

Recovering from Gynaecological Surgery

This leaflet explains about returning to your everyday activities after your operation. If you have any further questions, please speak to a doctor or nurse caring for you.

Getting back to daily life after surgery can be quite a worrying time. Please read the following information carefully as it explains the safest and easiest ways to do things.

Breathing and Coughing

After your surgery, it is important to keep your chest clear to avoid developing a chest infection. Practise the following technique while in hospital, as this will help you loosen your chest and make it easier to cough.

- Take regular deep breaths (4 to 5 times every hour). Breathe in through your nose and out through your mouth. Imagine you are trying to fill the whole of your lungs.
- Coughing may be uncomfortable. You will find it helpful to support your wound (gently but firmly) with a pillow or towel while you cough. This will help to support the area, making it less painful.
- Try to sit upright in bed or get out into the chair, as this will make it easier for you to take deeper breaths.

Moving around and reducing pain

It is important to get up and about as quickly as possible after your surgery. This will help to prevent a chest infection developing and will improve your circulation, which helps healing. Moving around also reduces your risk of other complications associated with bed rest such as Deep Vein Thrombosis (DVTs).

Getting in and out of bed

To prevent pressure on your stitches, the safest way to get out of bed is to:

- roll onto your side
- take your legs out of bed first
- then push with your arms into a sitting position
- do the opposite to get back into bed.

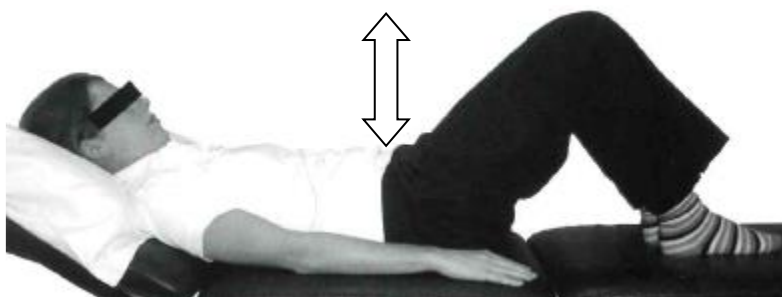


Exercising

The following exercises will help to increase your circulation and healing. They can also reduce any discomfort from wind, lower back pain and general stiffness, all of which are common after surgery. Begin doing them the day after your operation.

- **Knee Rolling**

- Lie on your back and bend your knees up
- Keep your feet on the bed and slowly rock your knees from side to side
- Repeat 5 to 10 times.



- **Pelvic Tilting**

- Lie on your back with your knees bent and your feet flat on the bed
- Tilt your pelvis back to flatten your lower back against the bed
- Hold for a few seconds while breathing normally and then relax, letting your back return to its natural position
- Repeat 5 to 10 times



Keeping Active

When you return home start by gently moving around your home and build up your activity slowly. It is important to keep moving little and often and to avoid bed rest.

- You can keep active by going out for a walk each day. Start with a short 10 minute walk and build up as you feel able.
- From six to eight weeks onwards you can begin doing low impact exercise such as swimming and cycling. If you have any concerns please contact your doctor or physiotherapist
- Avoid sit-ups and other advanced abdominal exercises for the first 6-8 weeks.

- Avoid high impact exercise such as running, jumping and high impact aerobics. For the first 12 weeks, after 12 weeks you can gradually return to more physically active exercise.

Bladder and Bowel Health

Many women suffer with bladder and bowel symptoms before having their gynaecological surgery. Common symptoms can include:

- **Stress incontinence:** leaking of urine when you cough, sneeze or laugh, run, jump or lift something
- **Urge incontinence:** a strong desire to empty the bladder and sometimes being unable to make it to the toilet in time
- **Urgency:** a very strong urge to empty your bladder sometimes when the bladder is not actually full
- **Frequency:** feeling the need to empty the bladder more than six to eight times a day
- **Nocturia:** waking from sleep to empty the bladder one or more times a night or enough times so that this is impacting your quality of life
- **Faecal incontinence:** leakage from your back passage (of wind, liquid or solid stool).

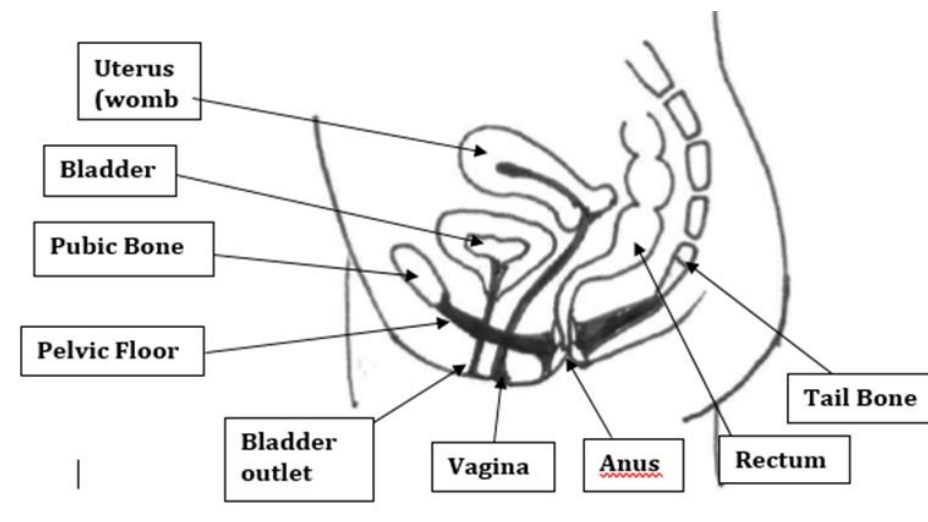
These symptoms may be due to weakness of your pelvic floor muscles. By strengthening these muscles, you can reduce or even resolve these problems. Even if you have never experienced any of these problems or your surgery has improved your symptoms, you should still perform your pelvic floor muscle exercises (see below) after your surgery. This can help to prevent these problems occurring later in life. Please see our female pelvic floor educational video and healthy bladder and bowel habits video for more information (links in other useful resources at bottom of this leaflet).

Pelvic Floor Muscle Exercises

What do the pelvic floor muscles do?

- They support the contents of your pelvis (bladder, womb, bowels)
- They help prevent leaking of urine and faeces from your front and back passages
- They help control wind
- They increase your sensation during sexual intercourse
- They will help to support the surgery
- They provide strength and support to your pelvis and lower back, helping to prevent pain.

Pelvic Floor



How to exercise your pelvic floor muscles

Slowly tighten the muscles around the vagina and anus and lift up inside as if trying to stop yourself from passing urine or wind. Try to squeeze inside only, make sure you don't squeeze your legs, tighten your buttocks or hold your breath. It's important your pelvic floor also relaxes between squeezes, ensuring two deep breaths between squeezes can help facilitate this.

Try to practise the following two exercises three to six times daily. They can be done lying, sitting or standing. The **quality** of these exercises is more important than the **quantity**.

Exercise 1

- Squeeze the muscles as previously explained
- Hold this contraction for up to 10 seconds and then relax
- Rest for a few seconds
- Repeat this as many times as you can until your muscles become tired
- As you progress, aim to hold the contraction for 10 seconds and repeat 10 times.



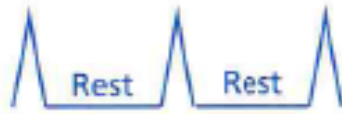
Exercise 2

Your pelvic floor muscles need to be able to work quickly so that they can react to stresses such as coughing, sneezing and running. You can train them to do this by doing the following:

Draw up and tighten your pelvic floor muscles as quickly as you can and then relax fully.

Repeat up to 20 times

Try to do both these exercises 3-4 times a day.



Try to remember to tighten your pelvic floor muscles when you laugh, sneeze or lift something.

When you feel confident doing these exercises they should be done as part of your daily routine, such as:

- after going to the toilet (do **not** practise these exercises mid-flow)
- while you're on the telephone
- during an advert break on TV.

Bladder Dos and Don'ts

Apart from doing your pelvic floor muscle exercises, there are other ways you can help to control bladder symptoms.

- Try to drink 8 to 10 glasses of various types of fluid each day. Water is best. If you do not usually drink very much, try to gradually increase to this amount.
- Avoid drinks with caffeine (such as cola, tea and coffee) and alcoholic drinks as they can irritate your bladder. You may wish to try decaffeinated drinks instead.
- Spread your drinks evenly throughout the day.
- Do not restrict your fluid intake as this will make your symptoms worse and can lead to constipation.
- If you find you're going to the toilet little and often, try to delay going to help train your bladder to hold more urine – start slowly, try to hold on for an extra five minutes to begin with. Practise trying to squeeze your pelvic floor muscles to help control your urgency.
- If you find you are getting up at night to empty your bladder, you may wish to avoid drinking too much late in the evening.

Bowel Dos and Don'ts

Constipation is a common problem after surgery. It is important to avoid straining to pass a stool as this can strain internal wounds, weaken your pelvic floor muscles and will be painful. Here are some tips to help if you feel you are getting constipated:

- Try to eat five pieces of fruit or vegetables a day as this will help to keep your bowel motions regular and your stools soft.
- Make time to go to the toilet and do not ignore the urge to go.
- Drink plenty of fluids, preferably water. You may wish to try drinking a cup of warm water first thing in the morning – this can help to stimulate your bowels to work.

- Relax; let go of your pelvic floor when you need to open your bowels.
- Exercise and walk regularly.
- Set aside time after breakfast or dinner for undisturbed visits to the toilet.
- If these tips do not resolve your constipation, ask your doctor or pharmacist about stool softeners or laxatives.

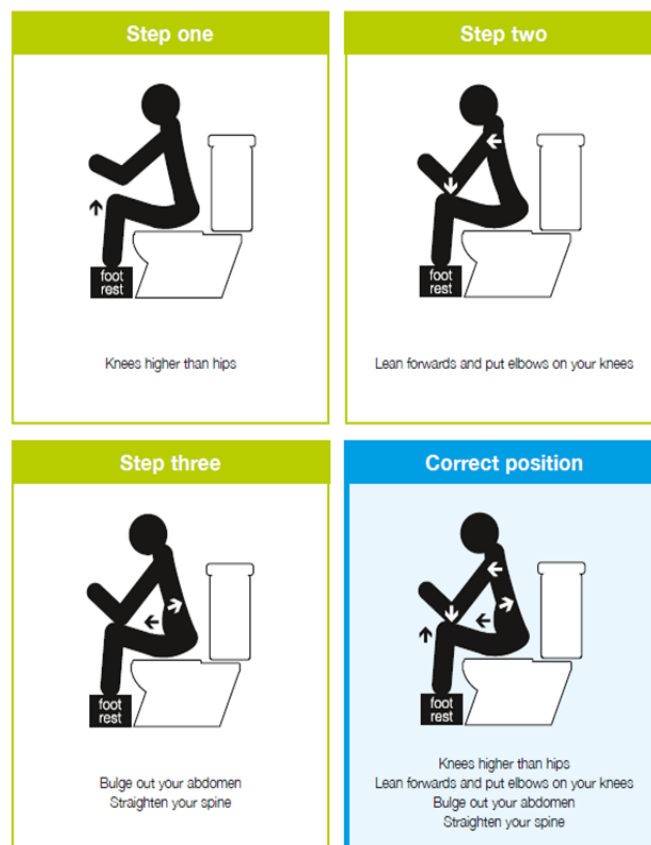
The way you sit on the toilet can help you to reduce the strain on your wound when opening your bowels (see diagram below).

- Sit with your knees higher than your hips by putting your feet on a footstool or a few books.
- Lean forwards and rest your elbows on your knees.
- Do not hover above the seat, as you need to be relaxed to have a good bowel movement.
- If you need a bit more support, hold a folded piece of tissue under the vagina as you open your bowels.

Bowel urgency

Like urinary urgency, bowel urgency is a feeling of a very strong and urgent need to empty your bowels. Strengthening your pelvic floor muscles will also help with this problem.

Correct position for opening your bowels



When can I get back to normal activities?

After your gynaecological surgery it is common to feel tired and perhaps a little low. This is normal and it may take a while for you to begin to feel like yourself again. You may find you need to adapt your lifestyle a little until you are back to feeling like yourself again.

We suggest you follow the advice below:

- Try not to stand for long periods of time (for example, sit down to chop vegetables or do the ironing). Make sure that you pace yourself and rest regularly.
- You should be able to go up and down stairs.
- Ask family and friends to help you with everyday activities like shopping, cooking and vacuuming.
- When standing and walking, try to stand upright.
- Make sure you do not lift anything heavier than a full kettle of water for the first six weeks (this includes young children). After this we would still advise that you avoid lifting anything that makes you strain (such as children, furniture and heavy boxes). When you start lifting again, make sure you bend your knees and keep your back straight. Hold the object you are lifting close to your body, tighten your pelvic floor muscles and breathe out as you lift.
- You can return to sexual intercourse after 4 to 6 weeks, but there are no golden rules when to return to sex. You may want to attempt sexual intercourse before your appointment in case there are any problems you need to discuss with the consultant.
- You can return to driving when you feel safe to do an emergency stop. We recommend 4 to 6 weeks after your operation. Always check with your insurance company before driving again. It can be very frustrating being prevented from driving, but please think carefully before you do
- Please discuss with your surgeon when it is safe to return to work. You may need to adjust or modify some of your tasks at work to ensure you are not lifting more than you should be. This should be discussed with your manager or occupational health department. The nursing staff can supply a sickness certificate for the time you are in hospital. After this you will need a certificate from your GP.

Useful sources of information

The Pelvic Health Physiotherapy Patient Resources Page:

[Patient Resources - St George's University Hospitals NHS Foundation Trust](#)



The National Osteoporosis Society

www.nos.org.uk

Continence Foundation

www.continence-foundation.org.uk

The Hysterectomy Association

www.hysterectomy-association.org.uk

Patient UK

www.patient.co.uk

Contact us

Keate Ward: 020 8725 3226 / 3227

Acute Gynaecology Unit: 020 8725 1762

If you are struggling with any pelvic floor dysfunction post-surgery that does not resolve with the above advice, you can request a referral to Pelvic Health Physiotherapy via your GP.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Was this information helpful? Yes / No

Please let us know, contact patient.information@stgeorges.nhs.uk and include the leaflet title.

Thank you.

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: PHY_RGS_04 **Published:** May 2025 **Review date:** May 2027