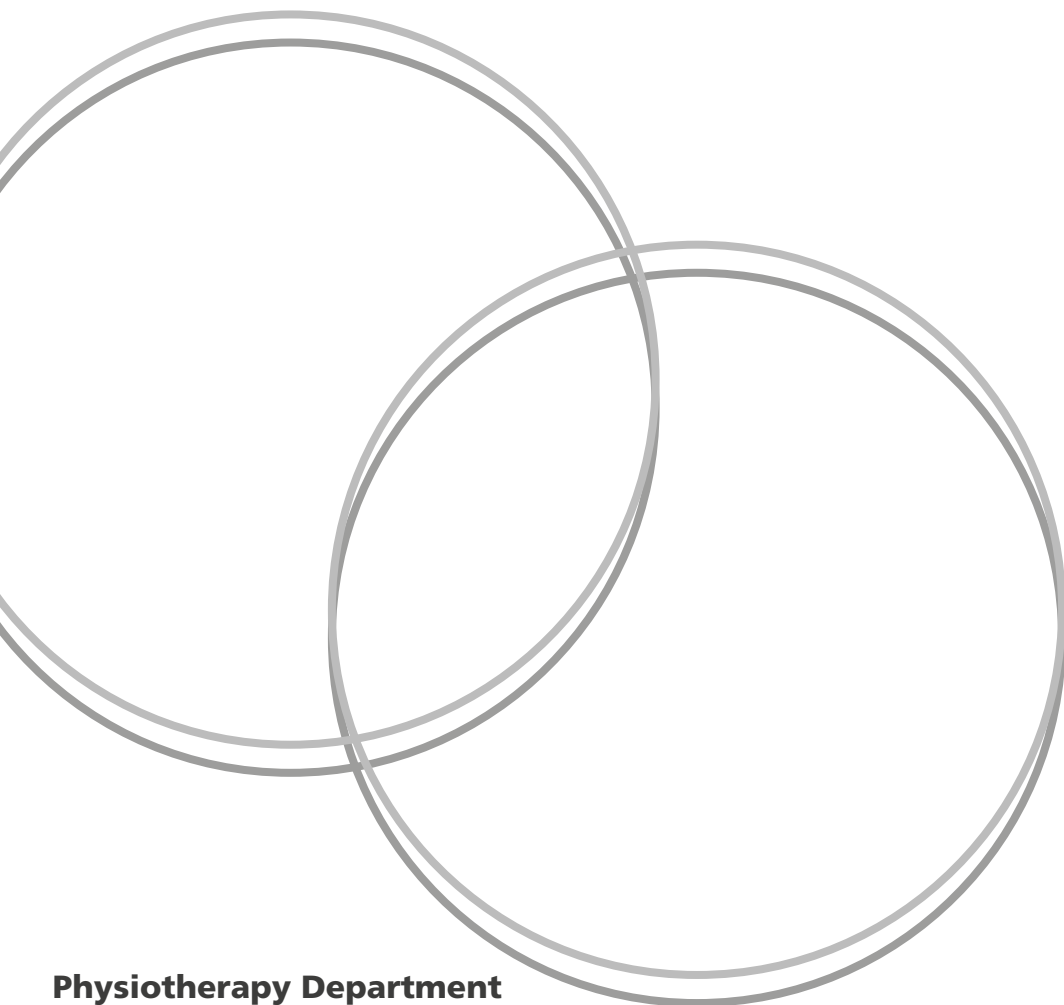




Oxford University Hospitals
NHS Foundation Trust

Physiotherapy Advice After Abdominal Surgery

Information for patients



Physiotherapy Department

Who is this leaflet for?

If you normally have breathing problems, or if you have had an operation that involved a large incision (cut), then a physiotherapist may come and see you after your operation.

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

Helping your lungs recover

The general anaesthetic you have had can temporarily affect your lungs and it is normal to feel you have some phlegm (thick mucus) on your chest after your operation. It is very important to cough and clear any phlegm from your chest to reduce your risk of developing a chest infection. Pain from your wound can make taking deep breaths and coughing difficult, so it is vital that your pain is well controlled.

It is also very important for you to start sitting out of bed in a chair and walking around as soon as possible. You should aim to get out of bed the day after your operation, with help from the nurses or physiotherapists.

If you are in pain, use your pain relief button (if you have one). If you do not have a pain relief button, ask your nurse for more pain relief. It is vitally important that you are comfortable enough to walk, cough, and deep breathe. If you cannot do this because you are in pain, you must tell a healthcare professional.

Walking

The best activity for your lungs after your operation is to get back up on your feet as soon as possible. Gentle activity will also help your gut start working again and helps to keep your circulation moving.

The nursing or physiotherapy staff will help you to sit out of bed and go for a walk after your operation. This will usually start on the first day after your operation. Sometimes you may be able to get out of bed on the same day as your operation. The nursing or physiotherapy staff will help you until you can walk safely by yourself. Drips or drains can move with you and will not stop you getting out of bed.

You should aim to sit out of bed regularly and gradually increase the time you sit out each day. Once you can walk around independently, you will be responsible for walking regularly and increasing the distance that you walk.

You may feel some weakness and tiredness when you first start walking, but this is normal. Most people can move around freely within 3 to 5 days after surgery. Regular short walks are best, e.g. around your bed space, to the toilet, or just walking to look out of the window. By the time you are ready to go home you should aim to walk once every hour during the day. You will not routinely be taken to practice stairs unless you have a particular concern about your stairs at home.

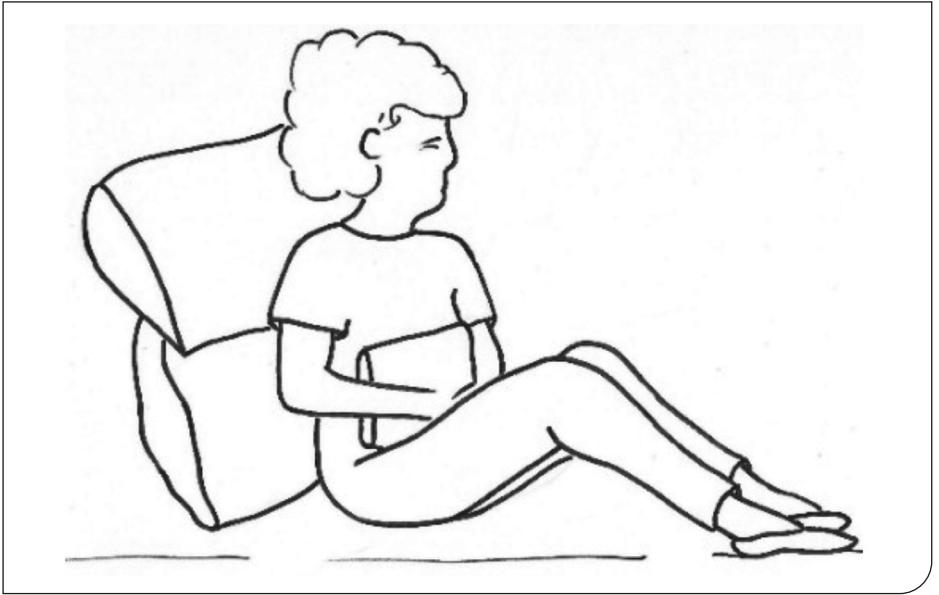
Benefits of walking:

- Promotes independence.
- Reduces risk of chest infections.
- Decreases the risk of developing blood clots.
- Increases strength, fitness, and endurance.

Coughing

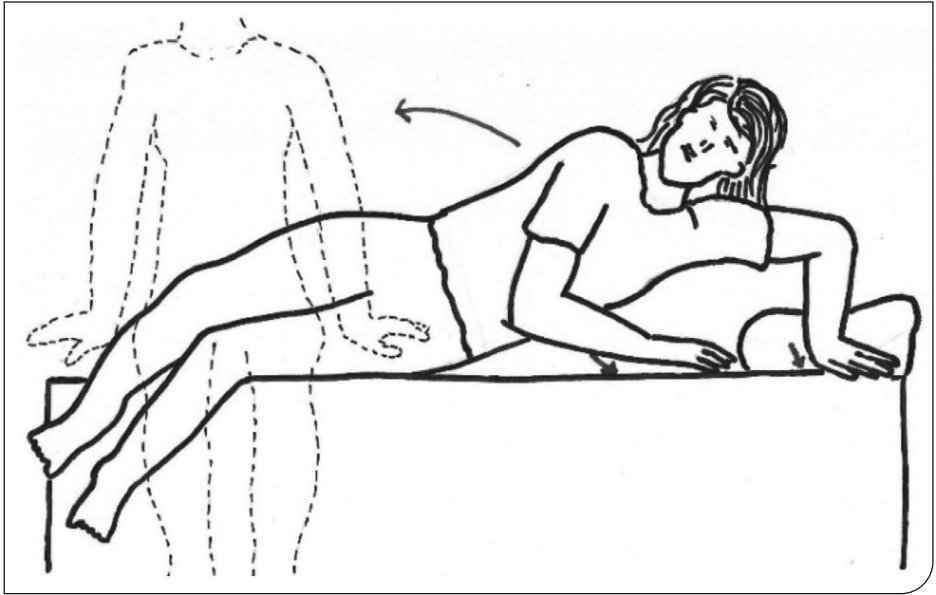
Coughing is the normal way to clear phlegm from your lungs. You will need to do this more often in the first few days following your operation. Coughing will not damage your stitches or staples.

To help you cough, support your wound firmly with a towel or pillow – this will ease any discomfort from your wound. Alternatively, you can loosen any phlegm by doing a 'huff'. This is a deep breath in followed by a forced breath out through your open mouth, as if steaming up a mirror.



General Advice

Getting in and out of bed



To get out of bed:

1. Roll onto your side.
2. Move your legs off the edge of the bed.
3. Push yourself up with your arms into a sitting position on the edge of the bed.

To get into bed:

1. Sit on the edge of the bed.
2. Gently lower yourself onto your side.
3. Slowly bring your legs up onto the bed.

Pacing

It can be helpful to pace your activities after your operation as it is normal to tire easily. Doing too much too quickly may result in increased levels of tiredness or pain which can then impact your activities the following day.

Consider planning bigger tasks for a time of day that you feel least tired and consider rest breaks after activities. Pacing can be achieved by listening to your body, gradually increasing time spent doing activities and ensuring activities are spread evenly throughout the day.

If an activity causes you to feel so tired that you cannot complete your other activities for the rest of that day or you still feel very tired the following day, you may have done too much. If this happens, temporarily reduce the amount of time you spend on that activity before gradually building back up or consider breaking it down into smaller tasks.

At Home

Week 1 to 2

Take it easy for the first 2 weeks at home. You are likely to tire easily so have plenty of rest, but you do not need to stay in bed. After being at home for a few days you can build up your strength and stamina by having a short walk each day. Start with 5 to 10 minutes and gradually try to add to your distance every day. You should be able to go up and down stairs from the day you go home. Avoid heavy lifting and standing for long periods of time.

Week 2 to 3

You can start to make light meals and carry out light chores, such as wiping-up and dusting. When possible, sit rather than stand. Increase your walking time and distance each week. Use set points, such as lampposts and trees, as markers of your progress. Some days you will feel better than others and this is quite normal. You should continue to avoid heavy lifting and standing for long periods of time.

Week 4 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. Your tummy muscles will gradually strengthen over this period. Aim to be walking between 30 to 45 minutes a day by 6 weeks after your surgery. You must still avoid heavy lifting and standing for long periods of time.

Week 6 to 12

You can usually begin more strenuous tasks, such as vacuuming, so that by week 12 you are back to your normal activities! Please discuss getting back to more strenuous forms of exercise with your GP or surgeon.

Driving

Time to return to driving varies depending on your specific operation. Usually, you are advised not to drive for between 4 to 8 weeks after your operation. Your surgeon will be able to give you a specific time frame.

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

You need to also be sure that you can concentrate and move freely enough to have full visibility. You should check with your insurance company that you have insurance cover before you start driving again.

Different rules apply to HGV and PSV license holders – you will need to contact the DVLA for further information.

Further information

For help and advice on exercise and your recovery when you have been discharged home from hospital, please contact your GP. If you still need further advice, please contact the local surgical physiotherapy team via switchboard:

Churchill Surgical Physiotherapy Team

Telephone: 0300 304 7777 and ask for bleep 5006

John Radcliffe Surgical Physiotherapy Team

Telephone: 0300 304 7777 and ask for bleep 1909 or 1758

Horton General Hospital Physiotherapy Team

Telephone: 0300 304 7777 and ask for bleep 9322

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: John Radcliffe Hospital, Horton General Hospital and Churchill Hospital
Surgical Physiotherapy Teams

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Oxford University Hospitals NHS Foundation Trust

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