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# ***Physiotherapy information for patients after abdominal surgery***

**Physiotherapy Department  
Aberdeen Royal Infirmary**

## During your hospital stay

### ***Pain relief***

Any operation involves some pain and discomfort but there are several measures taken to minimise this. Before your surgery, the anaesthetist and nursing staff will discuss the types of pain relief you can have.

The main methods are:

- An epidural infusion – a small tube is inserted into your back and connected to a drip that delivers continuous pain relief.
- A Patient Controlled Analgesia (PCA) pump. This is a handset you control; just press the button to give yourself a set amount of pain relief through the pump.
- Other methods – for example; oral medication (such as tablets), injections etc.

Whatever your pain relief, please let nursing staff know if you feel discomfort so they can help relieve it. Apart from not wanting you to be sore, it's also very important your pain is under control. This will allow you to breathe well and to move easily in and out of bed to help your recovery.

## ***Breathing exercises***

After an anaesthetic, there's a small risk of developing a chest infection. You can help to avoid this by doing your breathing exercises, which help to expand your lungs and minimise this risk. The exercises are particularly important for people who have a history of smoking or respiratory (chest) conditions.

The best position to deep breathe is sitting upright with your back supported (see picture below).



**Position for deep breathing exercises**

First, relax by letting your shoulders drop. Next, concentrate on filling your lungs as deeply as you can, breathing in through your nose. Hold your breath for a few seconds and finally breathe out through your mouth. Complete three deep breaths every 20 minutes.

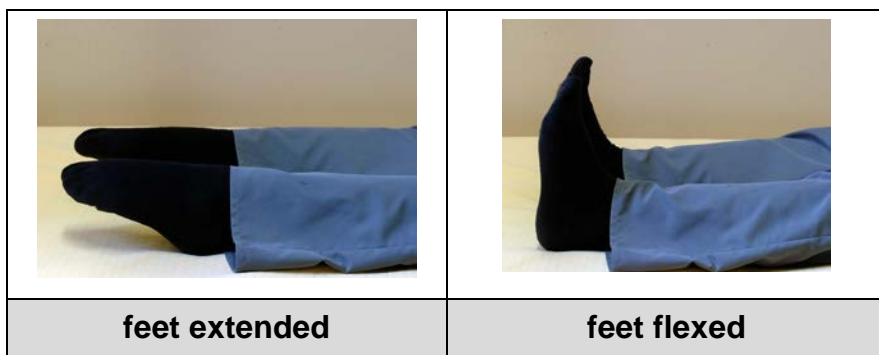
To keep your chest clear, it's important to cough. This will not damage your wound, however to make it more comfortable we recommend you support your wound. You can do this by applying a light pressure with your hands over the wound or if you prefer, place a pillow on your stomach, resting your arms on top.

## ***Getting up and about again***

At first although you may feel a little reluctant to move and uncomfortable after your operation, it's important to get going. We encourage most people to get out of bed on the first day after their surgery. This helps to relieve stiffness, boost circulation, improve breathing and aid movement of your digestive system.

Exercises that you can do in bed will help your circulation. We encourage you to do these from the day after your surgery. These include:




- Bend your feet up and down 20 times.



- With your legs out straight, push the back of your knees into the bed so that you can feel your thigh tighten. Hold for 5 seconds and relax. Repeat 10 times.
- Squeeze your buttocks together and hold for 5 seconds. Repeat 10 times.
- Start with your leg out straight, slowly bend your knee towards you, keeping your foot on the bed then return to the start position. Repeat 10 times for each leg.

When it's time to get out of bed for the first time, the nursing staff or physiotherapist will be there to guide and help you if needed.

The best way to get out of bed without straining your wound, is to bend your knees up and roll on to your side. Next, ease your legs over the edge of the bed and push yourself up to sit using your arms until you're sitting (see pictures below).

	<p><b>Bend your knees.</b></p>
	<p><b>Roll onto your side.</b></p>
	<p><b>Swing your legs over the edge of the bed and push yourself up to sit using your arms.</b></p>

Gradually move to the edge of the bed before standing. When standing for the first time, it's important to let staff know if you feel dizzy and to allow this to settle before moving.

If you had an epidural, it's common to have reduced feeling of your legs for a short time afterwards. If this is the case, please let staff know before getting up.

From the first day onwards, your mobility will be increased with short, regular walks around the ward. If at any time you have difficulty with this, the physiotherapist will help you or give you a walking aid if you need one.

To help the physiotherapist assess how difficult you find an activity, they may use a measure known as the Borg Scale. This helps them follow your progress and show you how you are improving. Aim for 11 to 13 on the scale at first.

**The Borg Scale is shown on the next page.**

## BORG SCALE

6			<i>Whistle</i>
7	Very very light	A DODDLE	
8			
9	Very light	A SKOOSH	
10			<i>Sing</i>
11	Fairly light	NAE BOTHER	
12			
13	Somewhat hard	PECHIN'	
14			<i>Talk</i>
15	Hard	WABBIT	
16			
17	Very hard	PUGGLED	
18			<i>Gasp</i>
19	Very very hard	KNACKERED	
20			

Reference: Borg, G.A.V., (1982) in Medical Science Sports Exercise 14(5) '*Psychophysical basis of perceived exertion*', pp 377-381

## After you leave the ward

### ***If you had laparoscopic (keyhole) surgery***

- Usually your recovery is quicker than if you had a laparotomy (major open surgery).
- Gradually increase your activity until you feel back to normal. Consult your surgeon/GP before returning to any sporting activity.
- You should feel completely well before returning to work. Be advised by your surgeon/GP.
- You can start driving again after 48 hours if you feel safe to do an emergency stop. Please check with your insurance company and be guided by your surgeon/GP.
- **Please note that the rest of the information on this page and on pages 8 and 9 is for people who have had major open surgery.**

### ***If you had a laparotomy (major open surgery)***

It's important to allow your body to recover after your operation, which can take approximately six weeks. For the first few weeks, you'll tire easily and need regular rest, which will help your wound, heal. However, it's important not to stay in bed.



## **From now until six weeks after major open surgery**

### ***General information***

You may only start driving again once you can safely and comfortably do an emergency stop. This may be 4 to 6 weeks. Please check with your insurance company and be guided by your surgeon / GP.

Housework should be light duties only. **Avoid** vacuuming, carrying shopping, overstretching and heavy lifting for the first 6 weeks. Heavy duties can put a strain on your wound and stomach muscles.

### ***Walking***

This is the best form of activity at this time.

Start with gentle short walks regularly increasing your walking distance daily, as you feel able.

Use the Borg scale to help you progress. Aim for 11 to 13 on the scale at first.

## **Six weeks and more after major open surgery**

### ***General information***

Low impact sport such as swimming or cycling is possible 6 weeks after surgery.

Avoid energetic, high impact activity or competitive sport for 3 months. If you are unsure, check with your GP, especially if your wound is not healing.

### ***Walking***

You should be walking regularly as able or be returning to your level of activity prior to your surgery.

You may be aiming to 13 to 15 on the Borg scale by 3 months after surgery.



### ***Return to work***

This will depend on the type of work you do and speed of your recovery. If your job involves light duties you may return to work sooner than if your job involves prolonged standing or lifting. Also, if your job involves driving please remember these restrictions. General guidelines are light duties from 8 to 10 weeks and heavy duties 12 to 14 weeks after surgery. If you're unsure, please ask your surgeon / GP.

## ***Contact details***

If you have any questions about your operation, please contact your ward or GP.


### **Ward 206**

 **01224 553366** 

### **Ward 207**

 **01224 553364** 

### **Ward 208**

 **01224 552132** 

Or

**NHS 24**

 **111** 

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