

# Physiotherapy and the Enhanced Recovery Programme

Physiotherapy Departments

[www.ulh.nhs.uk](http://www.ulh.nhs.uk)

## **Aim of the leaflet**

The aim of this leaflet is to introduce the role of the Physiotherapist within the Enhanced Recovery Programme currently being undertaken throughout ULHT. Depending on when you are referred to us the assessment may take place before chemotherapy, before surgery or post operatively.

At assessment you will be asked questions about any chest problems, normal levels of activity, occupation (if appropriate), home situation, problems with joints and any other mobility problems you have.

From this assessment we can plan your treatment working around the milestones set within the Enhanced Recovery Programme you are on.

Early mobilisation and breathing exercises will minimise your risk of developing a chest infection or blood clot following surgery.

Your milestones are a minimum daily goal that you should strive to achieve. You may be able to do more in which case it is important that you do. You will have lots of equipment attached to you, we will work around this. It doesn't mean you cannot get up and walk!

If you are given an **incentive spirometer** prior to your surgery please ensure that you bring it in with you as you will be using it post-operatively. You will be taught how to use it correctly at clinic.

## **Post operatively**

You should start your breathing exercises and leg movements (indicated below) as soon as you feel able to on the evening of your surgery. The nursing staff will prompt you but it is also your responsibility to remember to do this.

## **Breathing exercises**

These are techniques aimed at maintaining your chest as it was before your operation and preventing any deterioration or infection. They also help to remove any phlegm from your chest that may build up after the anaesthetic.

You should make sure that you are in an upright position to do these exercises, if you are slumped in bed they will be ineffective. The nursing staff will help to reposition you in the early stages after your surgery.

To do breathing exercises ensure your shoulders are relaxed and take a deep breath in through your nose and breathe out through your mouth. You should feel the base of your chest and abdomen moving out as you breathe in and then release with the breath out. Repeat this 6 times.

If you have been given an incentive spirometer please start to use it now. Take a slow deep breath in, hold the breath at the end for five seconds, remove the spirometer from your mouth and breathe out. Repeat this 6 times in total.

## **Coughing**

You may find these exercises loosen some phlegm and you may need to cough. This can be uncomfortable following an operation so trying the following may help:

- Supported cough - place your hands, a blanket or pillow over the area where it hurts and apply a gentle pressure before you cough.
- Huffing (forced expiratory technique) - with your mouth open wide take a deep breath in and push the air out hard and fast (like you are steaming up a mirror).

You should continue your breathing exercises hourly following your operation until your physiotherapist tells you to stop.

## **Leg exercises**

These exercises are important to maintain the strength and circulation in your legs until you are walking again. These should be done after your breathing exercises:

- Move your ankle up and down as quickly as possible for 15 to 20 seconds and then swap legs.
- One leg at a time straighten your knee back into the bed and tighten up your thigh muscles, then swap legs.
- One leg at a time lift the leg about 2 inches from the mattress with a straight knee and hold for about 3 seconds, then relax and swap legs.
- Repeat these exercises five times each hour if able.

## **Mobility**

Each programme has its own targets for walking. You may find that you are attached to a lot of drips and drains following your surgery. Once you are stable enough to be out of bed we will try and get you walking - this will ideally be on your first day after surgery with most programmes. Don't worry about the attachments - they are all light enough to be taken with you. The normal aim is once you are mobile enough and gaining independence, things like catheters can be removed and you can be up and about easier. Each day we will try and increase your distance as it will help you regain your stamina ready for discharge.

## **On discharge**

### **Planning for discharge**

Planning for discharge starts before you come into hospital. Things that may concern you could include "Will I be able to get up and down stairs at home on my own?" We can help and advise how you can overcome this concern.

### **Lifting**

It is recommended that you do no heavy lifting for 4 to 6 weeks after your surgery. During this time be careful that the activity you are doing is not strenuous - you are allowed to lift a full kettle of water. Gradually increase the activity until at 3 months you are able to continue as before your operation.

Remember to use a safe technique - hold heavier loads close to your body and distribute weight between both arms. When picking objects up off the floor bend your knees and maintain a straight back using the strength in your legs to return to an upright position.

## **Activity levels and exercising**

It is common to feel tired after major surgery and it is important you build up your level of activity gradually. It is also important not to go home and rest all of the time.

Your level of fitness will be lower following your surgery.

If you have been given exercises before your surgery you can now restart them after discussion with your ward physiotherapist.

Walking is the best exercise for maintenance of general fitness (if you are able to do it) and it is easy to monitor your progress - you can increase the time or distance you walk gradually once you have been discharged home. You should be able to walk and talk when you are out exercising.

It is recommended that you avoid high impact exercise for approximately three months after your operation e.g. aerobics, running.

Pace your activities throughout the day - it is normal to have good and bad days, listen to your body and rest as necessary.

## **Driving**

DVLA do not have to be informed after an operation unless there is a long term problem that has developed which will affect your safety. We strongly advise you to contact your insurance company prior to driving again as some companies do not insure drivers for a period of time after an operation.

You should avoid driving for 4 to 6 weeks post surgery. After this it is your responsibility to ensure that you can manoeuvre your vehicle safely and comfortably. Remember you have to be able to reverse, swing the wheel in an emergency and perform an emergency stop without worrying about your wound. If in any doubt ask your consultant or GP.

Make sure the seatbelt is comfortable over your wound. There is no exemption for wearing a seat belt so ensure that if there is irritation or discomfort from the seatbelt - place a small pillow or towel between you and the seatbelt.

## Physiotherapy Department contact details

If you have any questions relating to your physiotherapy please contact:

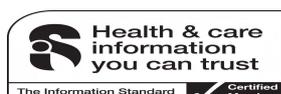
### Physiotherapy Departments

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Boston .....01205 445359  
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## References

If you require a full list of references for this leaflet please email [patient.information@ulh.nhs.uk](mailto:patient.information@ulh.nhs.uk)

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