

Post-natal physiotherapy

Why is it beneficial? What does Physiodynamix do?

Recovery from Caesarian Section

Having a caesarian section is like undergoing any other surgery. There are certain preventative measures that are taken to make sure that no complications occur post-operatively. And there are some do's and don'ts that speed up the recovery process. Just getting in and out of bed can be a challenge initially. And needing to cough or sneeze becomes a planned rather than spontaneous event. Your physiotherapist will teach you how to move around in bed, how to get in and out of bed and how to cough or sneeze with the least discomfort and in a way that protects your incision.

Often there is swelling of the hands and feet after a caesar. Some of this is residual swelling from the pregnancy and some is directly related to the caesar as the peripheral circulation is slightly compromised by pelvic surgery. It can take a good couple of weeks for this to subside. When there is swelling the risk of deep vein thrombosis (DVT) is higher. There are some very simple, but greatly effective exercises that will help to resolve this swelling. Even the swelling in your tummy area gets better from doing these circulatory exercises.

Breathing properly after your caesar is also very important to avoid chest infections and improve your endurance. It is tempting to breathe very shallowly and not use the correct breathing muscles. Your physio will help you to correct your breathing pattern.

The other exercises you will be taught in the ward are to wake up the pelvic floor muscles and the deep tummy muscles that help to flatten your tummy again. These are the exercises that you will continue to do at home to speed up recovery.



Post-caesar physiotherapy has been shown to result in earlier normal function, decreased incisional pain and significantly less need for pain medication.

Post Caesar shoulder pain

Post caesarian shoulder pain is caused by gas that remains trapped in the abdomen post-operatively causes pressure on the diaphragm. This often causes a referred pain in the shoulder. Up to 45% of women experience this pain post caesar. This gas is normally resorbed within 48 hours but sometimes the diaphragm remains in spasm and shoulder pain can persist. Those patients who normally carry their tension in their neck and shoulders also often have residual pain long after the gas should have been resorbed as a result of the muscles going into spasm. Physiotherapy treatment includes soft tissue release of the diaphragm and shoulder muscles. Breathing techniques (that flatten the diaphragm) and percussion also break down a large gas bubble into smaller bubbles that are easier for the body to resorb. This can be incredibly intense pain and the relief with treatment is immense!

Vaginal Delivery

Pelvic floor muscle (PFM) strength is significantly reduced after vaginal delivery. There is less PFM weakness after a caesarian delivery, but it is still significant. At a one year follow-up a significant number of women who have not done any pelvic floor muscle training report urinary stress incontinence. A specially designed postpartum PFM training



Starting to exercise again

The first 6 weeks following a caesarian section is a time for healing so strenuous exercise and heavy lifting is not advised. Pelvic floor muscle training and exercises to improve pelvic and abdominal stability are recommended from as early as the day after surgery. These improve the stability of the lumbar spine and pelvis and assist with the contraction of the uterus.

Gentle cardiovascular exercise, like walking can be started and gradually increased at a comfortable pace.

After the 6 week postnatal check, easing into a more challenging exercise program is recommended. This helps strengthen weak muscles, move tight/ stiff joints (including the spine) and with weight loss.

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course is effective in the prevention and treatment of stress urinary incontinence and the benefits of this muscle training are still evident a year postpartum. These exercises can be started on the day after delivery. The physio will show you how.

Breastfeeding difficulties and complications

Painful breasts are often the reason given for early weaning. Some of the reasons for painful breasts are:

Breast engorgement

Engorgement of the breasts occurs when the milk comes in on day three. Treatment includes preparing the nipple for the baby to latch and ultrasound provides enormous relief.

Sore or cracked nipples

This results from incorrect latching. Treatment includes correcting the latching technique, breast and nipple care advice and photo- or laser therapy.

Blocked milk ducts

Commonly occur and may lead to pain, decreased milk supply, mastitis and breast abscess. Physiotherapy (including heat, ultrasound, specific massage techniques and patient education) significantly reduces pain, stress and difficulty breastfeeding. Often progression to mastitis can be avoided by treating the blocked duct.

Mastitis

Mastitis will not go away without treatment. Treatment includes antibiotics, breastfeeding advice and resolving any blocked ducts with massage techniques and ultrasound. It is perfectly safe to continue to breastfeed or to express milk for the baby while mastitis is present.

Breast abscess

If mastitis is not treated timeously a breast abscess may develop. This might require drainage of the abscess and definitely requires an antibiotic. If possible continuation of breastfeeding is advised.

Lower Back or Pelvic Pain

Post natal lower back pain and/or pelvic pain could be caused by many factors including a previous history of lower back pain, pregnancy-related back/pelvic pain, hormonal and postural changes and poor conditioning prior to delivering.

Physiotherapy is an effective safe way of treating all of these.