Postoperative Instructions After Your
Gynecologic Surgery

General Post Surgical Tips:
After anesthesia you help your body recover by doing simple things:

**Help keep lungs clear:** Hold a pillow to the abdomen and forcefully exhale. This will help decrease discomfort during a cough, sneeze or when changing positions.

**Avoid constipation:** Postoperative inactivity and pain medication can cause constipation. Include plenty of fluids and fiber in your diet. To help yourself have a bowel movement, position yourself on the toilet with knees apart, and feet flat on the floor. Lean forward, rest your arms on thighs to support yourself. Let pelvic floor muscles relax. (If this is difficult first contract the pelvic floor muscles noticing the difference and maintaining the relaxed state.) Initiate a bowel movement by hollowing or pulling in abdominals rather than holding your breath and bearing down. It is very important to avoid straining with a bowel movement. Contact the advice line if your constipation does not resolve with these measures.

**Avoid blood clots:** Frequently move your ankles in small circles whenever you are at rest.

**Use good body mechanics:** Using good body mechanics decreases the pressure on you pelvic floor muscles and surgical repair. You can support your repair during movement by tightening the pelvic floor (kegel) muscles (contract the vaginal and rectal muscles as if to hold in urine and gas) and by gently contracting the abdominal muscles during daily activities.

Movement Tips:
Breathe normally during movement; avoid breath holding

**To Get Into Bed:** Sit at edge of bed, using your arms lower yourself to your side as you bring your legs onto the bed. Roll to your back with knees held hip width apart rather than separating legs.

**To Get Out of Bed:** Roll to your side; lower legs over the edge of the bed and push with your bottom elbow and top hand against the bed to sit upright.

**To Get Out of a Chair:** Come to the edge of the chair, keep your knees somewhat apart and squeeze buttocks as you stand up.

**To Get in a Car:** First sit down on the seat by backing in, keeping both knees together; pivot to get into car.

**Lifting:** Avoid lifting anything over 10 lbs for 6 weeks after your surgery. (A gallon of milk weighs 6 lbs.) Bend your knees and hips when lifting. Avoid bending from the waist. Gently contract your pelvic floor and abdominals, and exhale as you lift the object to minimize strain on the incision and your surgical repair.

**Stair climbing:** Stair climbing should be kept to a minimum. For the first 2-3 weeks limit to 1-2 times per day. You may need to move more slowly than usual due to normal post surgical fatigue and discomfort. After 2-3 weeks, you may go up and down the stairs 3-5 times a day. Try to consolidate your trips.

**Walking:** Walking should be a minimum for the first 2 weeks. After that short walks in the neighborhood are ok.
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**Scar Mobilization:**
Scars are the natural, expected biological result of surgery to the skin. If you have abdominal scars, begin using topical moisturizers at 3-4 weeks postop to massage gently along and across the scar. This will promote flattening and smoothness of the scar, as well as prevent dryness. Sunscreens (SPF of 30 or higher) will prevent dark discoloration of the scar and should be used until the scar is no longer red or pink. This may take as long as 1 or 2 years. Vitamin E, Aloe Vera and silicone gels are available in pharmacies. They have all been shown to be helpful when massaged daily onto the scar. You may use the product of your choice as there is no definitive evidence to show superiority of one product over another.

**Regaining Core Strength After Gynecological Surgery**
In general, you may begin these exercise 2 weeks after surgery. If any of these exercises cause pain please stop immediately and contact your surgeon.

**General Guidelines:**
Contract your pelvic floor and abdominal muscles when lifting to help protect your low back as well as to begin to re-strengthen these areas. (Do this by gently tightening the vaginal and rectal muscles as if to hold in urine and gas while also pulling in abdominal muscles as if to zip up jeans. Breathe normally as you do this)

Resume walking in 15 minute increments and gradually transition to brisk walking as your energy level returns.

**Core Training:** Maintain normal breathing during exercise. Do not hold breath during exercise as this can increase pressure on your surgical repair.

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**One Leg Heel Slide:** Lie on back with knees bent. Contract pelvic floor and abdominal muscles as you slowly slide heel away from body and straighten leg. Relax. Contract muscles again as you slide heel back to start position. Begin with 10 on each side and work to 20-30.

**Single Leg Fall Out:** Lie on back with knees bent, hip width apart and feet flat on floor. Breathe in, as you breathe out do a pelvic floor contraction and let one leg fall slowly out to the side. Relax. Do a pelvic floor contraction and bring leg back to starting position. Begin with 10 repetitions on each leg and work to 20 repetitions. When you can do 20 with each leg begin to do both legs together. Start with 10 and work to 20.

**Hands and Knees:** On your bed get into a hands and knees position so that you are square: hands under shoulders and knees below hips. Allow your back to relax into normal curve. Breathe in and as you breathe out do a pelvic floor contraction and try to gently pull abdominal muscles toward spine. Hold 5 counts, begin with 10 repetitions; work to hold 10 counts, 3 sets of 10 repetitions.

**Pelvic Floor Strengthening (Kegels):** Contract pelvic floor muscles as if to stop the flow of urine and gas. The muscles should move up and in; you may also feel your lower abdominal muscles draw inward. Contract muscles, hold for 5 counts, repeat 10 times. Do 2 sets of this exercise twice daily.

**Bridge:** Lie on back with knees bent and feet flat on bed/floor. Gently contract your buttock muscles and lift your hips about 4 inches off the bed/floor. Hold 5 counts, repeat 10 times, work to 20.

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