

Information for women having planned caesarean section

Patient Information for the Gloucestershire Health Community

Admission to hospital

A date has been arranged for your caesarean section on
at

St Pauls Wing Cheltenham General Hospital

The Orchard Centre, Gloucestershire Royal Hospital (delete as appropriate)

On the day of operation you should report between 8 am and 8.30 am to :-

Cheltenham General Hospital, Maternity Assessment Centre

Gloucestershire Royal Hospital, Lambourne ward

Pre Operative Clinic

An appointment has also been arranged for you to attend the pre operative clinic on at the

Maternity Assessment Centre (MAC), St Pauls Wing Cheltenham

Day Assessment Unit (DAU), The Orchard Centre, Gloucestershire Royal Hospital

Should you go into labour before your booked operation date , or have ruptured membranes or any other concerns, please contact the Delivery Unit/Suite of the hospital where your operation is planned.

Delivery Unit/Suite.

Cheltenham General Hospital - 08454 222324 or 08454 222325

Gloucestershire Royal Hospital - 08454 225525 or 08454 225542

Caesarean Section

Bleeding

You will lose some fresh blood from your vagina which gradually lessens and becomes brown. The loss will continue for some time and you should only use ordinary sanitary pads, not tampons.

Looking back

You will have the opportunity to discuss your operation with members of the medical team whilst you are on the postnatal ward. An anaesthetist will visit you and an obstetric doctor may see you particularly if you had an emergency caesarean.

Going home

Mothers who have a caesarean section usually stay in hospital for three or more days. Occasionally mothers transfer to a local maternity unit when well enough to travel by car.

You should not drive until you feel able to perform an emergency stop comfortably and are not taking regular pain medication. This usually means about four to six weeks off driving but it is advisable to discuss this with your insurance company.

Most people will be asked to go to their GP for a 6-week postnatal check. Occasionally some women will return to the hospital for follow up, particularly if there have been complications.

The future

A question often asked is 'will I need another caesarean section if I have another baby?' This depends on the reason for the caesarean section and sometimes the problem happens again. However, many women can successfully go on to have a vaginal birth after a caesarean section, but these pregnancies will always be under the care of a hospital obstetrician, who will discuss the choices for birth with you. Each time you have a caesarean section the operation is a little more risky and this should be considered when planning your family. If you would like to receive our leaflet entitled 'Vaginal Birth after caesarean Section' please ask your community midwife.

Following your operation

You and your baby will be cared for in a recovery room on the delivery unit, until you are ready to be moved to a ward. You will have a drip in your hand or arm to replace fluid lost during the surgery and this will remain until you are drinking normally. There will also be a small tube in your bladder to keep your bladder empty and this will be removed as soon as possible, usually the next morning.

Pain relief

A caesarean section is a major abdominal operation and pain following the operation is to be expected. You will usually have been given a painkiller by suppository whilst in the operating theatre and you will be offered regular pain relief on the post natal ward.

Movement

You will be encouraged to be up and about as soon as possible to help prevent any complications of surgery. The physiotherapist will see you on the ward and give you advice and a leaflet about exercises to do.

Infant Feeding

You can breast feed your baby immediately following the birth. Your midwife can advise you about the most comfortable positions.

Wound care and stitches

The wound will be covered with a dressing for the first 24 hours. After it has been removed you will need to keep it clean and dry with regular baths or showers. If you have difficulty and need help with bathing or washing please ask the staff for help. You may have a drain in your wound which is attached to a drainage bottle and will be removed after 24 -28 hours. Often you will have dissolvable stitches which will not need to be removed. If they need to be taken out your midwife will do this on the 4th or 5th day following your operation.

Introduction

You have been advised to have a caesarean section. A caesarean section may be 'elective' (that is planned in advance) or an emergency. An emergency caesarean may be necessary if complications develop and an immediate birth is required. Whenever a caesarean is suggested, your doctor will explain why it is needed and talk over any questions and anxieties you may have as well as the risks associated with the operation.

Before your caesarean section

Planned (elective) Caesarean section

Once the decision is made, you will be given a date for the operation. A few days before you will be seen in the assessment clinic when the operation will be explained to you. Before your operation you will be asked to sign a consent form. A blood sample will be taken to see if you are anaemic and sent to blood transfusion to store in case you need a blood transfusion.

Medication

You will be given two tablets of Ranitidine. These are given to reduce the acidity of your stomach. One of these will be taken when you go to bed the night before your operation, the second on waking in the morning.

Eating and drinking

You must not have anything to eat or have milky drinks for 6 hours before your operation (this usually means from midnight on the day of your operation). Water can be drunk up to 2 hours before your operation. You must not chew gum or suck sweets for 6 hours before as this can cause problems with your anaesthetic.

Admission to the ward

Most women are admitted to the ward on the morning of their operation.

Your anaesthetic (planned and unplanned caesarean section)

If your caesarean section is planned in advance, the anaesthetist will come and see you on the morning of your operation to discuss what type of anaesthetic is appropriate for you. Most women like to be awake for the birth of their baby and, as long as there are no reasons not to, a spinal anaesthetic is most usually used. This involves an injection of local anaesthetic into your back, which makes you pain free from the lower chest down and is safer than a general anaesthetic. You may prefer to have a general anaesthetic (GA), which means you will be asleep throughout your operation and sometimes the anaesthetist or obstetrician advises a GA. It is not possible for your partner to be present at the birth of your baby if you have a G.A as the team have to be more involved with your care).

If you need an emergency caesarean this sometimes needs to be done very quickly and a general anaesthetic may be needed.

If you really do not want to be awake your wishes will be respected.

Elective caesarean section (planned caesarean section)

Your operation is usually performed between 9am and 12 noon, but occasionally it may be delayed if the labour ward is very busy and there are other emergencies. There will be a number of people and equipment in the operating theatre, all there to ensure your safety. The anaesthetist will insert a drip into a vein (often called an IV or intravenous line) in preparation for your anaesthetic. The midwife will listen to your baby's heartbeat. Once your anaesthetic is effective,

a catheter (a small tube) will be inserted into your bladder to keep this empty during your operation. Your birth partner will be asked to change into theatre clothes if you chose a spinal anaesthetic.

When in theatre a screen will be made so that you can choose to see the operation being performed.

Your baby is born through a cut in your abdomen, usually along your bikini line. The midwife will dry and wrap your baby and as long as all is well he or she will be brought to you to cuddle. The wound is closed either by dissolvable stitches just under the skin or by one long stitch that is removed five days after the operation. The birth will take a few minutes but completion of the operation will take approximately 45 minutes.

What are the risks of caesarean section?

Complications of caesarean section do not happen often but you should be aware of them. Please feel free to discuss the risks with your midwife, obstetrician or anaesthetist.

In 10-20% of women a 'minor' complication might occur, such as infection of the bladder and infection or bruising of the wound. Blood loss during the operation can occasionally be heavy and you may need a blood transfusion.

More serious risks are much less common (approximately 0.1% or 1:1000) and include damage to the structures in your pelvis close to your womb (uterus) such as the bladder, ureters (tubes which carry urine from the kidneys to the bladder) and bowel and major bleeding. The anaesthetic itself carries a small risk and this can be discussed with the anaesthetist. Blood clots in the leg and chest (called thrombosis) are uncommon, but can be life threatening and you will be given advice and treatment to reduce your risk.

More information about caesarean birth can be found on <http://www.nice.uk/page.aspx?o=113198>