

C/SECTION SCAR MASSAGE AND MOBILISATION



WELCOME. YOU HAVE MADE IT! YOU SHOULD BE PROUD!

NEVER FORGET THAT A C/SECTION IS MAJOR ABDOMINAL SURGERY AND LIKE ANY SURGERY YOU NEED TO BE MINDFUL OF HOW YOU MOVE AND RECOVER!

A FEW THINGS TO REMEMBER:

- USE A PILLOW OR YOUR HANDS TO SPLINT YOUR BELLY BEFORE A COUGH OR POOP
- USE A TOILET STOOL OR PROP YOUR FEET UP WHEN GOING TO THE TOILET
- WHEN POOPING EXHALE THROUGH YOUR MOUTH, DO NOT BRACE
- AS MUCH AS POSSIBLE AVOID SITTING UP STRAIGHT IN BED– RATHER ROLL TO THE SIDE AND PUSH UP ON YOUR ARMS
- AVOID LIFTING HEAVY OBJECTS

IT IS IMPORTANT TO START SCAR MASSAGE AS SOON AS YOUR STITCHES ARE OUT, YOUR SCAR IS HEALED OR YOUR GYNAE CLEARS YOU.

YOU CAN START SCAR MASSAGE ON OLDER SCARS AS WELL. IT IS NEVER TOO LATE!

WEEK 1-4 :

BREATHING:

START BY LYING COMFORTABLY WITH YOUR HANDS ON YOUR BELLY, WITH YOUR INHALE START TO FEEL YOUR HANDS RISE AS YOUR BELLY FULLY EXPANDS (THIS CAN FEEL QUITE TOUGH AND SORE POST OP, BUT WILL IMPROVE WITH TIME.)

YOUR AIM IS TO BREATHE ALL THE WAY INTO YOUR PELVIC FLOOR.

PELVIC FLOOR CONTRACTIONS:

YOUR BREATH AND CORE WORK HAND IN HAND AND HERE'S HOW: WITH YOUR INHALATION YOUR PELVIC FLOOR RELAXES AND WITH YOUR EXHALATION YOUR PELVIC FLOOR CONTRACTS AND LIFTS. START TO PRACTICE COORDINATING YOUR BREATH AND CONTRACTIONS. IT'S IMPORTANT TO REMEMBER YOUR PELVIC FLOOR CONTRACTION IS A SECRET, YOU ARE NOT MEANT TO SQUEEZE YOUR BUM OR CONTRACT YOUR LEG MUSCLES. START TO TAKE DEEPER BREATHS, SEE IF AS YOU EXHALE YOU CAN FLATTEN YOUR BELLY BUTTON TO YOUR TUMMY.

DESENSITISING:

FROM 2 WEEKS YOU CAN START DECREASING THE SENSITIVITY AROUND AND ALONG THE SCAR. AS WE WAIT FOR WOUND HEALING TO TAKE PLACE WE CAN USE A CLOTH OR YOUR FINGERS (WASHED HANDS AND OVER) OR VARIOUS OTHER TEXTURES. LIGHTLY MOVE THEM ALONG THE SCAR AND OVER THE SCAR AND UP AND DOWN.

FROM WEEK 6:

TYPICALLY, THE ACTUAL MASSAGING CAN START AROUND 6 WEEKS POST OP ONCE THE SCAR IS FULLY HEALED.

INITIALLY YOUR SCAR MAY BE SENSITIVE OR PAINFUL. IF YOURS IS STILL QUITE SENSITIVE START ABOVE OR BELOW THE SCAR WORKING YOUR WAY ONTO IT. PLACE YOUR FINGERS ON YOUR SKIN AND TRY MOVING IN DIFFERENT DIRECTIONS TO SEE HOW MOBILE THE TISSUE IS.

SKIN STRETCHING:

START 5CM AWAY FROM THE SCAR. MOVE YOUR FINGERS UP AND DOWN AND SIDE TO SIDE. NOTICE IF ANY OF THESE MOVEMENTS FEEL TIGHTER THAN OTHERS. THEN MASSAGE IN CIRCLES AROUND THE SCAR. NOTE THAT IT IS NORMAL TO FEEL A BURNING OR PULLING SENSATION WHEN YOU START.

DIRECT SCAR MASSAGE:

NOW START TO MOVE YOUR FINGER ALONG THE SCAR, MOVING IN CIRCLES AND UP AND DOWN. IF YOU FIND AN AREA THAT GIVES YOU RESISTANCE ANCHOR ONE POINT (ABOVE OR BELOW THE SCAR), AND MOBILIZE THE OTHER POINT INTO THE AREA OF RESISTANCE · RIGHT, LEFT, STRAIGHT UP, CLOCKWISE AND COUNTER CLOCKWISE.

IF THIS IS PAIN FREE YOU CAN TRY GOING DEEPER INTO THE SKIN. YOU MAY FIND THAT ONE AREA OF THE SCAR IS LESS MOBILE OR MORE SENSITIVE THAN THE REST (ADJUST PRESSURE ACCORDINGLY).

LIFT AND ROLL:

LIFT THE SCAR USING A PINCH GRIP, SEE IF YOU CAN ROLL THE SCAR BETWEEN YOUR FINGERS.MOVE ALONG THE ENTIRE LENGTH OF THE SCAR.

IF EVER YOU EXPERIENCE ANY OF THESE SYMPTOMS YOU NEED TO SEE A PELVIC HEALTH PHYSIOTHERAPIST

- PELVIC PAIN
- PAINFUL INTERCOURSE
- PAIN WITH PENETRATION
- URINARY LEAKAGE
- FECAL INCONTINENCE (INCREASE FREQUENCY, URGENCY, LOSS OF BOWEL CONTROL, FECAL SEEPAGE)
- ANAL INCONTINENCE (UNABLE TO CONTROL FALTULENTS “FARTS”)
- NUMBNESS/TINGLING IN THE VULVA AREA
- PELVIC PRESSURE, HEAVINESS, FEELING LIKE SOMETHING IS FALLING OUT
- URINARY FREQUENCY, URGENCY–URINARY RETENTION, FEELING LIKE YOU CAN’T FULLY EMPTYING
- SCAR PAIN
- LOW BACK, HIP, PUBIC SYMPHYSIS, COCCYX, PELVIC PAIN.
- ORTHOPEDIC OR NERVE INJURIES SUSTAINED DURING LABOR AND DELIVERY
- ABDOMINAL SEPARATION (DIASTASIS RECTI)–
- GUIDANCE ON RETURN TO RECREATIONAL ACTIVITIES

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