

No Matter how Big or Small

- Whether that's a **c-section, episiotomy, spontaneous tearing of the perineum, or small laparoscopic incisions** - they all matter. This is because the abdominal wall and pelvic floor are directly connected by fascia so they directly affect each other (positively or negatively).
- **IMAGINE** scar tissue like a lot of spider webs. But it can be many layers deep among the tissues in the abdominal wall or even adhering to organs like the bladder.
- If you move the skin on your forearm (provided you haven't had any issues here) **it should move and glide smoothly in all directions** pretty easily.
- We want to see the same thing happen around other scars on your body! If they're not, we can translate this to mean that our tissues aren't going to move ideally and therefore not FUNCTION ideally.

“Old” Abdominal and Perineal Scars:

- 1** If you feel uncomfortable about approaching scar mobilization, you can try to find an in person professional to help guide you: Pelvic Floor Rehab: <https://pelvicrehab.com> or massage therapist skilled in women's health . They can help you to become more confident with self mobilization techniques.
- 2** **The #2 rule of mobilizing ANY scar is starting FAR away** from the scar and moving closer as tolerated. For example, if the scar is on the left side of your abdominal wall, start moving tissues on the right side. If it's a c-section scar, start far above the scar near the level of the belly button or above.
- 3** **Progress from gentle touch to increasing pressure as tolerated.** Progress pressure further away from the scar first, move closer and start with light pressure again as you build tolerance. Repeat as tolerated moving toward the scar.
- 4** As you move closer to the scar you'll work above it, below it, and at the level of the scar:

Move the skin in all directions: don't use lubrication, you want a firm hold to be able to anchor one side of the skin and tissue while you stretch and move around it.

Holding stretches and pulls : Up/down, Side to side, Diagonals, Circular movement. While doing so practice deep diaphragm breathing to help promote blood flow to these tissues and help you to stay relaxed.

Hold stretches for **30-60 seconds**, less time initially.



- **Total scar mobilization time:** begin with 5 minutes increase to 15 minutes.
- Assess any increased symptoms for 24-48 hours before advancing to deeper techniques.
- **Parallel scar mobilization:** Small Massage strokes parallel one each side of the incision but not on top of the scar itself until tolerated.
- **Cross friction scar mobilization:** Working across the scar in a perpendicular fashion, this is the most aggressive technique.
- **Gentle skin rolling and pinching along the outside of the scar and then at the scar:**
 - Moving the scar itself up/down
 - Diagonal massage along the scar.



Is Your Scar too Sensitive to Touch?

This is REALLY common and can be related to the various nerve endings in the tissue that create sensitivity OR holding onto trauma from the surgery, as our tissues can be source of holding emotions.

Start with scar desensitization- the goal of desensitization is to reduce any hypersensitivity or discomfort around the scar area. Techniques use different textured clothes or items to gradually expose the scar to light touch and gradually increase pressure.

Start with:

Soft cloth or fabric like silk or cotton to gently rub over the scar area and then directly at the scar, start with light pressure and increase as tolerated

Progress to:

- 1 Rough cloth like terry cloth or a loofah, start with light touch then increase pressure and movement in circular and diagonal motions.
- 2 Makeup brushes and sponges of different densities can be really helpful as well.
- 3 Alternating temperatures. You can use a warm compress (not too hot) or a cold pack (wrapped in a cloth) and apply it gently to the scar area. Gradually introduce temperature contrasts by alternating between warm and cold applications.



Always start gently and listen to your body's response and adjust as needed, there is no rush, but if you overdo it, you can set yourself back.



Emotional distress with touching the scar? - Our nervous system can hold onto repressed emotions, no matter how long ago the event happened. Acknowledge what you're feeling and your bodily response to those thoughts and emotions- did you feel yourself tighten up? Can you take a few deep diaphragmatic breaths to first release the body tension before attempting touch again. Deep breathing can help retrain our nervous system response.

- **Cupping:** this can be really intense, but again, once tolerance to mobilization has been built and you know how your body responds, cupping can be really effective for the abdominal wall.
- **USE LUBRICATION-** lotion or oil. It should be tolerable with the cups, never overly painful. If too painful, reduce the amount of suction or add more lubrication.

Techniques with Cupping:

- Create suction and let the cup sit for 1-3 minute or glide the cup along the skin while keeping the suction, this picks up and moves deep along the tissue.
- Avoid sensitive or broken skin or if taking blood thinning medication. Bruising is common after cupping and can leave marks that last for a few days.



New C-Section Scar Mobilization Timeline:

- Wait 3-4 weeks or until full closure of the scar (longer if infection occurs) before actually mobilizing around the scar.
- Early mobilization can be as simple as diaphragm breathing to promote tissue movement and blood flow during the first 3-4 weeks.
- 4 weeks post c-section can mobilize skin around the scar. Follow the same instructions as above with scar desensitization and mobilization techniques.
- 8 weeks post c-section: can begin to mobilize the middle of the scar
- 12 weeks post c-section: can mobilize the entirety of the scar
- 3-6 months post c-section: can use cupping

ELERA SILICONE
CUPPING THERAPY SET

I've used these cups on patients
and have a set for myself at home