

Advice and exercises after surgery to your head or neck

Physiotherapy Department

Information for Patients

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What is the aim of this booklet?

The aim of this leaflet is to give information and advice for patients who have had an operation involving the head and neck. This includes operations such as:

- Neck dissection
- Removal of abnormalities or tumours (resection)
- Repair or reconstruction of the involved area using a “flap” of tissue from another part of the body. This may be from the chest, thigh, tummy, arm, leg, hip or scalp.

This booklet gives some advice and exercises that you can do to help you to recover and to prevent complications after your operation.

What will the physiotherapist do?

The physiotherapist will see you the first day after your operation to assess you. They will advise on breathing exercises, help you to get moving and sit out of bed. They will show you exercises for certain joints, depending on the operation that you have had.

It is common for your neck and arm movements to be difficult at first.

Your physiotherapist will explain your treatment to you when they are with you and answer any questions you may have.

There may be special advice or limits from your doctor depending on the operation that has taken place and your physiotherapist will go through this with you.

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or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

How do I help my lungs recover?

After your operation your lungs are recovering from a general anaesthetic and you can expect to get pain from your wounds. This can make it difficult to take deep breaths and cough effectively, phlegm may build up in your lungs.

Deep breathing, coughing and moving about after your operation will also help to clear any phlegm that builds up and reduce the risk of developing a chest infection.

Your physiotherapist will show you how to do this.

It is important to start to clear your chest as soon as possible after the operation. The coughing will not cause any damage to your wound area.

You may have a temporary tube in your airway. This is called a tracheostomy. You will not be able to speak with a tracheostomy tube in place. The staff will help you to use alternative ways to communicate during this time.

If you have difficulty clearing phlegm through the tracheostomy, a nurse or physiotherapist will help you by placing a small tube down the tracheostomy. This will help you to cough.

If you are in pain, use your pain relief button (if you have one). If you are in pain ask the nursing staff for more pain relief. It is very important that your pain is managed and does not limit your ability to deep breathe, cough and move around.

Deep breathing exercises

1. Relax your shoulders and upper chest.
2. Take a slow, quiet, deep breath in.
3. If you can, hold your breath for at least 3 seconds.
4. Breathe out slowly.

Take 3 to 4 deep breaths in a row.

Practice your deep breathing exercises often (at least 3 times an hour).

Start as soon as you return from your operation.

Coughing

Coughing is the normal way to clear phlegm from your lungs.

You will need to do this often after your operation.

You can loosen any phlegm by doing a 'huff', a nurse or physiotherapist can show you how to do this. If you have a tracheostomy your nurse and physiotherapist will help you to clear the phlegm until you can do it for yourself.

Sitting out of bed

Aim to get yourself on your feet as soon as possible, this will help your recovery.

Gentle activity will help your circulation.

Staff will help you to get out of bed until you can do it on your own.

If your operation involved your leg or hip you may need a walking aid, such as a frame or a stick, for a short period of time.

They will continue to help you until you are able to do this yourself. Drips, drains and other attachments should not stop you getting out of bed and walking. A nurse or physiotherapist will help you.

After your operation, you should increase the time you spend out of bed each day.

Why is it important to walk?

Walking is the best exercise possible after your operation. The ward staff will help you until you are able to manage on your own. Once you are able, it is your responsibility to make sure you are walking regularly and building up the distance you walk.

You may feel weak and tired when you first start, this is a normal response to surgery. It does get better with time.

Usually people are moving around freely about 5 days after their operation. Short, regular walks are advised to save your energy whilst helping to build up your fitness.

Walking:

- Improves independence and wellbeing
- Prevents chest infections
- Helps with getting your gut and bowels working
- Reduces the risk of blood clots (deep vein thrombosis)
- Increases strength, fitness and endurance

If you are concerned about specific activities such as using the stairs or any other daily activities you need to do at home, talk to the ward Physiotherapist or Occupational Therapist. They will check that you have everything you need so that you will be safe when you leave hospital.



Posture advice

Always try to lie and sit in a good, comfortable and supported position.

This will let your shoulders and neck relax and lower your pain and discomfort. It will help when you do your exercises.

How can I do this?

- Sit in an suitable chair with good back support
- Have good neck and back support, use pillows to help.
- Avoid crossing your legs.



Exercises: Why it is good to move your joints

It can help to improve:

- stiffness
- swelling
- strength
- healing

Your physiotherapist will show you how to do the exercises and tell you how often to do them.

It is usually good to do a about 5 exercises at a time and repeat them up to 5 times a day.

If you have a dressing on your arm you can still exercise, your physiotherapist will help you.

Shoulder exercises

You can start shoulder exercises straight away after your operation, even if you have a drain or drains.

A simple exercise to start with is shoulder shrugging.

Slowly raise your arm forward and up as far as feels comfortable. Keep your elbow straight.

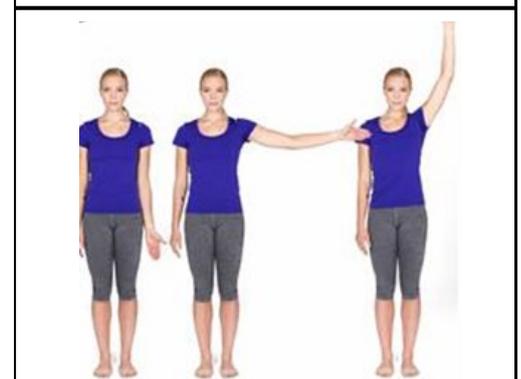
Relax and repeat.

Then exercise the other arm.

Slowly raise your arm out to the side, away from your body.

Keep your elbow straight.

Relax and repeat. Then exercise the other arm.



More shoulder exercises

Slowly reach your hands behind your head.

To start with hold for 5 seconds. You can build up the stretch and the time held you feel able to.



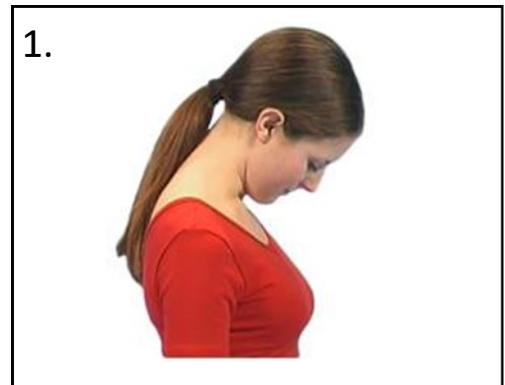
Neck exercises

You may be told to keep your neck movements small to begin with.

Your physiotherapist will tell you how and when to start your exercises.

There are 3 main exercises for the neck.

1. Moving your head forwards and backwards
2. Tilting your head side to side
3. Rotating your head each way, to look over your shoulder.



How to do the neck exercises

Slowly and controlled.

Hold each movement to feel a gentle stretch.

Keep your mouth closed.

Relax your shoulders in between movements.

You will feel a gentle pulling sensation, but it should not be painful.

If the exercises become painful stop doing them and ask for advice from your physiotherapist.



My operation involved my leg: what leg exercises should I do?

If your operation has involved your leg or hip you can start exercises for your leg straight away.

You can start by moving your ankles up and down. Make sure you feel a gentle stretch at the back of your calf at the end of each movement.

When lying or sitting, either in bed, you can bend your knee by sliding your heel towards your bottom.

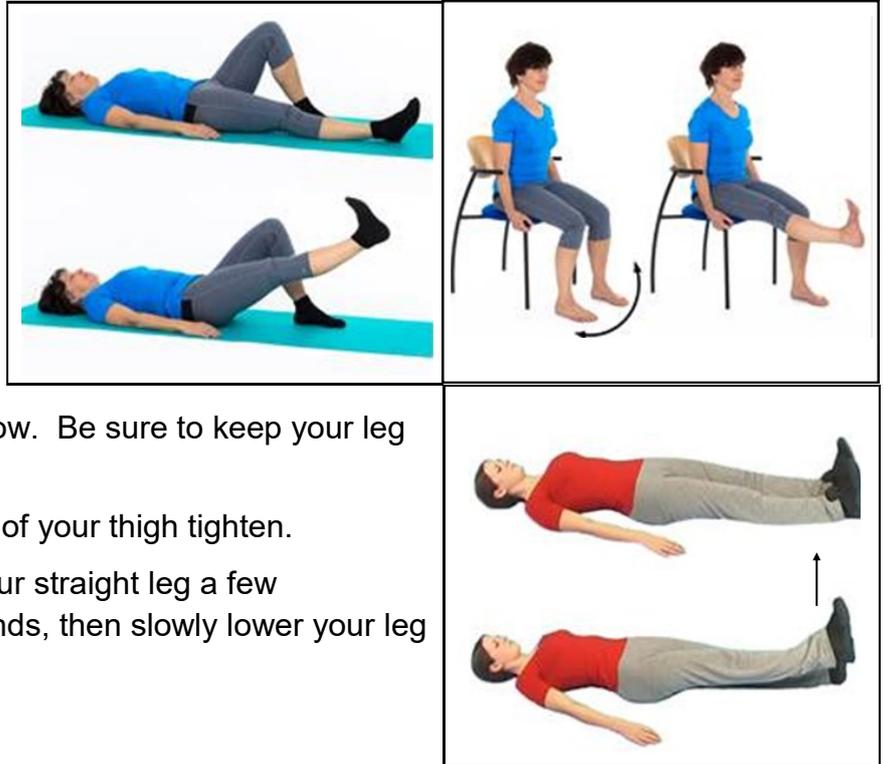
Hold for a few seconds then slowly relax and let your knee straighten.

You can also do this exercise when sitting in a chair by sliding your foot underneath you and then straightening your knee out in front.

Start with your leg outstretched and supported, pull your toes towards you to feel a stretch in your calf, then squash the back of your knee into the bed or pillow. Be sure to keep your leg straight.

You should feel the muscles on the front of your thigh tighten.

From there, you can then slowly raise your straight leg a few centimetres off the bed. Hold for 3 seconds, then slowly lower your leg to gently rest it back down.

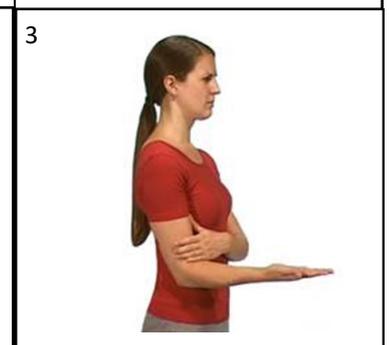
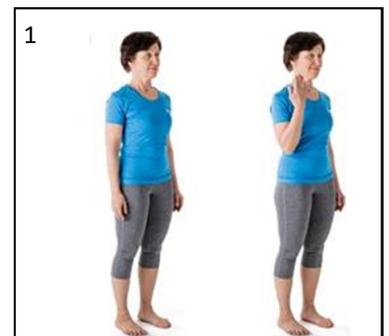


My operation involved my arm: what arm exercises should I do?

You may feel discomfort or pain in your arm but it is important to move your arm to help with recovery.

There are 4 main exercises you can do:

1. Elbow: Bending and straightening your elbow
2. Wrist: Moving your wrist backwards and forwards
3. Turning your forearm palm upwards and palm downwards.
4. With your arm in a relaxed, supported position, perhaps resting on a pillow, make a fist then stretch your fingers out.



Looking after your scar

As scars heal it can be normal for them to feel tight, lumpy or firm. They can also feel like the skin is 'stuck down'.

Massaging scars can help the scars to feel softer, flatter and easier to move or stretch. It is important to start this once the scars are completely healed. There should not be any wet or open areas. This is usually fine to start about 2 weeks after your surgery. If you are not sure, check with your nurse or health care professional. You may need to wait a little while longer.

Massage

You can massage your neck scars as well as scars from a graft or flap on another part of your body. Start as soon as your wounds are healed, dry and any stitches have been taken out.

You can massage your scars 3 to 6 times per day, for about 5 to 10 minutes each time. You can use a fragrance-free moisturising cream, for example E45 cream.

You may need to look in the mirror to do your massage. Start with gentle pressure in a circular motion along the length of your scar. You can gradually build up the pressure you apply and the movement of your skin as your scar heals further and feels less tender. Try moving the scar up and down and from side to side too. Try to get as much skin movement as you can.

Try to do some massage with your neck in the different positions as shown in the 3 neck exercise photographs with your head looking upwards and to each side. This should help to stretch your scar gently helping it to feel less tight when you move your head.

You may have areas of scarring that are numb or very sensitive after your surgery. This is because the nerves are affected during your operation and massaging can sometimes help with this as well.

You may have more complicated problems with your scars. Your nurse or physiotherapist can ask for the occupational therapists to help and support you with this. Please mention any problems you have at your clinic appointments.



Driving

You should not drive for at least 6 weeks after surgery. You will need to check with your insurance company that you are insured.

When you are thinking about starting to drive again, check that you can:

- Concentrate long enough for the length of the journey
- Move freely within the driving seat and have clear views around the vehicle at all times
- Be able to do an emergency stop.





Continuing your recovery after you leave hospital

Your recovery continues when you leave hospital. Try and get into a routine as soon as possible but be aware you may get tired more quickly than normal. Aim to break up the day and have plenty of rest time. Some days will be better than others, so remember not to do too much at once.

Gradually start to build up your strength and stamina. Aim to build up the distance you walk each day.

Try to use your arms as normally as possible. Start with light activities. Use both arms to wash yourself, reach up to wash and dry your hair and pull your clothes on and off over your head.

Within a few weeks, try to start doing some light chores to help with your shoulder movement and strength. Try making meals and dusting, reaching up into kitchen wall cupboards or to peg out some laundry. But remember to avoid doing anything too heavy.

If you are having difficulty returning to your normal activities, hobbies or usual employment, you can ask for advice or input from an occupational therapist. They will see you by appointment in their out-patient clinic at LRI. Your physio, nurse specialist or GP can refer you.

Use this space to write down any questions you may want to ask your Physiotherapist or other Health Care Professional

If you have any questions that are not answered in this booklet please ask the staff looking after you whilst you are in hospital. You can also ask questions at your follow-up appointment.

Or you can contact the physiotherapy department at Leicester Royal Infirmary for advice.

Call 0116 258 6826 between 8.30 am and 4.30 pm. Or contact your GP.

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