



**ST. MICHAEL'S  
HOSPITAL**  
Dún Laoghaire

Pelvic Floor Centre

# **Pelvic floor surgery**

# **Post operative instructions**



## The first 6 weeks

The aim of having pelvic floor surgery is to improve your quality of life. Therefore, it is important that you optimise your recovery. In the first six weeks after discharge from hospital, the following guidelines can be helpful:

- Good support underwear can help.
- Minimise lifting. The heaviest weight that you should lift in the first 6 weeks is 2 litres of milk. Try to engage your pelvic floor gently before you lift.
- Minimise repetitive bending
- Avoid using tampons for the first 6 weeks

### General lifestyle advice

- Eat a nutritionally balanced diet for tissue healing and keep hydrated.
- Minimise smoking as this may slow down healing.
- Ensure adequate sleep at night and rest during the day.
- Shop online or get someone else to shop for you in the first six weeks.
- Have plans and supports in place to ensure you can rest, recover and adhere to post operative advice.

### Increasing your activity—

- Gently start your pelvic floor muscle exercises, as tolerated. These will promote blood flow to the area and mobilise scar tissue. Always try to relax your pelvic floor muscles after exercising them.
- Start to take short walks (15-20 mins) and build up gradually. Pace yourself. You should not feel any discomfort or downwards pressure as you increase your distance. Ease back if you do.

### Protecting your pelvic area

- If you need to cough, sneeze or laugh, it can be helpful to give support to the perineal area.
- Manage your bowels and avoid straining to pass a bowel motion. A small stool under your feet can help with your defaecation position. Abdominal massage may help at this time.
- When getting out of bed, roll on your side and push up into sitting with your arms. This will reduce pressure in the pelvic area.
- Similarly, when standing up from sitting, keep your spine straight and think of 'leading with your nose over your toes'. If you can, gently pull up your pelvic floor as you stand up.
- Avoid prolonged sitting or standing (>20 mins)

## Keeping moving and enhancing your recovery

Every one recovers at slightly different rates so **listen to your body** and what it is ready for.

Unless your consultant says otherwise, you can commence your pelvic floor muscle contractions.

### Aim to do the following 3 times a day

- 10 fast pelvic floor muscle contractions
- 10 slow pelvic floor muscle contractions - aim to be able to hold each for 10 seconds, as you keep breathing.

Remember, your pelvic floor muscles provide support from below for your pelvic organs above. Start your pelvic floor exercises in the lying position, but once you have mastered the technique, you can do in sitting and then standing.

Train your muscles to work for you whatever your task is, so once you can do in standing, then you can progress your programme to give you control in other sports/ activities too.

### 'The knack'

Think about pulling up your pelvic floor prior to lifting, coughing, sneezing, laughing or any activity that increases inter-abdominal pressure. This will help to protect and strengthen your pelvic floor muscles.

Increase your walking time and distance, as much as is tolerated. If you have any symptoms, reduce your time, rest and build up gradually. Initially, two shorter daily walks may be better than one longer one.

Pace yourself with housework and gardening, continuing to minimise lifting and repetitive bending.

At 6 weeks, you may commence gentle yoga and pilates stretches. These may need to be modified to be 'pelvic floor friendly' so discuss specific exercise regimes with your pelvic health physiotherapist or instructor.

At 6 weeks, you can return to work, depending on your daily work routine and recovery. Queries regarding specific duties should be discussed with your consultant.

You may resume sexual intercourse at 6 weeks post surgery or when ever you are ready after that.

## Relaxation

Your recovery is ongoing so taking some time each day to relax is important. A simple way is to do some 'belly breathing' (often called abdominal breathing).

Lie on your back on a bed, or on a mat on the floor, with your knees bent, feet hip width apart, resting on the bed or floor.

Place your hands on your belly—either side of your belly button. Gently breathe in and breathe out. Let your breath gradually deepen so that you breathe in for 4, feel your belly fill and rise, and then breathe out for 4, and feel your belly drop. Repeat this cycle of breathing in and out for 5–10 mins. Be conscious of your breath and the rest of the body 'letting go' as you take time out.

## Maximising your ongoing pelvic floor function

Your surgery has helped to correct the 'structures' supporting and controlling the pelvic organs—either the bladder, uterus or bowel. The pressures inside have to adapt and change with every movement we make so it is important that the pelvic muscles can give adequate support to maintain control of this area.

### In other words, if we don't use it, we lose it!

In order to improve your surgical outcome, it is important that you consider the following points—

1. Continue your pelvic floor exercises daily.
2. Avoid bracing, straining or having to bear down to pass a bowel motion.
3. Breathe. If you hold your breath, you will often 'brace' the pelvic floor.
4. Manage underlying conditions such as asthma or colds. A week of coughing can challenge your pelvic floor control.
5. Practice 'The knack' before any lifting, sit to stand, coughing or sneezing.
6. Be mindful of any exercise regimes that you enjoy and if they are 'pelvic floor friendly'. Some specific exercises can challenge the pelvic floor more than others, including weight lifting, high level

abdominal situps, planks and squats. Individual techniques can be modified so discuss with your pelvic health physiotherapist or instructor.

7. Maintain a healthy BMI—extra weight can put pressure on the pelvic organs.

8. If you have any leakage of bladder or bowel, discuss this with your pelvic health physiotherapist.

Evidence suggests that the state of a patient's pelvic floor can contribute to their surgical outcome. Make your pelvic floor health part of your daily routine—your quality of life depends on it!

For further advice on bowel management or pelvic floor exercise technique, please see the specific videos and leaflets also included in this pelvic floor education series.

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