Post Abdominal Surgery

Physiotherapy Instructions
Physiotherapy Department 01 2936692

The following is an outline of instructions and information for patients following abdominal surgery. If you have any questions, the physiotherapist looking after you on the ward will be happy to answer them.

Physiotherapy after your operation
The main aim of physiotherapy after your operation is to get you back on your feet so that you can make a safe transition back home. We are also involved in looking after your chest and breathing, to ensure that you have no complications and avoid any risks of developing an infection. The following is some information for you in regards to pain and specific breathing exercises aimed at maintaining a clear chest. Your physiotherapist will talk you through this, and don’t be afraid to ask any questions you may have.

- Pain
It is normal to have some pain in the days immediately following your surgery. You will be given pain relief to make you more comfortable. However, excessive pain can delay mobility and/or prevent coughing which can lead to chest complications. Therefore, it is important that you always voice any pain you are experiencing, so that appropriate pain relief can be given to you, allowing you to move about more freely, make a speedy recovery and tolerate physiotherapy treatment sessions.
*Only take medications given to you by the nursing staff.

NB: You may also feel discomfort in the abdomen at the wound site when you are performing the breathing exercises, particularly the cough, this is normal but do not fear YOU WILL NOT DAMAGE THE STITCHES OR CLIPS IN THE SCAR/WOUND BY HUFFING OR COUGHING.
Respiratory Care
After an anaesthetic, you may find it difficult to take deep breaths and to cough up secretions. It is therefore important to do regular breathing exercises to ensure you are expanding all parts of the lungs and to clear any build up of secretions, decreasing the risk of infection. Your physiotherapist will instruct you in these exercises, which are explained below:

Breathing Exercises – Active Cycle of Breathing Technique

- Sit in a comfortable position – ideally high up in bed with your head and shoulders well supported by pillows or sitting over the edge of the bed or sitting out in a chair.
- Take a long, slow, deep breath in to fully expand the lungs. Hold for 3 seconds, then breathe out slowly. Repeat this 4 to 5 times.
- Then take a rest, breathing at a relaxed level x approx 10 sec.
- Continue this “cycle” three times.
- The aim of the deep breaths is to loosen any secretions which you may feel have moved into throat and upper airways.
- If you feel these secretions moving, performing a huff will often help to move these sections to the back of throat, and from there, you should be able to clear them with a less vigorous cough.
- When huffing, it is important that you tilt your chin up, and keep your mouth open. Take a medium sized breath in and a short, sharp breath out, as if fogging up a mirror. Repeat this step two to three times.
- For an effective huff/cough, use a rolled up towel/pillow to support your tummy/abdomen and wound.
- You may wish to bend your knees up towards your chest also to support coughing. Remember fewer strong coughs have more effect than a lot of weak ones.

Incentive Spirometry
Incentive spirometry is designed to mimic natural sighing or yawning, therefore, encouraging maximum inflation of your lungs and preventing the build up of secretions. You will be provided with an incentive spirometry device by your physiotherapist. It provides visual feedback on how deep a breath you are taking.
The aim is to take long slow deep breaths in through the incentive spirometer, raising two of the balls and trying to hold them up for three seconds. It will get easier the more often you do it.
• **Mobility**

It is important to mobilize as early as possible post surgery. This will help to facilitate a speedier recovery and in turn assist with your chest care. Your physiotherapist will probably advise you to sit out, and to take a few steps day one post surgery. He/she will be there to assist you the first time you get up. While static positions and walking are not excessively painful, moving out of bed can cause pain. You will be instructed in how to get out of bed on the first morning after the operation. Try to stay out for a minimum of 30 – 40 minutes. The nursing staff will monitor you during this time.

To get out of bed:

- Bend knees up and roll onto side. (This avoids twisting the abdomen and incision).
- Hook your legs over the edge of the bed and push with your arms into a sitting position.
- Reverse these steps to get back into bed.

Getting out of bed for the first time may make you feel **light-headed or nauseous**. This can be a side effect of the general anaesthetic and can be helped by sitting at the bedside for a few minutes and taking deep breaths. If necessary, an injection may be given to control nausea.

Most patients will have connections such as an arm-drip, a wound-drain or a urinary catheter. These are usually removed within 2-3 days. Care should be taken that they are not pulled during mobility.

**Walking**

Try to walk about five metres on the first day with the physiotherapist. Increase this distance gradually. The aim should be that by discharge, you can walk a minimum of 40 - 50 metres with ease.

• **Maintenance of blood circulation**

General anaesthetic and immobility slows down blood circulation, particularly in the legs. To avoid swelling or blood clot formation, pump your ankles and feet up and down for 4 - 5 minutes each hour, as shown by the physiotherapist. Elastic stockings, which may be given to you by the nurse, will also prevent leg swelling. These exercises can be stopped once you have achieved normal levels of mobility.
• **Return to exercise after discharge**

- Always remember that returning to **exercise** should be a **gradual and controlled** process and is based on your level of exercise prior to your surgery. Your physiotherapist will give you a rough guide as to the amount and level to perform.

Walking is the best exercise for the first 2 - 6 weeks. Start off walking on the flat and gradually increase the gradients and the length as the weeks pass by. Remember only walk the distance you can comfortably achieve. If you feel so tired after walking that you need to go to bed to sleep it off, then you will have worked too hard. Exercise may cause fatigue but not extreme amounts.

- In terms of **driving**, discuss this with your consultant. Remember you need to be able to turn to comfortably look over both shoulders as well as carry out an emergency stop to be safe to drive.

- If you are a **golfer**, you should allow the wound to fully heal first, this may take up to six weeks. Always discuss this with your consultant if in doubt. Try testing yourself at the driving range first to see how comfortable you feel!

*“Do’s and Don’ts”*

- Avoid heavy lifting and pushing
- Avoid bending repetitively especially with associated lifting
- Delegate any heavy housekeeping chores e.g. vacuuming or lifting washing baskets, to someone else!
- Do sit in a chair which is easy to rise out of
- Try and avoid carrying children for long periods
- Don’t forget to rest
- If in doubt ask….GP, nursing staff or physiotherapist.