Recovering from Gynaecological Cancer Surgery: Information for patients

This leaflet is designed to support trans/non-binary people that have undergone gynaecological surgery. It provides some information to support you with your recovery after your procedure.

We acknowledge that some individuals may have differences in their anatomy related to personal characteristics, injuries, surgery and different treatments that they may have had. If this information does not meet your needs or if you have any further questions, please speak to a doctor or nurse caring for you.

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

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Your surgery: _____

Your surgeon: _____

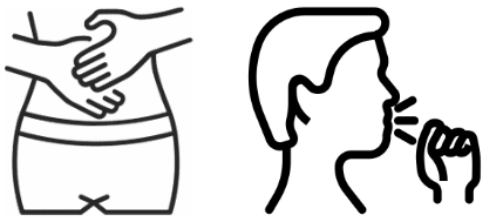
Your nurse specialist: _____

1. Breathing and Coughing

After your surgery, it is important to keep your chest clear to avoid developing a chest infection. Breathing exercises can help you loosen your chest and make it easier to cough.
Practice this technique every hour after your surgery. Once you are walking around as you did before your surgery, you can stop these exercises.

Sitting upright in bed, or sitting in the chair, take a slow deep breath.

Breathe in through your nose and out through your mouth. Imagine you are trying to fill the whole of your lungs. Repeat this 5 times.
You will feel your tummy rise and fall as you breathe in and out. Being upright helps you to get more air into your lungs.



Coughing may be uncomfortable because of your surgical wound.

Coughing will not damage your stitches, it is important you are able to cough to clear your chest. You will find it helpful to support your wound (gently but firmly) with your hands, or a pillow or towel while you cough. This will help to support the area, making it less painful.

2. Moving Around

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). You may also be given compression stockings or medication such as heparin to reduce the risk of a clot developing.

In the first few days after your surgery, it is helpful to do some gentle movements to help your circulation.

1. **Ankle pumps**

Pump your feet up and down for 30 seconds

2. **Knee bends**

Sitting upright in your chair, slowly straighten one leg at a time, lifting your foot off the floor so that your leg is held out straight in front of you. Slowly lower it and repeat with the other leg.
Repeat 10 times on each leg.

3. Getting In and Out of Bed

To prevent pressure on your stitches, the safest and most comfortable way to get out of bed is to follow this technique:

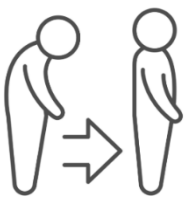
- Roll onto your side
- Slide your legs out of the bed towards the floor
- Use your arms to push yourself into a sitting position

You might find it more comfortable to support your wound with one of your hands as you move into sitting.
Follow this process in reverse to get back into bed.

The QR code or following this link EXPASS - Getting In and Out of Bed will open a video developed by the association of stoma care nurses (ASCN UK) that demonstrates this technique.

*Please see information at the end of the booklet to explain how to access QR Codes

4. Posture



To encourage wound healing and prevent developing a ‘hunched’ posture, sit and stand tall with your shoulders relaxed. You don’t need to bend forwards to protect your tummy. Good posture will prevent tension on your healing wound and prevent developing pain or stiffness in your back or neck.

Being upright improves the alignment of the spine and pelvis and helps to support bowel movements.

5. Wound care

If you have had a laparoscopy
You will have three to four small scars on your abdomen. These scars will be about 0.5cm – 1cm long. One of these scars will usually be in your belly button.

Your surgical wounds will be closed by stitches or glue, which are dissolvable and covered with a dressing. You should be able to take this dressing off about 24 hours after your operation. Don't worry about getting your scars wet when showering – just ensure that you pat them dry with clean disposable tissues or let them dry in the air. Keeping scars clean and dry helps healing.

You may experience a small amount of bleeding for 24 to 48 hours after your surgery.

If you have had a hysterectomy (laparoscopic)
You will have the scars described above. If you have had your cervix removed, you may also have a scar at the top of your vaginal canal.
Any internal stitches will not need to be removed, as they are dissolvable. You may notice a stitch, or part of a stitch, coming away after few days or weeks. This is normal and nothing to worry about.

Internal packs
You may have a pack (a length of gauze like a large tampon) inserted after the operation to reduce the risk of bleeding. A nurse will remove this after your operation while you are still in hospital. Check with your nurse that this has been done before you go home.

Bleeding
You can expect to have some bleeding for one to two weeks after your operation. This is like a light period and is red or brown in colour. Some people have little or no bleeding initially and then have a sudden gush of old blood or fluid about 10 days later. This usually stops quickly. You should use sanitary towels rather than tampons, as using tampons could increase the risk of infection.

Internal drain
Occasionally a drain (small tube) is inserted into the vaginal canal to drain off any blood or fluid that may accumulate immediately after your operation. This will be removed by a nurse after your surgery while you are still in hospital.

If you have had an abdominal hysterectomy
An abdominal hysterectomy is usually carried out through a cut that is approximately 10 cm long. This is usually made across the top of your pubic hairline, but sometimes it may run down from your tummy button to your pubic hairline instead.

Stitches and dressings (Please refer to text above)

Abdominal drain

Occasionally, a drain (small tube) is inserted through your lower abdominal wall to drain off any blood or fluid that may accumulate immediately after your operation. This will be removed by a nurse after your surgery while you are still in hospital.

6. Abdominal exercises

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.

1. **Abdominal contraction**

Lie on your back with your knees bent

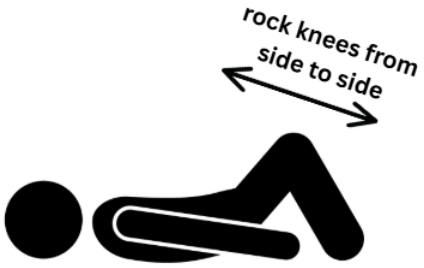
Place your hands gently on your lower abdomen (tummy)

As you breathe out, try and tighten your abdominal muscles so that you are drawing your belly button towards your back. You should feel your muscles tighten under your hands.

Try and hold this feeling for 3 seconds and gently relax

Build up to being able to hold it for 10 seconds

2. **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

3. **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

7. Your Pelvic Floor

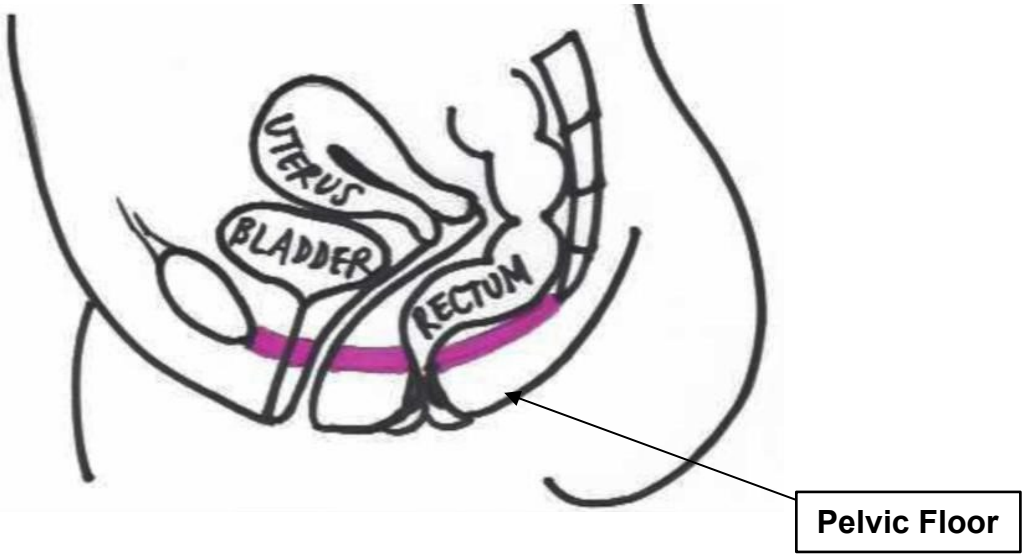
What is your pelvic floor?

Your pelvic floor is a group of muscles that can be found at the base of your pelvis. They attach from your tailbone (coccyx) to your pubic bone across both of your sitting bones. They form a hammock that surrounds the openings of the bowel, bladder and vaginal canal (if present).

What do the pelvic floor muscles do?

- They support the contents of your pelvis
- They help prevent leaking of urine and faeces
- They help control wind
- They increase your sensation during receptive sexual intercourse
- They will help to support the surgery
- They provide strength and support to your pelvis and lower back, helping to prevent pain.

Your anatomy may differ from this diagram, but we hope it helps to identify the location of the pelvic floor muscles.



8. Pelvic Floor Exercises

You might hear these exercises referred to as Kegels.

There are two main forms of pelvic floor exercises; long holds and fast squeezes. They are both equally important – the long holds aim to improve endurance and the short holds aim to improve your reactivity. It is important to do these exercises after your surgery, you should continue to do them throughout your life to reduce the risk of developing problems with your bladder and bowel.

Slowly try and tighten your pelvic floor by trying to imagine that you are trying to stop yourself from passing wind or emptying your bladder (having a wee).

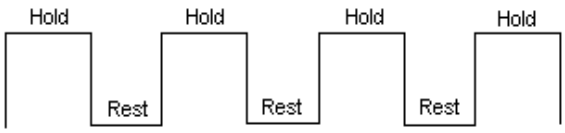
Try to squeeze inside only, make sure you don't squeeze your legs, tighten your buttocks or hold your breath.

Try to practice the following two exercises **3 to 4 times each day**. They can be done lying, sitting or standing. The **quality** of these exercises is more important than the **quantity.**
This link Pelvic floor muscle exercises and QR code will take you to a video that explains these exercises. The video uses some gendered language and includes references to female anatomy. Please be aware that these exercises are relevant to people of all genders, bodies, and anatomy, and you are welcome to adapt the guidance in a way that feels most comfortable and appropriate for you.

The St George's Hospital website also has a leaflet titled "pelvic floor exercises for all", which uses more inclusive language and provides additional helpful information.

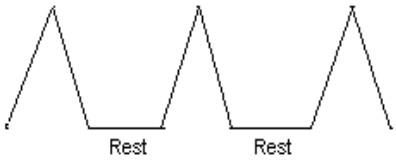
Exercise 1: Long holds

To build up the endurance of these muscles, hold this contraction for as long as you can (up to 10 seconds) and then fully relax. Relax for as long as you have squeezed. Repeat this 10 times. Aim to hold the contraction for **10 seconds and repeat 10 times**.



Exercise 2: Fast squeezes
Your pelvic floor muscles need to be able to work quickly so that they can react quickly to stresses such as coughing, sneezing and running. You can train them to do this by exercising your pelvic floor in the following way:

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 of these exercises three to four times every day.

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

When you feel confident doing these exercises, it is helpful to build them into your daily routine, so you will do them regularly.

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

9. Bladder and Bowel Health

Many people suffer with bladder and bowel symptoms before having their gynaecological surgery and can also be experienced for a few weeks following 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 6 to 8 times a day
- **Nocturia:** waking from sleep to empty the bladder once or more times a night or enough times that this is impacting your quality of life
- **Anal 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 after your surgery. This can help to prevent these problems occurring later in life.

10. Bladder Do's 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 fluid each day, water is best. 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.

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.

When you go to the toilet, sit down properly rather than hovering over the seat. This helps you to relax properly to be able to fully empty your bladder.

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. Avoid going to the toilet to pass urine 'just in case'

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.

Please note: If you are struggling to pass urine or the sensation of needing to go to the toilet has changed, please let your team know immediately.

11. Bowel Do's 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, put pressure on your stitches, weaken your pelvic floor muscles and will be painful. Painkillers can often make people feel constipated, you will be prescribed laxatives to take whilst you are taking painkillers.
Here are some tips to help if you feel you are getting constipated:

Try to eat 5 pieces of fruit or vegetables a day as this will help to keep your bowel motions regular and your stools soft

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.

Exercise and walk regularly

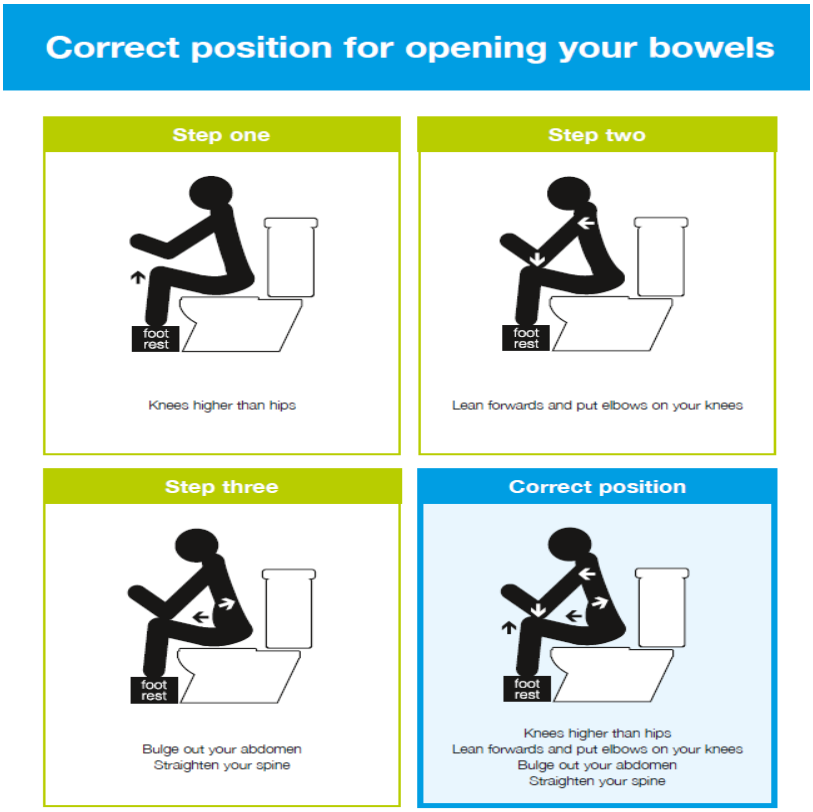
Make time to go to the toilet and do not ignore the urge to go.
Set aside time after breakfast or dinner for undisturbed visits to the toilet

Sit down on the toilet and try to let your pelvic floor muscles relax. Do not hover over the seat. Sit with your knees higher than your hips by putting your feet on a footstool or a few books and lean forwards (see picture below).

Lean forwards and rest your elbows on your knees

If you need a bit more support, hold a folded piece of tissue on your perineum (the area between your genitals and your anus), and gently apply some pressure as you open your bowels.

This is particularly helpful if you have internal stitches



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If these tips do not resolve your constipation, ask your doctor or pharmacist about stool softeners or laxatives.

12. Continuing To Be Active After Leaving Hospital

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.
- The Macmillan website can support you with more information about how to be physically active if you have cancer. The image below outlines their guidance the link and QR code will direct you to the website.

[Physical activity and cancer | Macmillan Cancer Support]

There are lots of local physical activity programmes that you might find helpful to support your recovery. The Macmillan Information and Support Centre can provide you with information about local services.

Cancer Care Map is an online resource that can help you to find cancer support service in your local area. You can use this to find local and online physical activity services.

www.cancercaremap.org

The **Move More** service provided by enable supports people specifically with a cancer diagnosis. Through enable, there is a range of activities you might enjoy.

https://enablelc.org/activelifestyles/

07928668215

activelifestyles@enablelc.org

Wellbeing walks

The Ramblers offer a series of free wellbeing walks that take place all across England. The walks are led by experienced Ramblers Wellbeing Walks Leaders. They are all accessible on foot or by public transport. The website or QR code will help you to locate a walk near you.

https://www.ramblers.org.uk/go-walking/wellbeing-walks-groups

13. 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.

When standing and walking, try to stand upright.
Try not to stand still for long periods of time (longer than 30 minutes), especially in the first two days following surgery. Make sure that you pace yourself and rest regularly.

You should be able to go up and down stairs.

Initially, ask family and friends to help you with everyday activities like shopping, cooking and vacuuming

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. 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.

After 6 weeks, try low impact exercises. Make sure that any discharge or bleeding has stopped before you start to exercise. It is advised that you wait until after 12 weeks before starting more physically active exercise programmes or impact sports.

You can return to driving when you feel safe to do an emergency stop, can wear a seatbelt and can turn to look over your shoulder without pain.
We recommend 4 to 6 weeks after your operation.
Always check with your insurance company before driving again.

It is recommended to wait at least 4 weeks before you return to sexual intercourse, however if you are having receptive penetrative sex, we would recommend that you wait at least 8 weeks. Make sure the bleeding has stopped and wait until you feel ready to be intimate. Using adequate lubrication is helpful.

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.
If you are self-employed, you may need to find different ways to manage your workload. Citizens Advice can be helpful to guide you with these processes.

The nursing staff can provide a sickness certificate for the time you are in hospital. After this you will need a certificate from your GP.

14. Surgical Menopause Symptoms

It is normal to experience menopause symptoms a few weeks after having surgery where the ovaries are removed. This is because oestrogen levels are lower. Please discuss these symptoms with your team at your post-operative follow-up appointment.

For further information, follow the links to www.ovacome.org.uk

Surgical Menopause - Ovarian Cancer | Ovacome

Or LGBTQIA+ resources and links at www.queermenopause.com Menopause resources for LGBTQIA+ people — Queer / LGBTQIA+ Menopause

15. Emotional Wellbeing

After receiving a cancer diagnosis, people can feel a range of emotions including fear, shock and sadness. People may also feel many emotions as they come to terms with their diagnosis and cope with things such as surgery or other treatments. These emotions are a normal response to this experience. Some of the specific difficulties which impact emotional wellbeing from gynaecological cancer include:

- Body Image Concerns – Treatment can change what a person's body looks like. This could impact how they think and feel about their bodies and how they feel others may view them. This can affect a person's self-worth and cause difficulties such as depression and anxiety if they find it hard to adjust to these changes
- Sex and Intimacy – Changes to your body such as that from a hysterectomy can impact on your desire to have sex or may mean sex feels different to before surgery. Emotional difficulties can also make someone not want to have sex or be intimate. Difficulties with sex and intimacy can also cause emotional difficulties such as depression and anxiety
- Incontinence – Incontinence can significantly impact emotional wellbeing. For example, people may feel depressed that they no longer feel in control of their bladder or bowels. They may also feel anxious about leaving the house and not being close to a toilet
- People may also experience more general difficulties such as worrying a lot about the future, worrying about their cancer treatment or anger about having cancer
- If someone is already experiencing difficulties with their emotional wellbeing, receiving a diagnosis of cancer or undergoing cancer treatment could also make these worse

If you are trans or non-binary you may find that your cancer diagnosis or treatment impacts on your gender identity, leads to feelings of dysphoria, or impacts your emotional wellbeing.

If you are transitioning during your cancer treatment, are worried about the impact of treatment on gender-affirming care or on your identity, please do speak with your medical team about this. If you want more advice and support you could also consider accessing this via the UK Cancer and Transition Service: www.wearetransplus.co.uk

If you are experiencing emotional distress, this is normal and understandable. Scan the QR code or follow this link Understanding the emotional and psychological impact of cancer to hear more about psychological wellbeing, or consider accessing psychological support.

Macmillan Cancer Psychological Support (CaPS) team

The Macmillan Cancer Psychological Support (CaPS) Team is here to help you cope with, and adjust to, the emotional and psychological difficulties associated with cancer. We offer free, confidential appointments for people living with and beyond cancer (up to 2 years following treatment) who are receiving care at St George's Hospital to help with cancer-related psychological difficulties. Appointments are also available to carers and can include working with couples and families as appropriate. Your medical team can make a referral on your behalf, or you can contact them directly with any questions.

Macmillan Cancer Psychological Support (CaPS) Team - St George's University Hospitals NHS Foundation Trust (stgeorges.nhs.uk)

020 8725 0461

Cancer.psychologicalsupport@stgeorges.nhs.uk

Full circle wellbeing hub

Access to the Full Circle Wellbeing Hub for resources to help your wellbeing. Resources include mindfulness, breathing techniques, stretching techniques, guided relaxation and creative visualisation, reflexology self-help videos and the green and blue sound lounge (which is a range of different recordings from nature).

@FullCircle_Fund
www.fullcirclefund.org.uk

16. Useful Sources of Information

The ‘roadmap’ you received to guide you through your treatment will be a helpful reference for you if you need additional information or contact details of the different services who are here to support you.

Living with and beyond cancer webpages

Within the St George’s Trust website, we have dedicated pages with information to support people following a cancer diagnosis. Please see the ‘Living with and beyond cancer’ pages for further information.
https://www.stgeorges.nhs.uk/service/living-with-and-beyond-cancer/

Your cancer nurse specialist

Contact them if you have any concerns after you are discharged home from hospital

Tess (Maria) Vallo – Gynae Oncology Clinical Nurse Specialist (CNS)
Lisa Pearce – Macmillan Support Worker

0208 266 6541
07385 401 518

Maria.Valo@stgeorges.nhs.uk
Lisa.Soupidis@stgeorges.nhs.uk

The Pelvic Health Physiotherapy Team

You will not routinely be seen by a Pelvic Health Physiotherapist after your operation, however if you would like to be referred then please discuss this with your GP or oncologist.

The Macmillan Information and Support Centre

020 8725 2677

Cancer.information@stgeorges.nhs.uk

17. Support Groups

People have told us that they have found it very helpful to be able to speak to other people undergoing cancer treatment.

OUTpatients the UK's LGBTIQ+ Cancer charity runs online and in-person support groups to help you meet other LGBTIQ+ people affected by cancer

www.outpatients.org.uk

Gynaecological cancer Support groups and charities

Ovacome
www.ovacome.org.uk
0207 299 6654 or 0800 008 7054

Target Ovarian Cancer
www.targetovariancancer.org.uk
020 7923 5470
email: info@targetovariancancer.org.uk

The eve appeal
www.eveappeal.org.uk
020 7605 0100
email: office@eveappeal.org.uk

South East Cancer Help Centre
Ovarian cancer support group
020 8668 0974
email: adele.sewell@sechc.org.uk

Maggie's www.maggies.org
Macmillan www.macmillan.org.uk

Any additional questions?

It can be helpful to get your questions out of your head and onto paper, to help you remember what you want to ask your team.

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

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am

and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

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

NHS Choices

NHS Choices 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 of 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.

Using QR codes on a mobile phone

To use a QR code on your phone to access the resources in this leaflet please follow these steps:

1. **Open your camera app**: Most smartphones can scan QR codes directly with the camera. Open the camera like you normally would for taking a photo.
2. **Point the camera at the QR code**: Hold your phone steady and aim the camera at the QR code. Make sure the code is in the centre of the screen.
3. **Wait for a link or notification**: The phone will automatically recognise the QR code and show a notification or a link.
4. **Tap the notification**: Once you see the link, tap on it to open the website or content associated with the QR code.

The images used within this document are created on www.canva.com or are photographs and videos created by the St George's clinical teams.

Reference: HONC_GCSI_01 **Published:** August 2026 **Review date:** August 2028