

**Kathleen
Zondagh**



PHYSIOTHERAPY

Woman's Health Booklet

In association with Dr. Bianca Zondagh (Gynaecologist)



B.Physt (pret) Practice no: 0383619

Groenkloof Hospital

Rm 302, Medical suite

Cell: 082 307 9162/Tel: 012 346 4449

Introduction

The practice will provide you with post-operative instructions, exercises, wound care assistance and general information pertaining to your stay in hospital and your recovery after surgery. Please read the following information provided. Any questions or concerns that you may have will be addressed. Please do not hesitate to call the physiotherapist if there are any queries about anything after discharge from the hospital.

Kathleen Zondagh

Practice No: 012 346 4449

Cell: 082 307 9162

kathleen@obie.co.za

kathleen@calendarbaby.co.za

Account queries:

Annie: 012 998 9658

office@tabularum.co.za

Emergency:

012 333 6000

drz@telkomsa.net

The aim of pre and post-operative physiotherapy is to minimise any possible complications as a result of the anaesthetic and surgery. The Physiotherapist will also assist in post-operative mobilisation and home advice for the particular surgery done.

Possible complications

| | |
|--------------------------------|------------------------------|
| <i>DVT</i> | <i>Excessive blood loss</i> |
| <i>Wound infection</i> | <i>Surgical perforations</i> |
| <i>Pulmonary complications</i> | <i>Bowel/bladder dysfx</i> |

Pre and post-operative Exercises

Abdominal Breathing:

Breathe in through your nose as deeply as you can - your belly rises as you breathe in - hold in for 3 secs

Slowly breathe out through your mouth - as if you were blowing out a candle - breathe out for 5 secs.

Repeat 5x

Huffing/supported cough:

Place a cushion over the wound, brace (pull belly button 'in') and firmly support stomach with hand over the cushion

Breathe deeply in through your nose

Hold your breath and then 'huff'

Do this every time you feel an irritation in your throat or secretions in the lung



Circulation exercises

Foot pumps:

Point feet up then down for 1 minute

Make big circular movements in and then out for 1 minute

Heel slides:

Slide alternative heel up and down with bending the knees

Do this for 1 minute

Quad/Gluts contractions:

Straighten both knees and push them into the bed (lifting the heels)

At the same time pinch your buttocks

Hold for 5 secs Repeat 3X

Mobilising out of bed:

Roll over onto your side

Bend your knees, slide your feet and legs over the side of the bed

Using both your arms, push yourself up to a sitting position

Before standing take a few deep breaths

If you are at all light headed remain sitting until you feel better

Push off with your arms to assist in standing up

When lying down again do the same thing but in reverse

Lie down on your side first

Lift the legs up onto the bed and gently roll onto your back



Pelvic tilt exercise:

Gently pinch your buttocks and push your back flat against the bed

Now arch your lower back and stick your stomach out

This exercise can be done when feeling pain or discomfort in the abdominal area



Pelvic floor exercises:

Keep abdominal muscles, buttocks and thigh muscles relaxed

In sitting with pelvis tilting forward or in side lying with a cushion between your legs pinch, squeeze and lift as if preventing passing wind or stopping urination in midstream

Hold for 5 secs and then relax for 5 secs (Repeat 3X)

Then quickly and with maximum strength pinch your pelvic floor muscles for 1 sec then relax for 1 sec (Repeat 10X)

NB! Post-surgery it is important to do these exercises within your limit of pain

Brace your pelvic floor muscles whenever you need to cough or sneeze

What to expect in the hospital and at home:

*Physiotherapy: assist with mobilisation 2X per day
Patient must have bladder and bowel functions before discharge*

Laparoscopy

In hospital:

Day case/Post op lung physiotherapy prescribed when necessary

At home:

No specific length of time for immobilization/Level of activity ie. Light gym work and sexual activity is dependent on the patient's pain and discomfort (2days-2weeks)

Sling for Incontinence

In hospital:

1 night stay in hospital/Catheter out 1st day post-op/DVT stockings provided for 2 weeks

At home:

Immobilization for 2 weeks/No activity allowed including sexual activity until seen by Dr. Zondagh

Laparotomy/ Total Abdominal Hysterectomy

In hospital:

3 night stay in hospital/DVT stockings to be worn for 4 weeks/Compression belt provided/Catheter out 1st day post-op/Laser treatment for the wound/Soft diet for the first few days/Salt water bath for 10 days post op

At home:

Immobilization for 6 weeks/No driving/No picking up of anything heavy/No sexual activity until seen by Dr. Zondagh/Driving of automatic car after 4 weeks permitted if on no pain medication and can get in/out of the car without assistance

Vaginal/laposcopic Hysterectomy

In hospital:

2 night stay in hospital/DVT stockings to be worn for 4 weeks/Catheter out 1st day post-op

At home:

Immobilization for 4 weeks/Driving after 2 weeks/No picking up of anything heavy/No sexual activity until seen by Dr. Zondagh / Salt water bath for 10 days post-operative

Vaginal repair for prolapse

In hospital:

3-4 night stay in hospital/DVT stockings to be worn for 4 weeks/Catheter out 2nd day post-op/Soft diet for the first few days

At home:

Immobilization for 6 weeks/No driving/No picking up of anything heavy/No sexual activity until seen by Dr. Zondagh /Salt water bath for 10 days post-operative

Care and advise for when you go home:

Wound care:

Laser treatment for the wound in hospital

Special glue is used to seal the wound

Patients may bath or shower but no oils, cream or any lotions to be used in the bath or applied to wound

No rubbing or scratching of the glue is allowed as it will come off (The longer the glue is on the better!)

Vaginal wounds

(applicable to Total Abdominal Hysterectomy/Vaginal and Laparoscopic Hysterectomy and all Vaginal repairs)

Daily salt bath for 10 days (1 cup of coarse salt)

After 10 days, Betadine douche every 2nd day

Compression belt:

The binder is to be worn at all times and for 6 weeks

Make sure the binder is correctly positioned (below the belly button) and is positioned over underwear to avoid friction on the wound

Avoiding DVT's/pulmonary embolism:

Symptoms of a DVT - Pain or swelling in calf muscles, pain in lungs or chest, difficulty breathing

Clexane injections to be taken if prescribed

Compression stockings to be worn for the total period of immobilization : 2 weeks full time and another 2 weeks just when sleeping

Do the circulation exercises and deep breathing exercises 3X per day

Avoid sitting or lying in bed for long periods

Get up and walk as frequently as possible

Bowel action:

It is very important not to be constipated post-surgery
Pts. with chronic constipation can take Movicol

The bowel responds best to healthy habits as below:

- Eating every few hours (the correct high fibre food)
- Drinking sufficient fluids (2 litres of water/ day)
- Frequently walking around to assist bowel movement
- Regular usage of Probiotics

On the toilet: Semi-squat position

Sit leaning forward and allow your tummy to bulge and relax.

Use a foot stool so that your knees are above your hips

Don't hold your breath or strain, push while exhaling

Don't ignore the urge to use your bowels.

Take your time when emptying your bowels



Bladder Training:

Try emptying your bladder completely

Empty the bladder every 3 -4 hours daily

Don't drink excessive amounts of caffeine or alcohol

Don't drink any fluids 2 hours before going to bed

Drink at least 2 litres of water per day to avoid concentrated urine

NB! Please call for help if you experience any of the following:

- Shortness of breath or chest pain
- Pain, redness and swelling of the calf muscle
- Temperature more than 38 degrees for more than 24hrs
- Abdominal pain or bloating that is severe and not relieved by pain medication
- Heavy bleeding (more than a menstrual period) that continues
- Wound infection
- Inability to empty bladder or burning with urination
- Inability to move the bowels for longer than 3 days
- Please feel free to contact the Physiotherapist if you have any questions or concerns

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