

Pain Relief / Analgesia

- We recognise that you may experience some pain, wound discomfort and feel tired following your operation. It is during this time that potential chest and circulatory problems may occur.
- Some patients may have a form of pain relief called an epidural. This can cause a heavy feeling or numbness in the legs. This is normal.
- The doctors and nurses will ensure that you have adequate pain relief prior to physiotherapy. It is important to tell the nursing staff if you feel your pain is not under control.

Positioning

- Good posture is important and it can help to reduce the risk of developing chest problems after surgery. Sitting upright in the bed or in a chair is the most desirable position and makes it easier to carry out your exercises.

Breathing Exercises

Exercises 1

- Sitting comfortably either in the chair or high up in bed, rest your hand lightly on your tummy and relax.



Exercises 2

- Breathe in slowly through your nose.
- You should feel your tummy rise out against your hand keeping your upper chest and shoulders relaxed.
- Then **sigh out gently** through your mouth. This is called **abdominal breathing**.
- Repeat 3 times.



Exercises 3

- Take a **slow deep breath** in through your nose and feel that your rib cage is moving and expanding at the side.
- Hold this for 2-3 seconds and then **sigh out** slowly through your mouth.
- **This is deep breathing.**
- Repeat 3 times.

Exercises 4

- Repeat step 2- Abdominal breathing.

Exercises 5

- Now bend your knees up and support your wound with both hands.
- Take a slow breath in and quickly force the air out from your open mouth as if to steam up a mirror or pair of glasses.
- This is called a **huff**. Huffing moves phlegm from the small airways to the larger ones, where they are removed by coughing.

Exercises 6

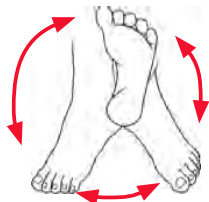
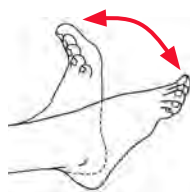
- If necessary you may need to cough to clear any phlegm.
- **Remember to support your wound with both hands.**
- This completes the cycle of breathing exercises and you should repeat them every hour throughout your waking day.



Circulation / General Exercises

Exercises 1

- In bed or sitting in a chair, briskly bend your ankles up and down 10 times.



- Then circle your ankles 10 times.

Exercises 2

- When in bed bend one knee up, and then gently straighten it down again.



- Repeat 5 times on both legs.

Exercises 3

- When in bed, push the back of your knee firmly down against the bed.

Hold for 5 seconds then relax.



Repeat 5 times on both legs.

Exercises 4

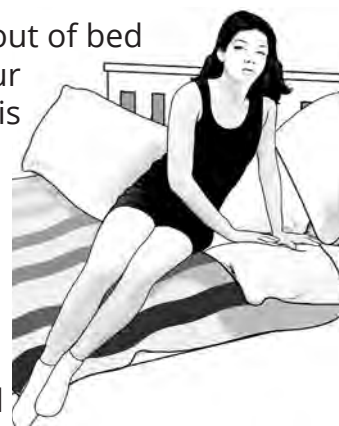
- With both knees bent in bed, gently move your legs from side to side in a rolling motion as far as is comfortable.



- **These exercises should be done hourly** Your physiotherapist will continue to check you are managing your exercises. You will no longer need to see the physiotherapist when your chest is clear and you are mobile.

Getting in and out of bed

- The best way to get out of bed without straining your wound or your back is to bend your knees up and roll onto your side.



- Ease your legs over the bed and push yourself up to sit using your arms until you are eventually sitting.
- Move to the edge of the bed then progress slowly to standing, push up through your arms.
- This process should be reversed to get back into bed.
- When standing or walking, a good upright posture is essential and will help to protect your back. You will be helped with this if needed.

Mobility

- You may feel a little reluctant to move very much and may expect to be a little uncomfortable following your operation.
- However, **it is safe to move** and we very much encourage exercising your legs and general mobility. This will help relieve stiffness and boost the body's circulation and can help reduce the risk of developing any blood clots.

Goals

- Before you are discharged home you should be able to:
- Get in and out of bed by yourself. Have your pain controlled with pills.
- Get to the bathroom with little or no help and manage all aspects of personal care.
- Wash and dress yourself with minimal help.
- Walk around the ward with or without use of a walking aid.
- **Goals are to be met and adjusted with the guidance of a physiotherapist or nurse.**

Work

- Your consultant and GP will guide you as to when to return to work as everybody recovers at a different rate depending on age/fitness/type of surgery. Returning to work will depend on the type of job you do. You will be able to return to light duties (e.g. desk work) sooner than if your job involves standing or lifting.

Daily Activity

- It is safe to try light duties around the house when you feel ready. Avoid strenuous lifting e.g. lifting the Hoover, washing basket, shopping bags or gardening for at least 6 - 8 weeks.

Driving

- This is dependent on your rate of recovery. You must be able to do an emergency stop, park and reverse or turn. You may find your concentration is variable the first few weeks. It is unlikely you will feel confident or be competent to drive before 5-6 weeks after your operation. Remember you must be comfortable wearing a seatbelt. ALWAYS check with your insurance company before returning to drive.

If you require any further information, please contact:

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For Physiotherapy advice and self care information, visit:
<https://www.nhshighland.scot.uk/msk>

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