Fit Following Surgery

Advice for trans men, trans masculine and non-binary people following hysterectomy

POGP
PELVIC OBSTETRIC & GYNAECOLOGICAL PHYSIOTHERAPY

EDUCATES, SUPPORTS AND PROMOTES SPECIALIST PHYSIOTHERAPISTS

Introduction

This booklet was written with and by trans/non-binary people alongside members of Pelvic Obstetric and Gynaecological Physiotherapy (POGP) a recognised professional network of Chartered Society of Physiotherapy (CSP).

The booklet is for trans/non-binary people who were assigned female at birth, This booklet is a general guide for people following the removal of the uterus (hysterectomy) and/or the fallopian tubes and ovaries (salpingo-oophorectomy). Throughout the booklet we refer to the vagina as the 'front-hole' and utilise as little gendered language as possible, whilst maintaining clarity about which parts of the body are being discussed.

Your operation may have been performed through an incision on your lower abdomen (laparotomy) or by keyhole (laparoscopy) or through the front-hole.

Rates of recovery will vary and may depend on your age, lifestyle and fitness level before the operation. Quitting smoking before your surgery and keeping smoke free after your surgery will help your recovery even more. For more advice on how to quit please visit https://www.nhs.uk/better-health/quit-smoking/ or download the NHS Smokefree App.

This booklet will advise you how to:

- Move easily and rest comfortably after your operation
- Exercise to prevent chest and circulatory problems
- Exercise the abdominal and pelvic floor muscles
- Regain your previous level of fitness following surgery

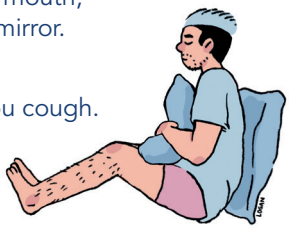
It is advisable to practise your exercises before you go into hospital, as it helps to prepare for your operation. It is important that you and your family understand that although the outside scar can heal very quickly, it takes longer to heal on the inside; allow yourself time to recover fully.

The Day of your Operation

Breathing exercises: You may find it helpful to practise deep breathing exercises after surgery if you have mucus to clear from your chest. It may also help you relax, relieve nausea and move any trapped wind. Practise the breathing exercises in side lying. Take a deep breath in through your nose, hold for a count of 2 and then slowly sigh the air out through your mouth. As you breathe in relax around your abdomen and feel your waist expand. Try this 2-3 times and then rest. Repeat this every hour.

Huffing: This breathing technique will also help to clear any mucus from your chest.

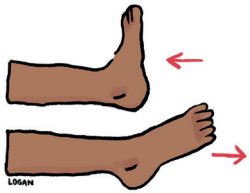
Take a normal breath in, and then breathe out through your mouth, making a huffing sound as if you were going to steam up a mirror. Repeat whenever you feel necessary.



Coughing: You will not harm your stitches or scar when you cough. You will feel much more comfortable and able to cough if you support your stitches with your hands, a folded up towel or a pillow.

Circulation exercises

When in hospital, you may be given TED stockings (special support stockings to reduce the risk of blood clots). However, you should also do the following exercises to help maintain blood flow in your veins and to help reduce the risk of blood clots developing. When you are resting in bed move your feet and ankles up and down briskly for 30 seconds every hour to help your circulation.



Getting moving

Once your surgeon allows, we encourage you to mobilise (move about) around the ward. Mobilising little and often throughout the day will aid in your recovery. It is important to increase this gradually as you feel comfortable.

How to get out of bed

- Roll onto your side
- Push up with your hands
- Lower your feet over the side of the bed
- If you have abdominal stitches, you may want to give some extra support by holding onto your tummy with a rolled towel or your hands as you come forwards.

Toilet Advice

You may have a urinary catheter in your bladder after your operation. When you first try to empty your bladder on your own, make sure that you sit down properly on the toilet. If you hover over the toilet seat your bladder may not empty properly. Take your time and try to relax.

It is important to drink normally (1.5 to 2 litres per day), and water is best. This will help your bladder and bowels to work well. You should pass urine every 3 to 4 hours throughout the day. Avoid going to the toilet to pass urine 'just in case'. If you are having difficulty passing urine or you have any altered sensation of the need to go, it is important that you tell your doctor immediately.

Moving your bowels

It is important to avoid constipation as this puts extra unnecessary pressure on your pelvic floor muscles and operation site. Eating plenty of fruit, vegetables and fibre can help. Also, make sure that you are drinking enough fluids.

- Do not strain
- Sit fully on the toilet seat - do not 'hover'
- Have your feet apart and raised up on a stool/ support, with your arms resting comfortably on your thighs
- Keep your tummy relaxed; don't tighten your abdominals
- Avoid breath-holding; try to have a relaxed breathing pattern
- A slight bearing down will help the stool to open the back passage for the bowel movement
- Some people may find it helpful to support the perineum (the area just in front of the back passage) by applying some pressure with a clean hand or pad, when emptying their bowels

If you feel constipated, or have an increased need to strain when passing a bowel motion, talk to your doctor about medications that may help.

Early Exercise

Pelvic Floor Muscle (PFM) Exercises

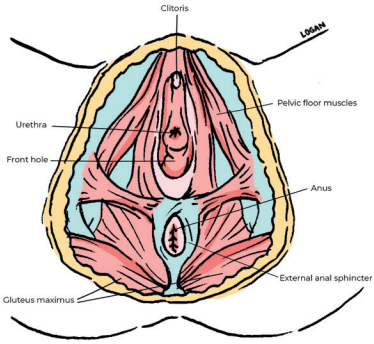
Your pelvic floor muscles span the base of your pelvis. They:

- keep your bladder and bowel closed (stop urinary or faecal incontinence)
- help with sexual function and pleasure
- help with the stability of the pelvic and lumbar joints
- support your pelvic organs helping to prevent prolapse

Your pelvic floor muscles need to be strong, but they also need to work in the right way at the right time. It is important that you get these muscles working again after your operation to help with recovery and to prevent problems in the future. Once the catheter has been removed and you are able to pass urine on your own, start exercising them gently.

Imagine that you are trying to stop yourself from passing wind at the same time as trying to stop passing urine. You should feel a squeeze and a lift from the back passage to the front. Do not hold your breath. Do not clench your buttocks.

Pelvic floor muscle exercises (sometimes called Kegels) should include long squeezes as well as short, quick squeezes. You should aim to work the muscles until they tire and do the exercises regularly to help the muscles become stronger and more effective.



Long squeezes

- Tighten your PFM, hold them tight, then release and let them fully relax. How long can you hold the squeeze?
- Repeat the squeeze and hold until the PFM tire. How many times can you repeat the squeezes?
- Eventually aim to hold for 10 seconds and repeat it 10 times

Short squeezes

- Quickly tighten your pelvic floor muscles, then immediately let them go again. How many times can you do this before the muscles tire?
- Always let the muscles fully relax after each squeeze
- Eventually aim to repeat this 10 times

You may need to start with 'little and often' if you find that you can only hold the squeeze for a short time, or only do a few before the muscles tire. You should do your PFM exercises at least 3 times a day. Starting in lying and sitting positions and progressing to standing and active positions such as walking and bending. Build up your exercise routine gradually over the weeks and months. If your muscles were weak, you should notice an improvement in 3-5 months.

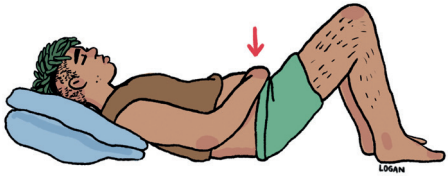
You should continue your PFM exercises throughout your life. By doing this you will reduce your risk of developing issues with your bladder / bowel control and/or any other pelvic floor symptoms from occurring. Seeking out a Specialist Pelvic Health Physiotherapist can be of great benefit if you are having any symptoms or concerns.

Abdominal Exercises

The deepest abdominal muscles are called Transverse Abdominals (TA) and they work together with the other abdominal muscles and your pelvic floor muscles to support your back and help with good posture.

It is important to get the basic TA contraction right. It is not always easy - seek help if you are finding it difficult. (If you are finding lying on your back uncomfortable this exercise can be adapted to a side lying position).

1. Lie on your back with your knees bent, feet on the floor/bed and relax into the floor/bed
2. Find neutral spine - neither too tucked nor too arched
3. Lay your hands on your lower abdominal muscles (as shown)
4. Breathe in gently allowing your tummy to rise. As you let the breath out, keep your back and ribs relaxed while drawing in your lower tummy (at the navel/ belly button level) towards the spine. You will probably feel the muscles under your fingers tense up. Keep the spine in the neutral position and the pelvis still
5. Keep this contraction in the deep abdominals for 2 or 3 breaths and then relax fully
6. Eventually aim to hold for 10 seconds repeating 10 times



Going Home

Your stay in hospital will vary depending on the type of surgery you have had. Even when your wound heals, healing continues in the deeper tissues. Take advantage of any help offered.

Travelling

You may be more comfortable if a towel, folded into a pad, is placed across your abdomen.

When getting into the car

- Lower yourself backwards into the seat by bending your knees, holding on to the frame of the door for support
- Move yourself back into the seat
- As you turn to face forwards lift one leg at a time into the car
- To get out of the car reverse this procedure

0 to 6 Weeks

This is when the initial healing takes place. The wound needs time to heal on the inside, even if it appears healed on the outside quite quickly.

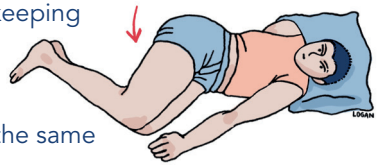
- Avoid standing still for long periods (30 mins or more), particularly in the early days post-op
- Avoid heavy lifting e.g. bags of groceries
- Continue with your pelvic floor exercises and abdominal exercises. Try to progress to the pelvic tilt, knee rolls and one leg stretch exercises
- Daily walking, starting with short distances and building up gradually
- Remember to listen to your body, and stop if anything is uncomfortable

Further Exercises

1. **Pelvic tilt** - Do a basic abdominal contraction, drawing up your pelvic floor muscles at the same time, and flatten your lower back into the floor/bed allowing your pelvis to tilt. Hold this position for a few seconds while you breathe normally, and then relax. Repeat a few times. Gradually increase this to 10 repetitions

   This exercise may also be useful for relieving trapped wind and backache after your operation.

2. **Knee Rolls** - Do a basic abdominal contraction, keeping your back still on the bed, and your knees and feet together, slowly let both knees go to one side. Bring them back to the middle and relax. Repeat the basic abdominal contraction and do the same exercise to the left side.



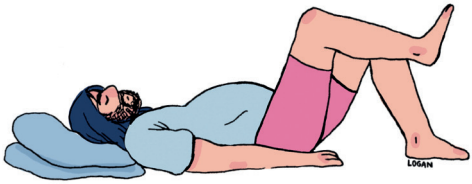
3. **One leg stretch** - Do a basic abdominal contraction, drawing up your pelvic floor muscles at the same time then gently slide one heel away from you, keeping the heel in contact with the floor/bed. Do not hold your breath. Repeat for the other leg.

6 to 12 Weeks

- Try to progress to the alternate knee bends, single knee fallout and bridging exercises
- Try low impact exercises such as swimming, cycling, low level Pilates, cross-trainer, more vigorous walking or gentle aerobics. Make sure that any discharge or bleeding has stopped before you do
- If you are exercising with an instructor or personal trainer make sure that you tell them that you have had a recent operation

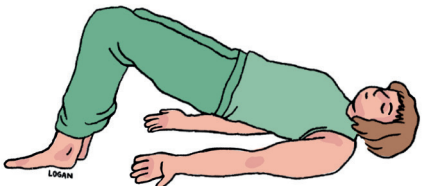
Progressing your Exercises

4. **Alternate knee bends** - Do a basic abdominal contraction and draw up your pelvic floor muscles. Keeping your spine in neutral, bend your hip and float your knee up as far as is comfortable. Hold for a short count then lower your foot to the floor with the abdominal muscles staying active. Do not hold your breath.
   Repeat for the other leg and do on alternate sides for several repetitions.



5. **Single knee fallout** - Do a basic abdominal contraction and draw up your pelvic floor muscles. Allow one knee to gently fall to the side as far as you can keeping the pelvis still then return the knee to the midline position keeping the abdominals active throughout the movement. Relax the abdominals and pelvic floor muscles before repeating the exercise on the other side.

6. **Bridging** - Do a basic abdominal contraction and draw up your pelvic floor muscles. Starting in a lying position on the floor, very gently curl the pelvis inwards starting from the tailbone and bit by bit roll your spine away from the floor to create a bridge above the floor. Imagine that you are lying on a strip of velcro peeling yourself away from it. Gently roll back to start position. You may feel that you do not get very far at first but don't worry it will feel easier with practise.



Returning to Driving

It may be some time before you are ready to drive, depending on the type of surgery that you have had. This varies from person to person, so you need to check with your doctor, and also with your insurance company regarding what your policy allows.

Physically, you need to be comfortable and able to:

- Wear the seatbelt comfortably
- Press a brake pedal hard enough for an emergency stop; practise this whilst stationary first
- Turn to look over your shoulder, and turn the steering wheel without pain

Returning to Work

You may feel ready to return if your job is not physically demanding or is part time. If your job involves heavy lifting, returning to work will take longer, 10-12 weeks depending on how physically demanding it is. Your employer may offer you a phased return to work.

Resuming Sexual Activity

The right time to resume sexual activity will vary from person to person. You may want to wait 4 weeks before resuming sex, and at least 6 weeks for receptive penetrative sex, but be guided by how ready and comfortable you feel. Make sure that any bleeding has stopped. If you feel that this is too soon, then wait until your doctor advises that it is safe, and you feel ready.

12 Weeks +

You will need to wait at least three months before you start more physically active exercise including high impact activities and competitive sports. You should ask your Specialist Pelvic Health Physiotherapist for specific advice if you are unsure.

Glossary

Gender Affirmation: A process, or series of processes that affirm a person's gender. This could include social changes (like switching from 'he' pronouns to 'she' pronouns) or clinical interventions such as speech & language therapy, hormone therapy, or surgical interventions.

Front-hole: This resource uses the term 'front-hole' to refer to the vagina/vaginal opening. We have used this term in acknowledgement that some trans/non-binary people can find certain medical terms triggering or distressing.

Gender identity: This refers to person's internal sense of self and whether they are male, female, neither male nor female, or a combination of the two.

Hormone therapy: Most commonly, hormone therapy for trans men, trans masc and other AFAB non-binary people will consist of testosterone in the form of gel or injections; though not all trans people will choose to undergo hormone therapy.

Lower surgery: In the context of trans men and other trans-masculine people, lower surgery most commonly refers to gender-affirming surgeries that restructure the genitals in order to create a penis (through procedures called metoidioplasty or phalloplasty) and/or testicles. Some trans people may decide to undergo a hysterectomy (removal of the uterus) either as a stand-alone procedure or as part of metoidioplasty or phalloplasty surgeries.

Non-binary: A trans person who identifies their gender as being neither male nor female. This could be a combination of the two or something else entirely. Non-binary identities can be static (i.e always the same) or fluid (i.e. may change over time or context)

Sex assigned at birth: The sex noted on a person's birth certificate, based on the appearance of their genitals at birth.

STP/Stand-to-Pee devices: These are devices which aid the user to stand up to urinate into a urinal or toilet. They may be a discrete device with a tube and funnel that fits to the body when in use, or they could be concealed within a prosthetic which creates the appearance of a penis (often referred to as a 'packer').

Trans or transgender: An umbrella term used to describe any person whose gender identity differs from the sex that was assigned at birth in some way. This is often commonly shortened to 'trans'. E.g. trans men (those with a male identity that were assigned female at birth), or trans women (those with a female identity who were assigned male at birth).

Trans masc: A trans person (most commonly someone who was assigned female at birth) whose identity falls at the masculine end of the spectrum.

Trans man: A man who was assigned female at birth. A trans man's identity is separate from his gender presentation and his identity is not dependent on or defined by access to clinical interventions.

Testosterone therapy: Taking testosterone impacts the body in a number of ways. As well as causing vocal changes, and increasing body and facial hair, testosterone (or 'T') is commonly associated with clitoromegaly (i.e., enlargement of clitoris, which creates the appearance of a small penis) as well as vaginal atrophy (a thinning of tissue inside the front-hole) comparable to that of menopausal women.

Triggering: Certain words, phrases or experiences might 'trigger' feelings of anxiety, panic or dysphoria for trans/non-binary people. Approaches to pelvic health are often very gendered with regards to language and some words for body parts, as well as some exercises that focus on the genitals could trigger negative feelings or distress.

Comments