

Post-Op Pelvic Floor Physio



Womens Pelvic Health







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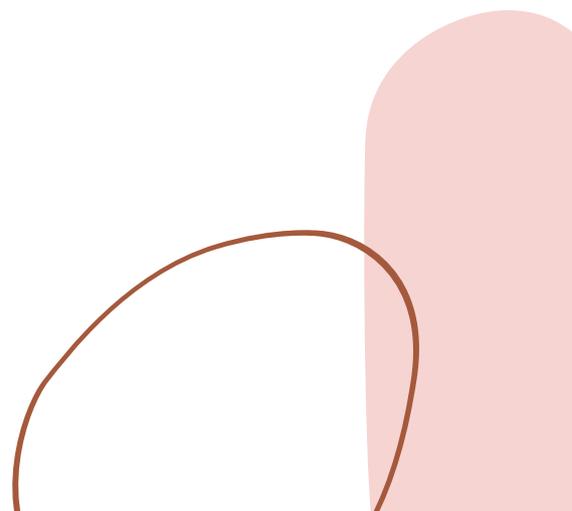
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Post Surgery Care

Following your surgery, your gynaecologist and the nursing team at Nepean Private Hospital will continue to care for you. Your gynaecologist will have a specific "Post Op Protocol" which will differ between surgeries and between individual patients. You need to understand (and stick to!) the post-op protocol provided to you by your doctor. This helps to ensure good-quality healing after your surgery.

From a physiotherapy perspective, we are here to help you move well post-op and guide you in returning to day-to-day function and exercise. We also assist with any pelvic floor concerns. Many women will have experienced pelvic floor dysfunction before - and at times following their surgery.

My Post-Op Protocol



Post Surgery Care

How do I know if something is wrong with my pelvic floor?

- Do I have to rush and run to the toilet for a wee?
- Do I leak urine while rushing to the toilet?
- Do I leak urine when I cough, or sneeze, or exercise?
- Am I struggling with constipation?
- Do I leak stool from my bowel?
- Am I experiencing pain during intercourse?

If you answered 'yes' to any of the questions above, then pelvic floor physiotherapy can help you.

We like to say "Common, but not normal".

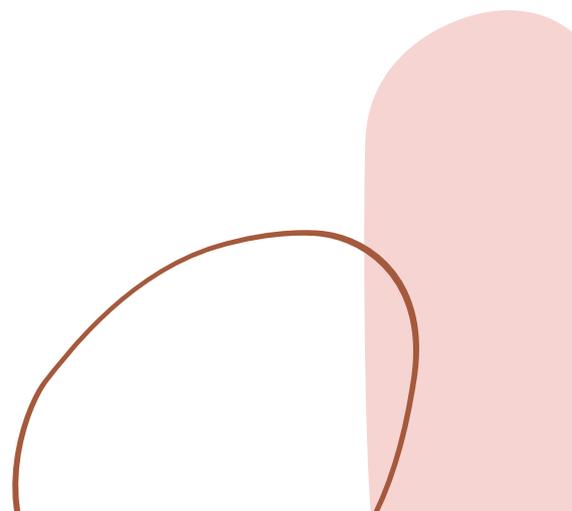
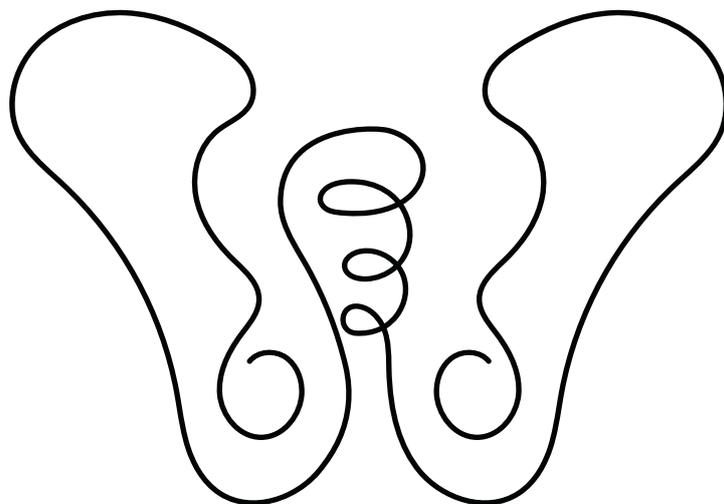
- Common - many women experience pelvic floor dysfunction; you are not alone.
- Not normal - we don't want you experiencing these symptoms! There are so many treatment tools to help.

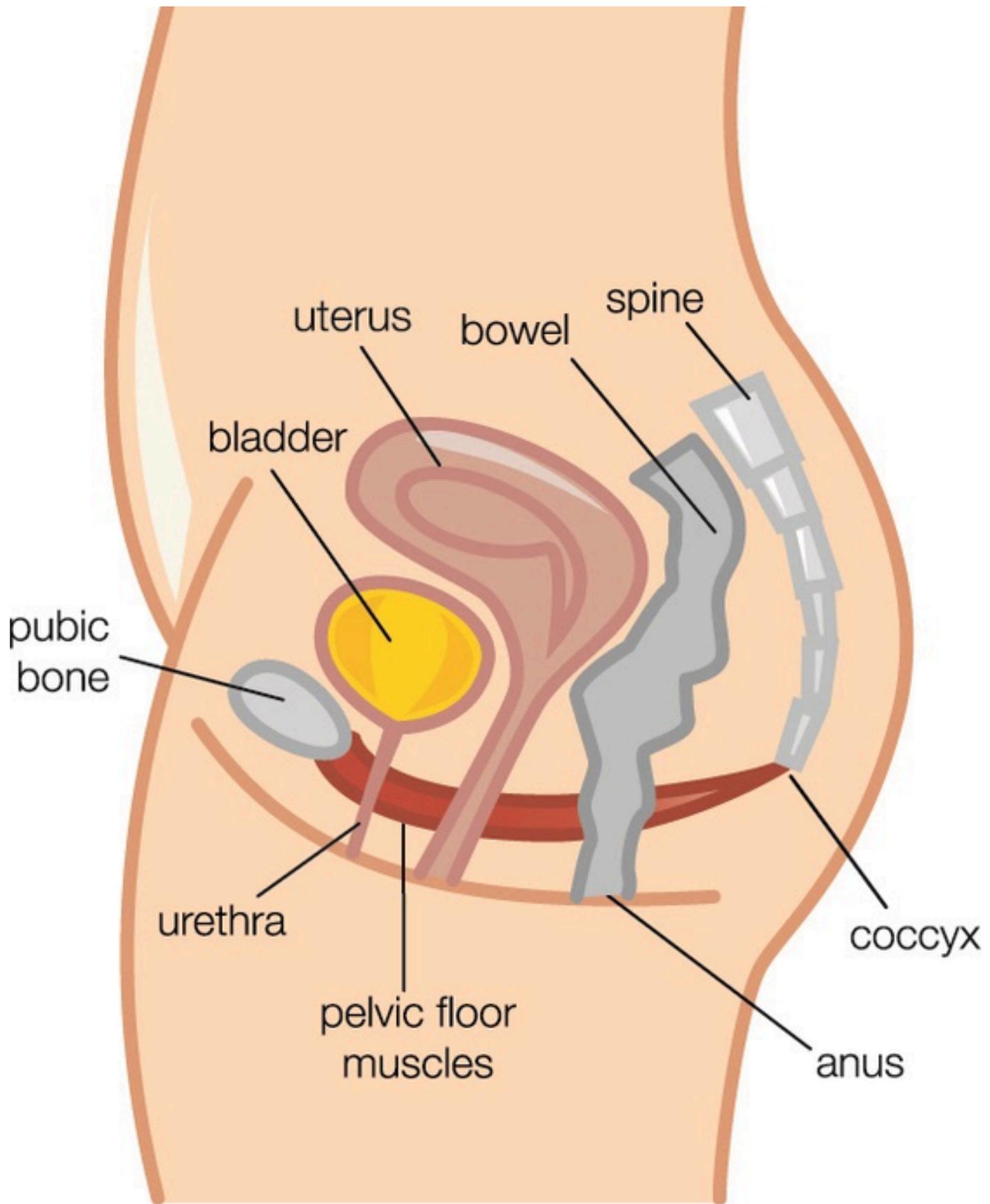


The Pelvic Floor

The pelvic floor is a collection of muscles that sits like a bowl at the bottom of your pelvis. This group of muscles functions by supporting your internal pelvic organs (bladder, bowel and uterus), squeezing to prevent leakage from the bladder or bowel, and has a large role in sexual function due to the anatomy of the clitoral nerves. Think of the pelvic floor like a flexible trampoline. It contracts and lifts - it releases and descends in response to different activities.

Regardless of the type of surgery you've experienced, the pelvic floor and stomach muscles will be affected. In response to pain, a natural response is to "grip" and "brace" through the stomach area. This "bracing" response through the stomach also affects the pelvic floor. The pelvic floor tends to contract and lift as a response to pain or gripping through the stomach area.





uterus

bowel

spine

bladder

pubic
bone

urethra

pelvic floor
muscles

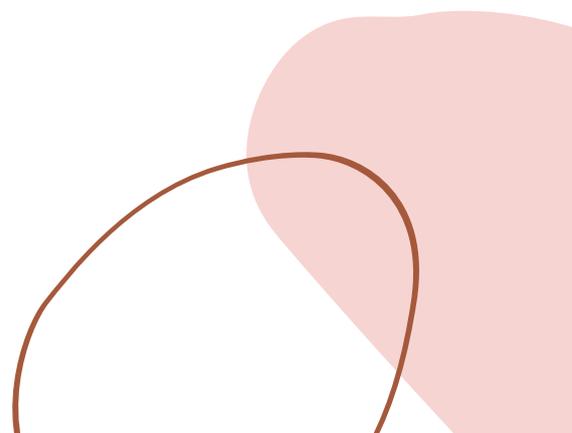
coccyx

anus

The Pelvic Floor

It is important to complete regular pelvic floor muscle training to help support this group of muscles. However, it's not as simple as saying "10 squeezes!". Each person will present with different baseline pelvic floor strength and different awareness of how to contract and release this muscle group. If we imagine a bowl-like structure, the pelvic floor can sit lower or higher. It can also be stronger or weaker.

To ensure that you're completing pelvic floor exercises with a good technique, and in a routine that is right for you, then we need to understand your pelvic floor. We can achieve this through an internal assessment in a Women's Health Physiotherapy appointment. Within this appointment we will assess the length, strength, and coordination of your pelvic floor. Which means that you can be provided with a personalised pelvic floor exercise program specially designed to suit you!





Bladder Health

Following surgery you must balance your fluid intake to support your recovery. The amount of fluid will look different for each person.

- Pale Yellow Urine - ideal
- Clear Urine - you may be drinking too much.
- Dark Urine - likely dehydrated.

Consider that your fluid intake needs will vary with the weather, your activities through the day, and how much you exercise.



Bladder Health

Top Tips:

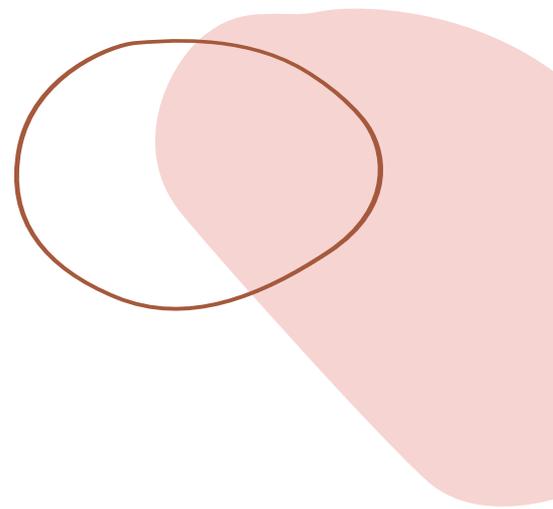
- **Water Intake:** Keep a drink bottle nearby, try and regularly sip from your drink bottle during the day.
- **Daily Wees:** A healthy number of times to empty your bladder each day is between 6-7. If you are much lower, you may be dehydrated and need more water.
- **Fully Emptying:** Ensure you're fully emptying your bladder each time you go to the bathroom. If you get the sensation that you haven't quite finished, try tilting your pelvis back and forth on the toilet.
- **Bladder Urgency:** Is where you experience a sudden, very strong urge to do a wee. It can be triggered by the sound of running water and may or may not include leakage. If you are experiencing this - try scrunching your toes, and lifting your heels up off the ground.
- **Timed Voiding:** If you are experiencing a reduced 'urge' to go the bathroom, consider setting an alarm every 2 hours through the day. It's important to avoid overfilling your bladder.

Bowel Health

A key aspect of bowel care following surgery is reducing constipation. Constipation can result in heaviness in the pelvis and uncomfortable abdominal cramping. If not managed effectively, straining to open your bowels can cause weakness in your pelvic floor.

Common Causes of Post-Op Constipation

- Dehydration
- Changes in diet and fluid intake
- Reduced mobility
- Overly tight pelvic floor muscles
- Pain Medication

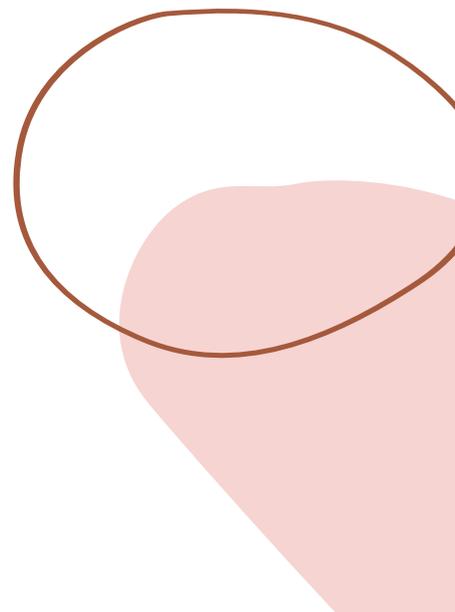
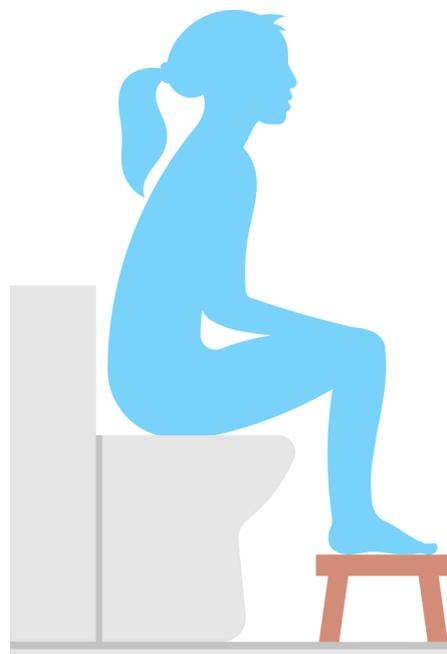


Top Tips:

- **Water intake:** Ensure you sip water gradually throughout the day. Water intake has a big relationship to stool quality and will help your stools to be soft.
- **Diet:** A happy gut begins with what we eat. Ensure you are eating a variety of fibre-rich foods, including lots of fruit and vegetables.

Bowel Health

- **Avoid straining:** Straining causes muscles in the pelvis to tighten, which makes it more difficult to pass a bowel motion! Instead, try to relax through your pelvis and take 'big belly breaths'. Consider using a footrest for support.
- **Listen to your 'urge':** Often we are busy and ignore our urge to go to the toilet. The bowel motion then travels back up the colon and sits in a storage section. As it sits here, water continues to be drawn out. This means the bowel motion becomes firmer and more difficult to pass.
- **Timing:** We experience a natural urge within an hour of us waking up most mornings. To support this natural urge, try drinking a hot drink (tea, coffee, hot water with lemon) first thing in the morning. This gives our gut a kickstart! 20 minutes after your hot drink, go and sit on the toilet to see if your body is ready to pass a bowel motion.

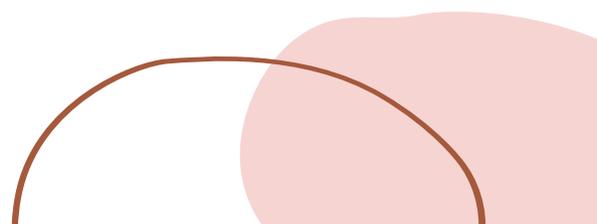


Wound Recovery

All surgery approaches will be different. You may have wounds on your tummy, the perineal area, or within the vagina itself. In the first few days following surgery, additional wound support will help you with pain management. While you are in hospital, your medical and nursing team will discuss wound care, and how to keep this area dry and clean as it heals.

Top Tips

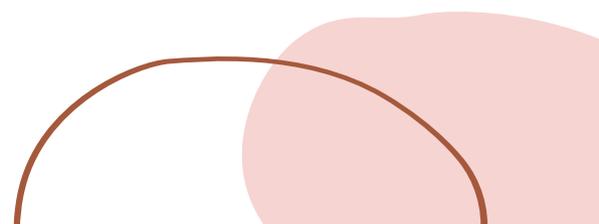
- Fold a towel into a rectangle and press it firmly against any abdominal wounds before coughing or sneezing.
- When you feel comfortable, try wearing some tights that support your tummy. You can also ask your hospital physio to provide you with some tubi-grip.





Initial Care (0-6 Weeks)

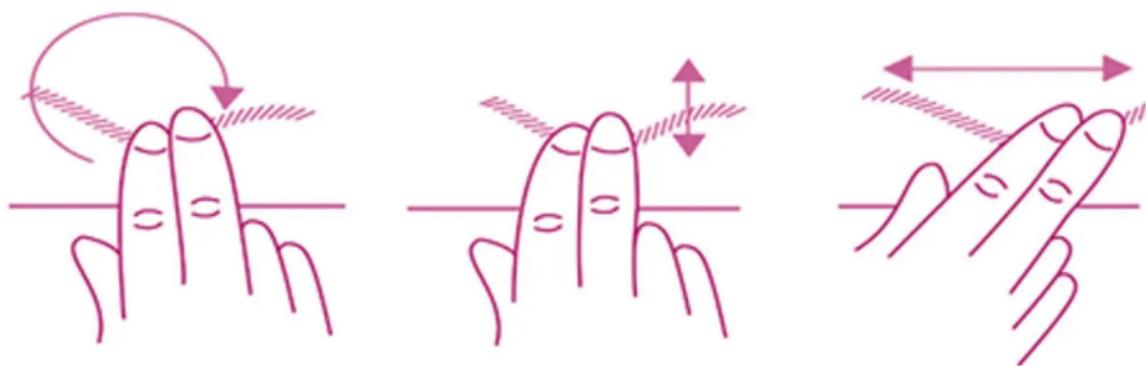
- **Pain Relief:** You've just experienced a surgery. It is important to discuss pain relief needs with your medical team while in the hospital.
- **Walking:** Begin to sit out of bed and walk down the corridor as early as the first 1-2 days following your surgery. This helps with wound healing and has great benefits for your lungs. When getting up out of bed, roll onto your side first, then use your hand to gently push yourself into sitting. Once home, start with a 5 min walk around your home each day. Each week, try to increase this time by 5 mins as you progress to walking outside.
- **Wound Support:** Use a folded towel and press it firmly to your tummy wound when rolling over in bed or when coughing or sneezing. This will support your wound as you begin to get moving. When you feel comfortable, other options such as tubi-grip or compression tights will provide support and assist with the healing of your abdominal muscles.
- **Lifting:** Lifting guidance will be specific to your surgery. Your gynaecologist will provide you with a guide to lifting. This includes housework and moving house!



Later Care

Walking: By 6 weeks, you should aim to complete a 30-minute walk daily. Now is also a good time to trial adding some gentle hills to your walks.

Scar Tissue Massage: Once your scars have healed and the stitches have dissolved, you can begin scar massage. This helps with healing and can reduce the sensitivity surrounding your scars. Using a plain sorbelene or vitamin E cream, gently massage in circular motions along the length of your scar. You are aiming to move the tissues under the scar as well as the scar itself. Stop if you have increased pain, bleeding, or oozing.



Postural Care

In the haze following a surgery, good quality posture may not be at the front of your mind. However, taking small preventative steps can help to reduce muscle and joint soreness, while also caring for your pelvic floor and abdominal muscles.

To minimise strain, consider carrying smaller amounts and holding these loads close to your body. If you have young children at home, encourage their independence and ask them to climb up next to you for seated cuddles. If you have many household tasks to complete, consider dividing these into smaller jobs spread throughout the day to avoid prolonged time on your feet.



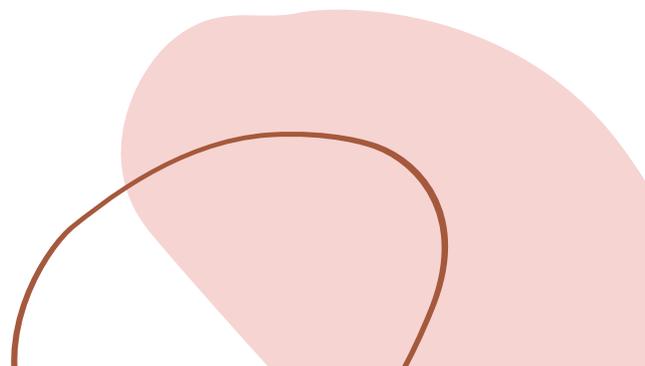
Take care to include regular lying rests throughout the day!

Aches and Pains

Our bodies like routine, and our own home environment. After even a short period of bedrest after surgery, you may experience stiffness or pain through your back and hips. Small amounts of gentle movement through the day can help to prevent this.

Top Tips

- Change positions regularly throughout the day. Switch between resting in bed and sitting out in the chair.
- Consider a short walk in the corridor to get a cup of tea.
- Apply a heat pack to your hips or lower back.
- Gentle stretches in the afternoons.

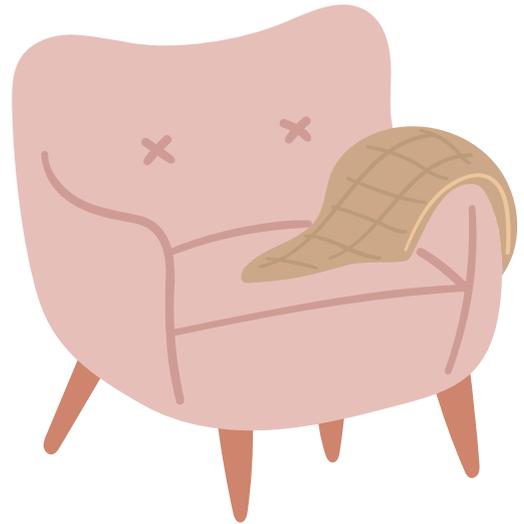


Lower Back Pain

It is common to experience pain in your back during periods of reduced activity. This will be influenced by fatigue levels, your positioning through the day, and your surgical site.

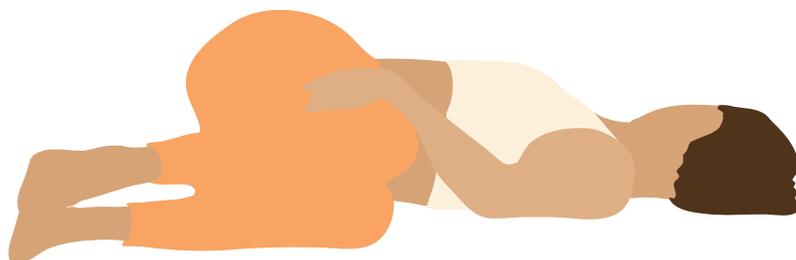
Top Tips

- Sit out of bed.
- Start with gentle movements and stretches to help you move well.
- Take a short walk down the corridor.



Try: Gentle Rotations

- In side-lying, slowly rotate your shoulders and upper back away from your knees
- If this feels good, hold for 30-60 seconds on each side and repeat a few times a day



Upper Back Stiffness

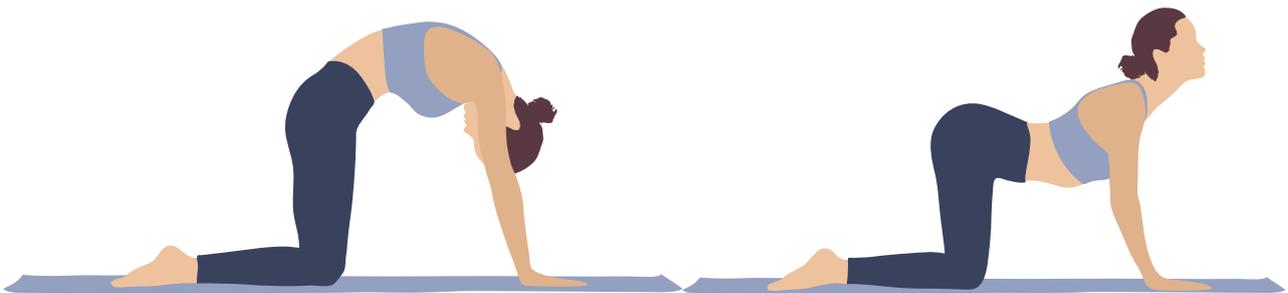
Prolonged time curled up in bed can lead to tightness through the chest muscles, and stiffness in the middle back.

Top Tips

- Remember to spend time taking big, deep breaths when sitting during the day.
- Consider your posture when sitting for longer periods of time.



Try: Cat & Cow





Return to Exercise

Returning to regular exercise following a surgery can be a daunting thought. It is important to remember that everyone will have a different experience and that it will likely take a few months to return to higher-intensity exercise. This will be an individualised discussion between you and your women's health physiotherapist.

- **Walking:** When you feel comfortable, start with a gentle 10-15 minute walk. Each week, try to add an extra 5 minutes to your walk. Great local options in Penrith include the River Walk, Jamison Park, or the Regatta Centre.
- **Swimming:** Most women can return to swimming after their post-op check with their gynaecologist. It is important that any stitches have completely healed, and that any bleeding has ceased.
- **Abdominal Compression:** You may be given tubi-grip at the hospital. Other options include SRC 'Rehab Shorts' or SRC 'SurgiHeal Shorts'. Try wearing your abdominal support each day to help feel supported as you recover.

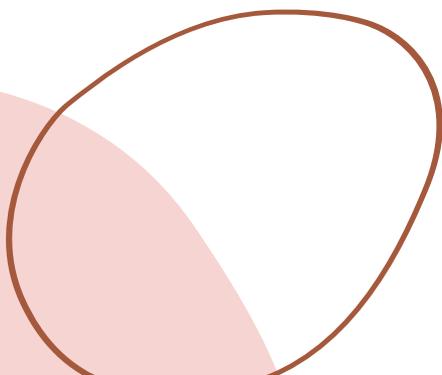


Return to Exercise

Within the next 6-12 weeks, you can expect to progress to low-impact cardio and body weight strength exercises. This may include a combination of stretching, yoga, and pilates-style exercise to help you build back a good quality strength foundation. We're guided by you and your goals! No matter if you aim to be a functional mum playing in the backyard, a long distance runner, or a CrossFit-er, our role as physios in post-op rehab is to help guide you towards your goals, while ensuring your body is ready.

Examples of exercises that are safe to begin include:

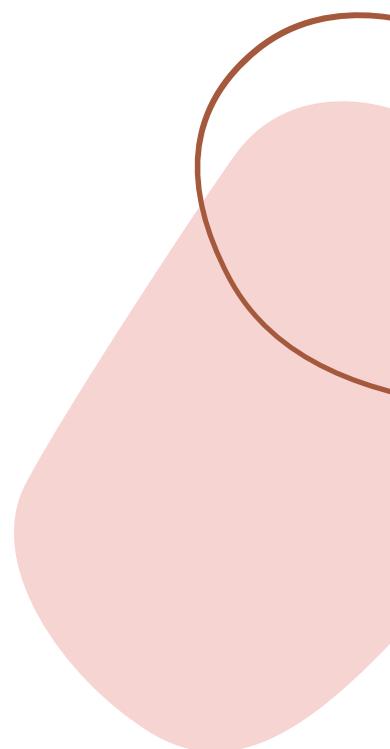
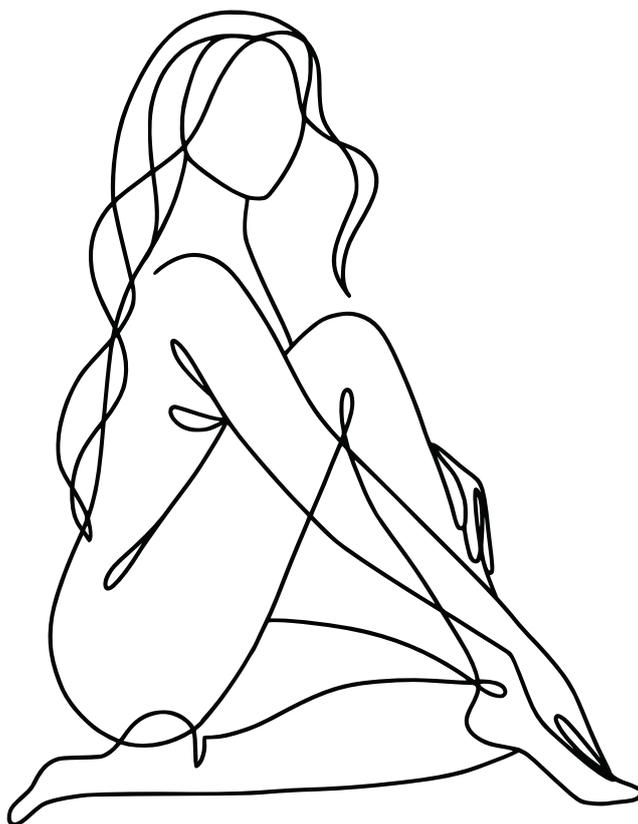
- Cat and Cow Stretch: On all fours, gently arch your back up to the roof, then drop your tummy down towards the floor. Repeat 3 lots of 15 reps.
- Bridges: Lying on your back with your knees bent, squeeze your buttocks, and lift your hips off the bed. Repeat 3 lots of 10 reps.



Return to Sex

Returning to being intimate with your partner after a surgery is a very individual situation. We encourage women to chat with their gynaecologist first and to ensure any stitches have healed. You should not feel any pain or tightness (either at the vaginal entrance or deeper). Try water-based lubricant if you are experiencing dryness or discomfort during penetration.

If you are experiencing pain, or you are anxious and unsure, please book an appointment with a women's health physiotherapist. We work with women all the time to help them to return to a healthy and pain-free sex life following big life changes.



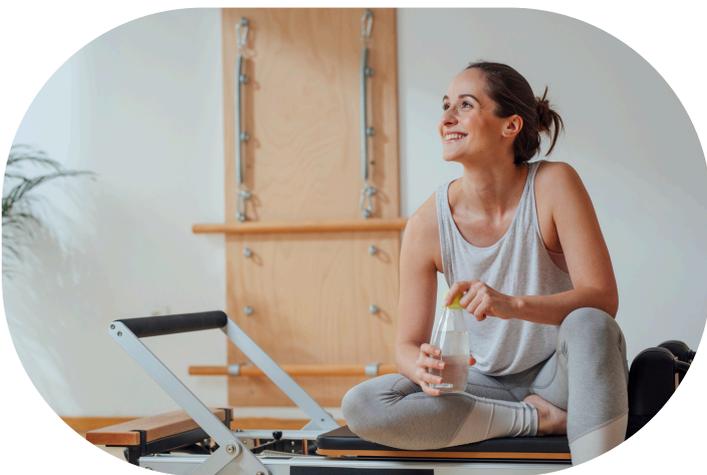
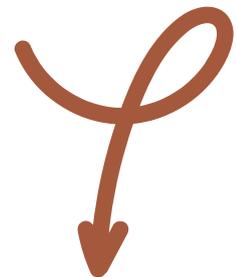
Reformer Pilates

Did you know that we run reformer pilates classes? These small group classes are run by a physiotherapist with extra training in supporting women following surgery. It's a fun and relaxed environment exercising with others.

Our reformer pilates class is for you if you want to:

- Recover well after surgery
- Return to community exercise classes
- Exercise in a small group
- Need support managing back or pelvic pain

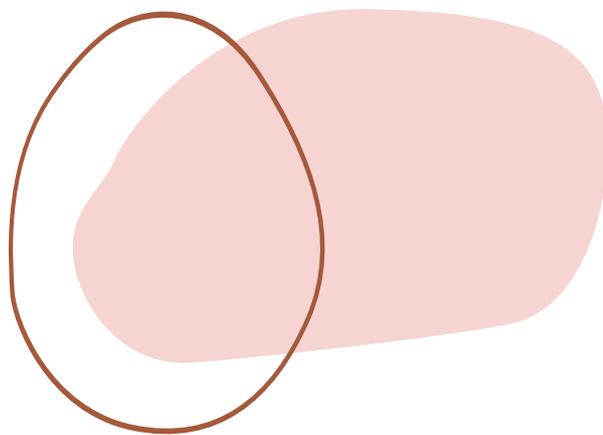
Book!
Now!



The Post-Op Check

In a pelvic floor post-op check, we will start by taking you through a detailed screening questionnaire. This will include questions on the bladder, bowel, and sexual health symptoms. These questions help guide our understanding of your situation, and tailor your treatment experience. We will then assess your abdominal wall and assess your pelvic floor via an internal examination. If you are uncomfortable with the idea of an internal assessment, you are not alone! We have alternative (external) assessment styles available, and we will go ahead at your pace.

We will next discuss your goals, and what you are hoping to gain from your treatment sessions. Regardless of whether you are aiming to be a strong, functional mum or a marathon runner, we can help guide you through a personalised exercise program to help you move well.



The Post-Op Check

Education will be a big part of your treatment experience. This will be built to your individual experience and will be organised based on your biggest bother. That is, a symptom or concern that is bothering you most. It is also a time for you to ask questions or clarify information. We want you to leave your appointment feeling empowered, understanding your body a little bit better, and clearly knowing what your next step is.

So that leaves two questions:

- What is your biggest bother?
- And how can we help?



Penrith: 119-121 Lethbridge Street

Web: www.penrithphysiotherapy.com.au



Call Today!

(02) 4721 5567

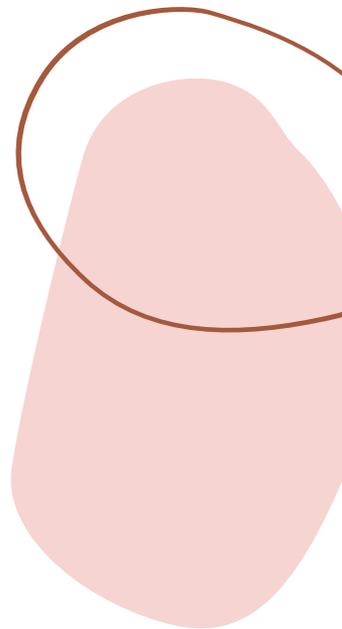
Our Women's Health Team



Emily
Standen

&

Grace
Baker



Womens Pelvic Health



My Goals:



Womens Pelvic Health



Penrith
Physiotherapy
Sports Centre

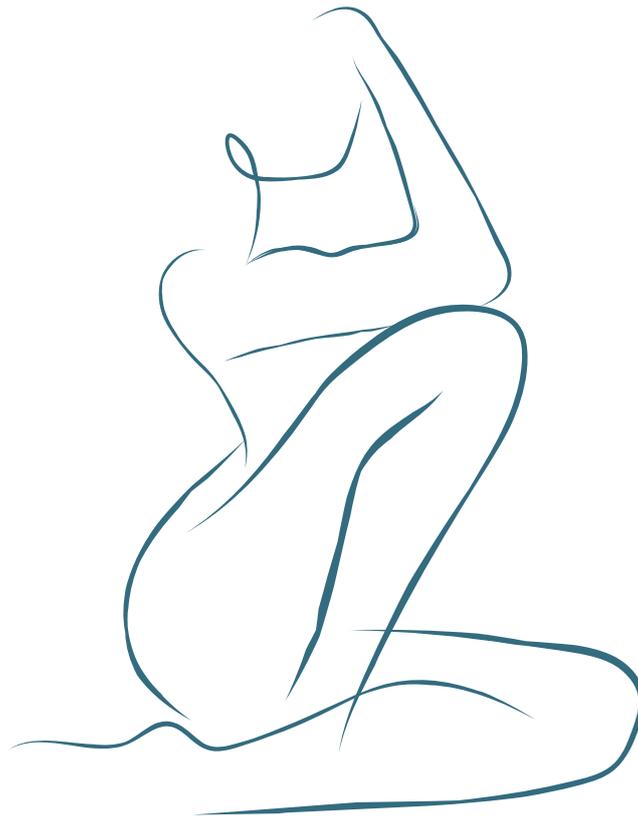
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