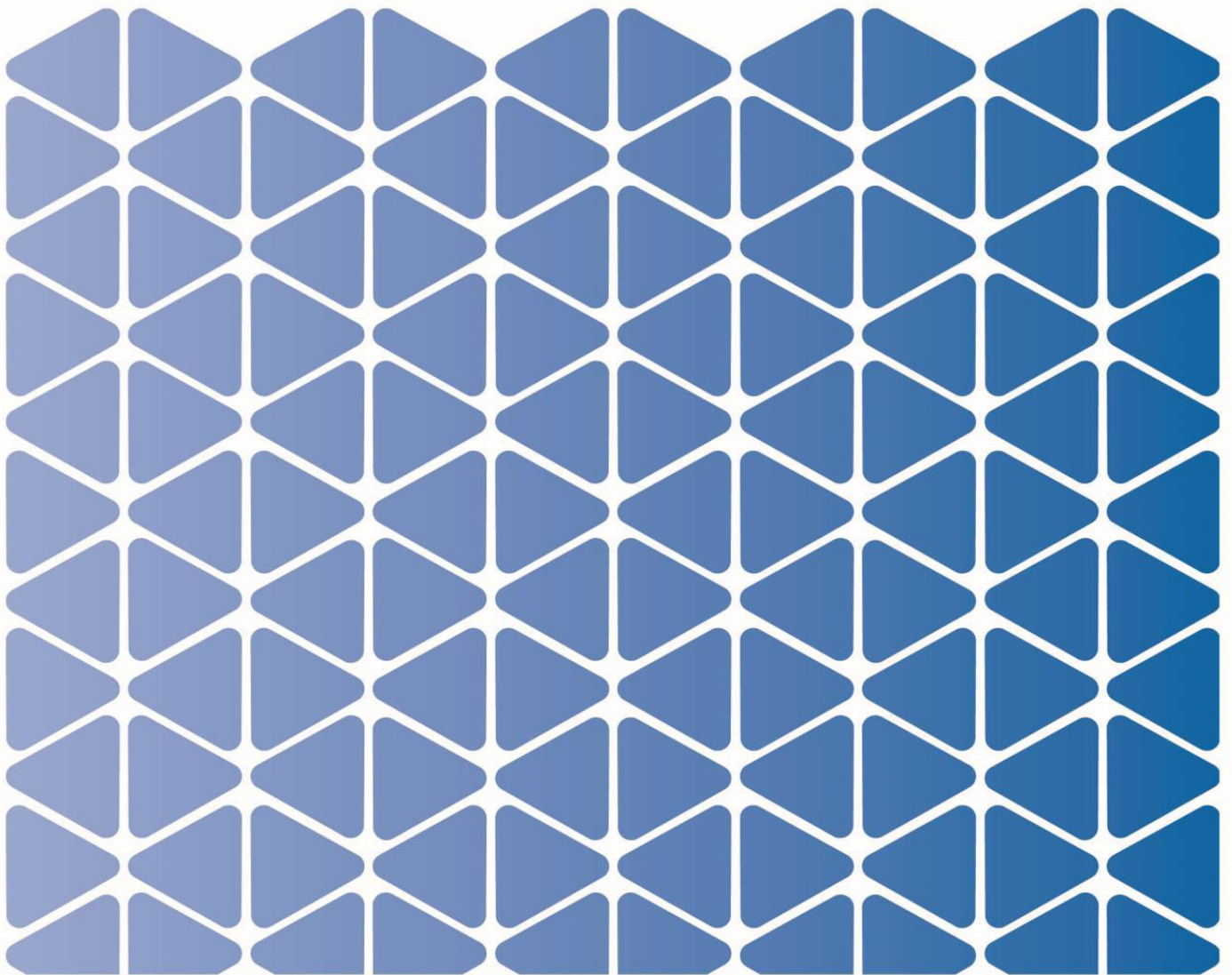




PATIENT INFORMATION

PHYSIOTHERAPY ADVICE FOLLOWING ABDOMINAL SURGERY



This information is designed to give you a greater understanding of how you can support your recovery following your abdominal surgery.

Not everyone will need to be seen by a Physiotherapist. This will depend on the extent of your surgery and if you normally have problems with your mobility or breathing.

The role of the Physiotherapist is to assist you in regaining your mobility and facilitating a safe discharge home.

For patients that are following the 'Enhanced Recovery Programme', you will have other information leaflets to support this information.

Effects of Surgery on your body:

After a general anaesthetic the function of your lungs can be affected. This coupled with pain/discomfort from your operation, means that you may not breathe as deeply, which can cause a build-up of mucus on your lungs. If not cleared, this can lead to serious complications, which could delay you returning home.

Good pain relief is vital following your operation to allow you to clear your chest and move around freely. You will be prescribed regular painkillers during your stay, it is important that you take these. Whilst it is reasonable to expect a certain degree of pain following your operation, if you feel your pain is not well controlled or you are unable to perform any of the exercises within this booklet because of pain, you must speak to your nurse.

You may have a number of lines and attachments such as a urinary catheter, fluid drip, wound drains, epidural, or oxygen. These can make moving around more difficult, however the ward staff or Physiotherapists will support you in doing this, as it is important to sit out of bed and walk as soon as possible.

All surgeries and patients previous levels of ability vary. Therefore, this information should be used as a guide only. If you have any questions or concerns, please discuss it with the ward Physiotherapist or medical/nursing staff.

1. Clearing Mucus off your chest:

When: Immediately after your operation, aim to repeat the exercises **hourly** throughout the day.

Position: Sit as upright as possible in bed or in the chair.

Why: to help clear any mucus, which will reduce your risk of developing a chest infection/pneumonia

a) **Deep Breathing Exercises:**

1. Relax your shoulders and upper chest
2. Take a slow deep breath in through your nose, to fill your lungs as fully as you can.
3. Hold this breath for 3 seconds
4. Breathe out gently through your mouth.

Repeat this deep breath 5 times

b) **Huff/cough:**

If you feel mucus at the back of your throat, then perform 2-3 huffs and then cough to clear it:

Huff

1. Take a big breath in through your nose,
2. Then, with the mouth open, make a short, sharp breath out as if steaming up a mirror.
3. Repeat as needed, to move the mucus as high up your throat as possible, then cough to clear.

Cough

To help you cough more effectively support your wound firmly with a folded towel or pillow. This will ease any discomfort you may be experiencing. You will not cause any harm to your wound by doing this.

2. **Circulation Exercises:**

Position: in bed or in the chair.

When: immediately after your operation, aim to repeat **hourly** throughout the day

Why: Circulation exercises are performed to help relieve any swelling, prevent blood clots, and maintain muscle strength whilst you are not so mobile.

1. Move your feet up and down briskly 10 times
2. Sitting with your legs out stretched, push your knee down flat into the bed, tightening the muscle on the front of your thigh. Hold for 3 seconds then relax. Repeat 5 times on each leg.
3. Squeeze your buttock muscles together for 3 seconds then relax, repeat 10 times.

3. **Getting out of bed and walking:**

When: First day after your operation

Why: Movement and sitting out of bed promotes your gut to start working again and helps to remove painful trapped wind (especially if your surgery was performed via 'key hole'). It is also one of the best ways to help clear your mucus from your chest along with reducing the risk of developing complications such as blood clots, generalised weakness and reduced mobility.

It is important that you sit out for as long as you can tolerate each day following your surgery. Try to increase the time spent out each day.

The Nursing staff and Physiotherapists can assist you until you are able to walk safely by yourself.

Drip stands and drains can be moved with you and will not prevent you from getting out of bed.

Once you are mobile you will be expected to take regular short walks throughout the day, e.g. around your bed space, to the toilet, or simply to take a look out the window.

You will not routinely be taken to try the stairs unless you have had a complicated recovery or if you previously had concerns about completing the stairs before your operation.

4. Abdominal Exercises:

The Physiotherapist will not always go through these with you, have a go as you feel able and ask for assistance if you require it.

When: start from day 2 following your operation. Aim to repeat each exercise 5 times, 2-3 times daily. Do more repetitions as you feel able.

Position: Lie on your bed with your head on a pillow, knees bent and feet flat on the bed.

Why: Help to strengthen your deep abdominal muscles, enhance blood flow to the area and promote healing.

1. Static abdominals – place your hands on your lower tummy. Breathe in through your nose, as you breathe out gently pull your belly button in towards your spine. Hold for 3 seconds, then relax.
2. Pelvic tilting- Place your hands in the hollow of your back, pull in your tummy muscles and push the lower part of your spine down into the bed and curl your bottom up. Hold for 3 seconds then gently release.
3. Knee rolling – Keeping your knees together, tighten your tummy muscles and gently lower both knees to one side as far as comfortable, bring them back up to the middle, then repeat to the other side.

Discontinue any exercises that cause you any pain and discuss with your Physiotherapist.

5. Going Home:

The following is a general guide and depends on the extent of your surgery and your previous abilities. Be sensible and do not over exert yourself. If it hurts despite your regular pain relief then don't do it. Do not expect to do things that you couldn't do prior to surgery.

Week 1-2

- Take it easy for the first 2 weeks at home.
- You will probably tire easily so have plenty of rest, but you do not need to stay in bed.
- Take little but often walks around the house throughout the day. Build this up daily aiming to be able to walk for around 10 mins by the end of week 2.

Week 2-4

- Continue with gently increasing your exercising and tolerance. Increase the distance as able
- Light housework and meal preparation

Week 4-6

- Gradually increase your activity to include most household chores, ironing, cooking, light cleaning
- You should feel able to do most activities that you were doing prior to your operation.
- You can normally return to driving within this time period but check with your GP and Insurance Company before you do.

Week 6-12

- You can usually resume more strenuous activities within this time period, such as vacuuming, gardening heavy lifting.
- You should be functioning at what your normal level is by week 12 after your operation.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

- Physiotherapy Department Level 2 WRH Phone: 01905 763333 ext 39119

Other information

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information fact sheets on health and disease
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhsdirect.nhs.uk
On-line health encyclopaedia

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.