

Recovering from Abdominal Surgery

Physiotherapy information for patients

This leaflet provides information and exercises which will help you in your recovery from your recent abdominal surgery, and to assist you return to your everyday life.

After your operation you will be encouraged to begin moving again as soon as possible. If you normally have breathing problems, or if you have had a large incision, the physiotherapist may come to see you after your operation.

Not everyone will need to be seen by the physiotherapist, so this leaflet will give you some general advice to help you recover after your operation.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

Breathing and breathing exercises

Following your surgery you may require oxygen. You may also have difficulty taking a deep breath, or coughing and clearing any secretions which increases the risk of developing a chest infection.

Breathing exercises, combined with moving regularly, are important to help you wean off the oxygen and clear any secretions, reducing the risk of a chest infection.

Start the below exercises as soon as possible after your operation. The coughing will not damage your stitches or staples. You may find it painful, however, so make sure you ask for pain relief beforehand (*see Pain control on the next page*).

Breathing and relaxation post - operation

The active cycle of breathing is designed to clear secretions with minimal effort. It comprises three parts:

1) Relaxed breathing

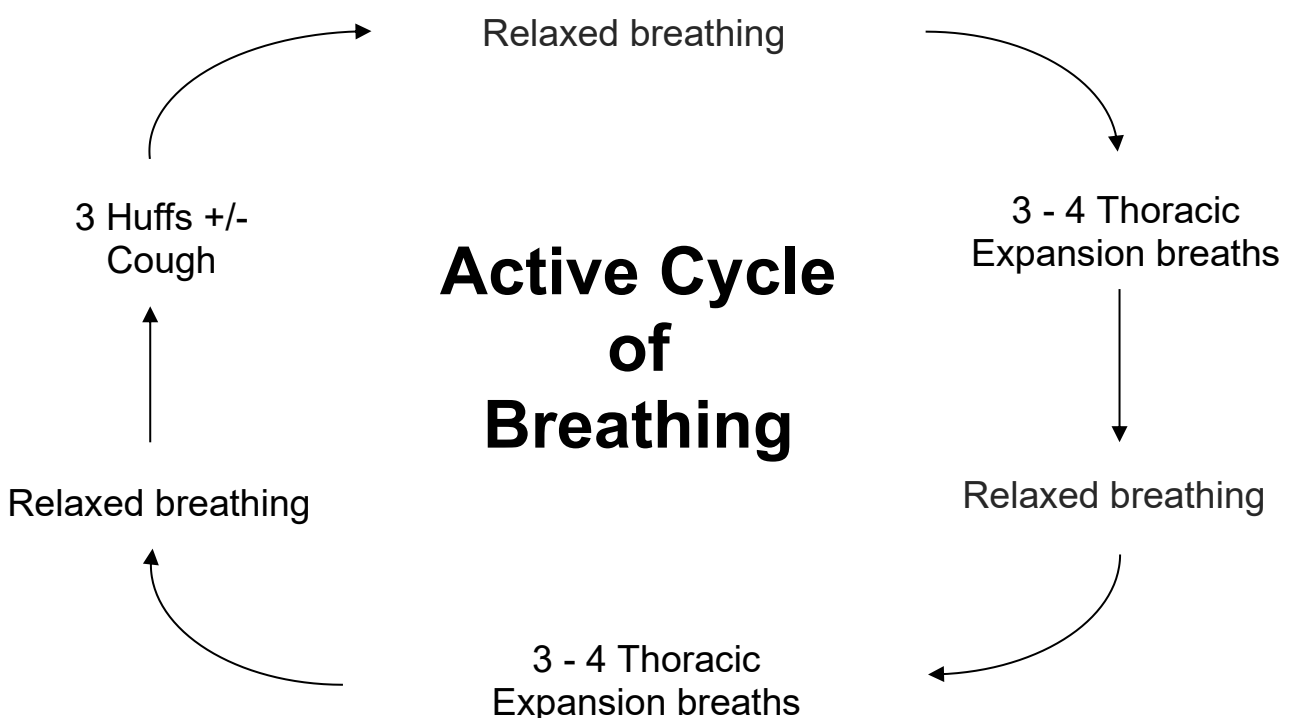
Slow rhythmical breathing (10-12 breaths/minute). Your stomach should rise as you breathe IN and relax/flatten as you breathe OUT. Your shoulders and neck should be relaxed and your upper chest should not move. Place your hand on your stomach to feel it rise and fall.

2) Thoracic expansion exercises (deep breathing)

3 or 4 deep breaths (feeling the air reach the bottom of your lungs), holding the breath in for 3 – 5 seconds, whilst keeping your shoulders relaxed. Expiration should be gentle and relaxed. This gets air down to the bottom of your lungs and helps to move the phlegm.

3) Huff or forced expiration

Three huffs: first take a small breath in followed by a forceful breath out, using your tummy muscles (It is like steaming up a mirror with your mouth open). Then taken a medium breath in and forceful huff out and finally a deep breath in and forceful huff. If you feel phlegm at the back of the throat you can cough, if not, repeat the whole cycle.



You may also be provided with an incentive spirometer. Use this if you feel that you are struggling to take a deep breath, as it may help you to notice how effective your deep breaths are during these exercises.



Coughing

You may find that you need to cough more frequently in the initial days following your operation, as you may have more phlegm to clear. Coughing will not damage your stitches or staples, however can be uncomfortable.

To help, support your wound firmly with a pillow or rolled towel whilst you cough. Following the above breathing exercises regularly will also help to decrease the need to cough as frequently.



Pain control

It is normal to experience pain after surgery, however it is also important that your pain is well controlled so you are comfortable and able to walk around and complete your breathing exercises.

There are numerous methods of pain relief, listed below, and what you are prescribed may be dependent on the type of surgery you have had:

- Oral Medications
- Intravenous (IV) Drip
- Skin patch
- Abdominal block (lines into your stomach)
- Patient Controlled Analgesia (PCA) – This is a button that you can press as needed to help control your pain.

If you have pain, remember to use your pain relief button regularly if you have one, or to ask your nurse for more pain relief as needed in order to help you move around and breathe more freely.

Drains and attachments

Following your surgery, you may find that you have several lines and attachments. This could include wound drains, colostomy/ileostomy bag, urinary catheter, intravenous (IV) lines, nasogastric (NG) tube (a tube from your nose). These will gradually be removed as you recover but should not prevent you from sitting out in the chair or mobilising.

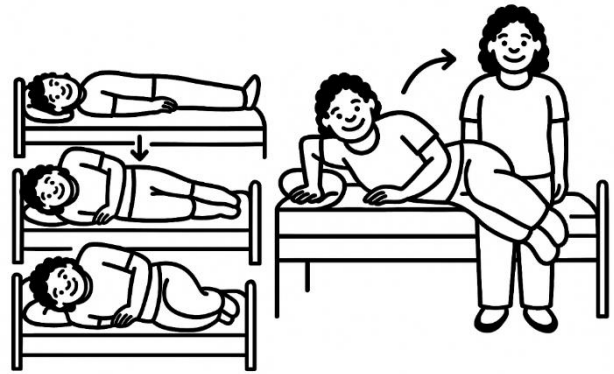
If you have a new colostomy/ileostomy bag you will also be reviewed by the stoma nurse.

Ask a nurse or healthcare assistant to help if you are struggling to manage all of your attachments.

Moving in and out of bed

After the operation try to move freely in bed. This will make you more comfortable and prevent you feeling too stiff or develop pressure sores. It is important that you sit out of bed as soon as possible after surgery. If this is not possible, try sitting as high as you can in the bed, as much as you are able.

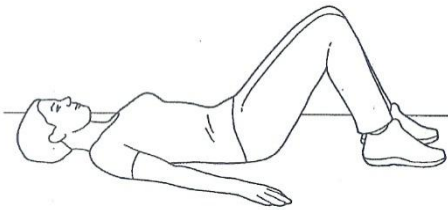
You will put less strain on your tummy when getting out of bed if you roll onto your side, drop your legs over the edge of the bed and push up sideways on your elbows. Try to practice this from a flat bed and avoid using the handles on the bed if possible, as you will need to be able to do this at home.



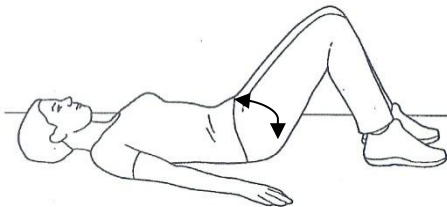
Exercises

For your stomach and back

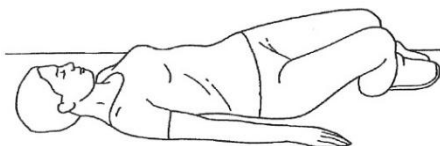
The type of operation you have had means your stomach muscles will likely feel weaker. These muscles act to support your back and helping with your posture. The following exercises will help to strengthen these muscles. You should aim to do each set of the following exercises once a day.



- Tighten your stomach muscles and push the small of your back against the floor.
- Hold for 5 seconds and then relax.
- Repeat 5 times.



- Repeat as above, tilting your pelvis slightly backward as you tighten your stomach muscles.
- Repeat 5 times



- Lie on your back with your knees bent and together.
- Tighten your stomach muscles and push the small of your back against the floor.
- Slowly roll your knees from side to side keeping your back in contact with the floor.
- Repeat 10 times.

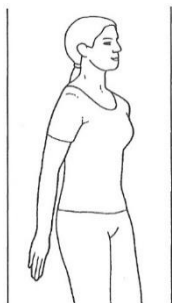
For your pelvic floor

- Squeeze the muscles at the back passage as if trying to stop wind, then squeeze forwards and up as if trying to stop the passage of urine
- Aim to achieve your maximum squeeze and hold the squeeze for 5-10 seconds
- Do not hold your breath
- Repeat 10 times.

To improve your posture

You will probably be very aware of your wound and this may make you walk slightly bent over initially. It is important to try to stand and mobilise as upright as you can, and over the initial days and weeks you should find you are able to stand more upright, more comfortably.

Once your drains are removed, the following exercises should help to improve the mobility in your back and stomach – they will not harm your wound or stitches.



- Stand with your back against a wall.
- Push gently back into the wall so that your shoulders and the back of your head are in contact with it.
- Hold for five seconds.
- Repeat five times



- Sit on a chair and fold your arms across your chest.
- **Turn to look over your shoulder as far as comfortable.**
- Repeat the exercise the other side.
- Repeat five times.

Walking

Walking is one of the most effective (and easily available) forms of exercise to help your recovery. You should aim to gradually increase the amount you are walking, beginning in hospital (even with your attachments) and continuing at home. Begin by doing regular short walks on the ward, e.g. around your bed space, to the toilet or window, and increase gradually during and after your admission.

There is no correct distance to be walking, everyone will be different, so listen to your own body and progress at your own pace.

You will not routinely be taken to practice the stairs. If you have a particular concern about your stairs at home, these can be discussed with a physiotherapist.

Nursing staff on the ward will assist you in the early days after your surgery and you will not routinely require physiotherapy. Raise with your nursing team if you are nearing your time to be discharged and do not feel you will have appropriate support at home.

At home

Week 1 to 2

You are likely to tire easily when you first return home, so have plenty of rest between taking short walks. Begin to build up your stamina by increasing the distance or time you walk for each day. Continue completing your exercises as described earlier. Avoid lifting heavier than a full kettle and standing for periods of time longer than it would take to shower or prepare a meal.

Week 2 to 3

You can start to carry out light chores such as wiping surfaces and dusting. Continue to increase your walking distance each week. Use set points such as lampposts and trees to mark your progress. You may also like to use a pedometer to monitor your number of steps. Some days you will feel better than others, but it is important to continue to include walking in

your daily routine where possible. If you feel that you have done too much, try reducing the amount that you do, and increase it again the next day. Continue to avoid heavy lifting as before, but increase the time spent on your feet in the day.

Week 3 to 6

You can gradually do more household jobs such as ironing and cooking. Break tasks down into smaller parts and ask other people to help you. Your tummy muscles will be gradually strengthening now. You should avoid heavy lifting for 4 - 6 weeks following surgery in total, and begin to re-introduce this gradually once you feel your body is ready.

Week 6 to 12

You can usually begin more strenuous tasks, such as vacuuming and lifting heavier items now, so that by week 12 you are back to your normal activities. You can discuss getting back to more strenuous forms of exercise such as returning to the gym or exercise classes with your GP or surgeon, though as long as your wound is healed well, and you have no further concerns, you may start getting back into other types of exercise gradually after this point.

Driving

Returning to driving depends on your specific operation, however usually it is advised not to drive for between 4 to 8 weeks.

Before returning to driving, it is important to make sure you can comfortably wear a seatbelt and complete an emergency stop.

You need to be confident you can concentrate and move freely for full visibility. Before driving again, check your insurance policy to make sure you are covered.

Returning to work

When you return to work will depend on the surgery you have had and the type of work you do. Contact your employer to discuss a return date, what activities you can do when you return, and make a plan on returning to full duties if needed.

If your employer offers an occupational health service, consider a referral to it. They can support you with returning to work.

Who can I speak to with queries or concerns?

If you have any further queries about your recovery, please contact your ward directly, and they will be able to direct your queries to the most appropriate professional.

MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on 020 3299 4618 or email kings.mychart@nhs.net. Visit www.kch.nhs.uk/mychart to find out more.

Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

Tel: **020 3299 4618**

Email: **kings.pals@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email kings.access@nhs.net