

## Your important health information

# Physiotherapy following vaginal and abdominal surgery

## After your operation

The most effective way to prevent complications and help your recovery is to get moving as soon as possible. On the day after your surgery, you should aim to sit out of bed a couple of times and walk a short distance. Each day you should aim to walk further and sit out of bed for a longer period.

Wound pain can make it hard to move, so make sure you ask your nurse how your pain can be best managed to allow you to get moving. When coughing, support your wound (vaginal or abdominal) with your hand to reduce discomfort.

## Getting in and out of bed

- Roll onto your side
- Move your legs off the edge of the bed
- Push your body up with your hands  
(See picture)

Repeat the process in reverse to lie down.



## Good bowel habits

### Avoid constipation and straining

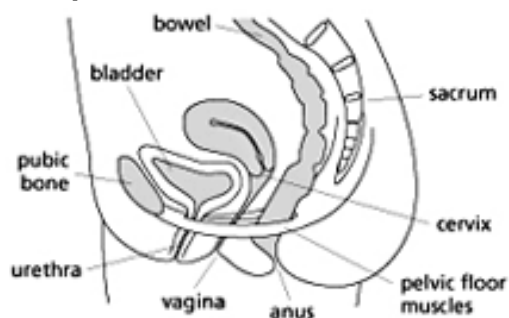
- Drink 6 to 8 glasses of fluid daily (water is best).
- Keep caffeinated drinks to a minimum.
- Eat a high fibre diet. (Fruit, vegetables, wholegrains and cereals).
- Adopt a good position on the toilet (see picture).
  - Relax your abdominal muscles while keeping your back straight.
  - Allow your tummy to bulge.
  - Don't hold your breath or strain.



## General advice – at home

- No heavy lifting for 6 weeks after your operation. This includes shopping, vacuuming, sweeping, scrubbing floors, lifting children and gym exercises.
- Avoid all lifting that requires effort.
- Always lift correctly. Bend your knees and keep your back straight. Keep loads close to you. Remember to brace with the pelvic floor and abdominal muscles.
- Rest (lying down) for a least one hour a day for at least four to six weeks. This reduces the strain through the pelvic floor and operation site.
- Walk each day. Start with an easy five minute walk and build up to a brisk 30 minute walk by four to six weeks.
- Check with your doctor regarding return to driving.
- Check with your doctor regarding return to sexual intercourse.

## The pelvic floor muscles



The pelvic floor muscles form a sling between the pubic bone and the tail bone. These muscles help to support the pelvic organs and assist with bladder and bowel control.

**Women who have a hysterectomy or vaginal repair surgery are at risk of developing prolapse when these muscles are weak.**

## Pelvic floor muscle exercises

- **Before surgery:** We recommend commencing these exercises before surgery. This will help with your recovery and prevent issues in the future.
- **After surgery:** Commence pelvic floor muscle exercises once your catheter has been removed, and you are feeling comfortable.
- **Always remember to squeeze, lift and hold your pelvic floor muscles before coughing, sneezing or lifting to provide support and prevent leakage of urine.**

**Position:** Lying or sitting

**To contract:** Tighten (squeeze) the muscles around the anus, vagina and urethra, and lift forwards and upwards (as if trying to stop passing wind and urine).

- Squeeze and lift with your best effort and as strong as you can.
- You may feel your lower tummy gently tighten and draw in.
- Keep breathing normally.
- Ensure the upper abdominals, buttock and leg muscles remain relaxed.
- Hold for three to five seconds.
- Relax and feel a distinctive “letting go”.
- Repeat 10 times in a row, and do these three times a day.

*Discuss progression of these exercises with your physiotherapist.*

## Follow up physiotherapy

If you experience any ongoing bladder, bowel or prolapse symptoms after your surgery, your doctor may refer you to physiotherapy. You can also access physiotherapy in other public or private facilities.

### Further Information

If you have any questions regarding this information, please contact:

#### Physiotherapy Department

**Mercy Hospital for Women**

Phone: 03 8458 4141

**Werribee Mercy Hospital**

Phone: 03 8754 3150

### Acknowledgements

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