

Laparoscopic Hysterectomy

Advice and Exercises

The post-operative advice on this leaflet is not intended for you if your procedure was intended to treat pelvic organ (womb or vaginal) prolapse. Please ask a member of staff for the correct leaflet.

After the operation

Getting comfortable

Rest is essential. You may find it comfortable to rest in this position.



When sitting, place a small pillow in your lower back for added comfort. When standing, don't slouch as it reduces support on your back.

Circulation

Start this exercise immediately to ensure good circulation in your legs. Briskly circle or bend and stretch at the ankle 30 times every hour and before you get out of bed. Continue with this exercise until you are up and about.

Early Exercises

Little and often is important - start slowly and gradually build up. Stop if you feel tired or get more discomfort than usual.

Speak to your Women's health Physiotherapist if you are unsure about exercising.

Begin with the following exercises within the first few days of your surgery. These exercises will improve your abdominal and pelvic floor muscle tone which will improve your core stability. They can also help relieve backache and trapped wind, which are very common after a hysterectomy.

Try to do the following exercises 3 – 4 times a day.

Deep Abdominal Exercise

You can do this exercise in lying (on your back or side) or in sitting. Firstly let your tummy sag and breathe gently. As you breathe out, gently draw in the lower part of your stomach. Hold for a few seconds and let go.

Do not move your back at any time and remember to breathe. Repeat 4 – 5 times with a few seconds rest in-between. Aim to build up to 10 seconds hold, repeat x 10.



Knee Rolling

Lie on your back with your knees together and both legs bent. Slowly roll your knees from side to side, keeping your upper trunk still. Only move as far as you feel is comfortable. Repeat 10 times to each side.



Pelvic Tilting

Lie on your back with both legs bent up and draw in the lower tummy muscles. Gently squeeze your pelvic floor and buttocks, tilt your pelvis up and flatten your back to the bed. Hold this for a maximum of 10 seconds then release. Repeat up to 10 times.



Pelvic Floor Exercises

The pelvic floor is like a hammock/sling suspended from inside the front of your pelvis to the coccyx. These muscles are very important as they support the pelvic organs in position and prevent leakage from the bladder and bowel. These muscles are also weakened in pregnancy and childbirth.

The Basic Pelvic Floor Exercise

Imagine that you are trying to stop yourself from passing wind and at the same time trying to stop your flow of urine. The feeling is one of “squeeze and lift”, closing and drawing-up the back and the front passages. This is called a pelvic floor contraction.

There are two ways to work them:

1. Hold for up to a maximum of 10 seconds and repeat up to 10 times.
2. Squeeze and lift, then let go quickly. Again, repeat up to 10 times.

Try to exercise the pelvic floor 3 times a day either in sitting, standing or lying. (Practicing them whilst feeding your baby can help you remember to do these). Each time you exercise, the muscles become stronger and more supportive. You should also contract them before lifting and coughing.

Progressing at Home

Rest/Pacing

While it is important to take enough rest, you should start some of your normal daily activities when you get home and slowly build up. Take rest in between activities and listen to your body.

Travelling/Driving

Getting back to driving is usually between 2-4 weeks, but this will depend on your insurance company and your ability to perform an emergency stop, your ability to twist to manoeuvre and your ability to fully concentrate.

Housework/Lifting

For this first 2 weeks you should be able to lift light loads such as a 1 litre bottle of water. You can do a lot of housework jobs in sitting i.e. preparing food, light laundry. You should not lift heavy objects, such as shopping bags, children or do any strenuous housework like vacuuming for 3-4 weeks. Whenever you lift, bend your knees, hollow your abdomen and draw up your pelvic floor muscles.

General Exercise

Walking – Start walking on the day of your return home and increase your activity levels over the first few weeks. Many women should be able to walk for 30-60 minutes after 2-3 weeks.

Swimming – Within 2-3 weeks provided any vaginal bleeding/discharge has stopped. Build up gradually to previous activity levels in 4-6 weeks. After 6 weeks providing any vaginal bleeding/discharge has stopped and any incision sites are healed. Build up gradually to previous activity levels.

High impact activities/contact sport – avoid for at least 6 weeks and build up gradually, listen to your body.

Gradually build up to your normal activities from 12 weeks post-op onwards.

Back to Work

This will depend on the nature of your job and the number of hours you work. Some women are fit to work after 2-3 weeks, many after 4-6 weeks.

Sexual Intercourse

Allow 4-6 weeks for the scar tissue to heal. Use of extra lubrication may be helpful.

Web Address

<http://www.cht.nhs.uk/services/clinical-services/physiotherapy-outpatients/patient-careinformation/>

QR Code



If you have any comments about this leaflet or the service you have received you can contact :

Physiotherapy Department
Huddersfield Royal Infirmary
Telephone No: 01484 342434

MSK Physiotherapy Admin Office
Telephone No: 01484 905380

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce,
obraťte se prosím na výše uvedené oddělení

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danych kontaktowych

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برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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