. Repeat up to 10 times.

Healing and activity

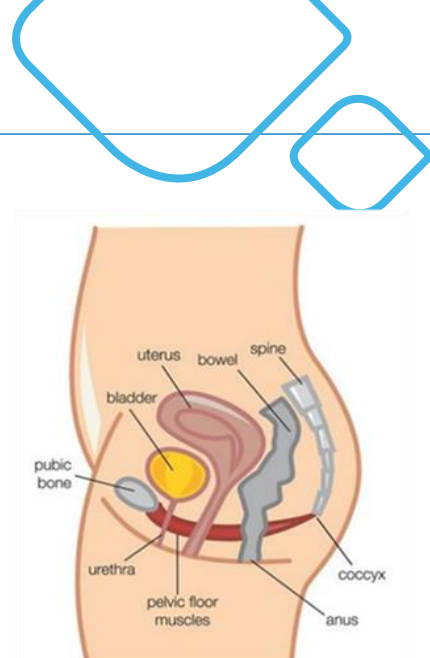
Recovery will vary from person to person, but you should return to your normal activities gradually. Listen to your body.

First 6 weeks

- Your wound will be healing inside, even if it appears to be healed on the outside.
- Avoid standing still for more than 30 minutes, especially at the early stage.
- Avoid heavy lifting e.g. Hoover, full kettle or shopping

Next 6 to 12 weeks

- Start low impact exercises such as swimming, cycling, low level Pilates, more vigorous walking or gentle aerobics. Allow time for any vaginal discharge or bleeding to stop before you do
- If you are exercising with an instructor, tell them that you have had a recent gynaecological operation



From 12 weeks onwards

- Wait at least three months before you start more physically active exercise including high impact activities, for example running, tennis, high impact aerobic activities and competitive sport.
- Some exercises requiring 'heavy straining' may need to be avoided, for example low squats with heavy weights, bench presses and heavy rowing.
- Seeing a Specialist Pelvic Health Physiotherapist for specific advice can be helpful. Talk to your GP if you feel you may need a Physiotherapy referral.

Driving

- It may take some time before you are ready to drive again, this will depend on the type of surgery that you have had. Check with your doctor, and your insurance company regarding what your policy allows.
- You need to be comfortable enough to drive and able to:
 - wear the seatbelt comfortably
 - perform an emergency stop (you can practise this whilst stationary)
 - turn to look over your shoulder
 - turn the steering wheel without pain

Sexual Activity

- The right time to resume sexual activity will depend on you and how comfortable you feel
- You may want to wait at least 6 weeks before resuming sexual intercourse
- Make sure that any bleeding has stopped
- Take your time, relax
- Choose positions that feel most comfortable for you. Listen to your body and explore gentle positions that reduce pressure on healing areas
- Use adequate lubrication if needed. Some women find oil-based lubricants more comfortable. However, oil-based lubricants should not be used with condoms as they can increase the risk of breakage

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If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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