

Information for women having an elective (planned) caesarean



This leaflet is to guide you through the process of having an elective (planned) caesarean. We hope it answers any questions you may have. Please contact your community midwife if there is anything else you are not sure about or discuss your concerns with the doctor you see at the antenatal clinic.

What is a caesarean section?

A caesarean section means the baby is delivered by an operation involving a cut through the skin on your abdomen (tummy), usually along the bikini line, and into the lower part of your womb. If the caesarean is planned in advance, it is known as an elective caesarean. This may be advisable if there is any increased chance of complications developing during a vaginal delivery. Your doctor will discuss with you the reasons for your caesarean section and obtain your consent for the operation.

Having a baby is an unforgettable experience and a caesarean section can be just as satisfying as a vaginal birth. If a caesarean has been decided by your doctor and yourself as being the most appropriate way to deliver your baby, you should not feel this is in any sense a failure. The most important thing is that you and your baby are safe. A caesarean can be the best way to ensure this.

How can I prepare for my caesarean?

You will be given a date for your caesarean after a discussion with your doctor in the antenatal clinic who will ask you to sign a consent form for the operation. Your operation can not go ahead without your written consent. The doctor will discuss all aspects of the operation with you so you can make an informed decision about your operation. Whilst every effort is made to ensure that your baby will be born on the day your caesarean is booked for, it sometimes happens that, due to circumstances beyond our control, your operation may be delayed for a few hours or put off until the next day. Reasons for this include unexpected emergencies or if

the labour ward is full. We apologise if this happens and you will be kept fully informed of the reasons for the delay.

When the doctor books your caesarean, he or she will also arrange for you to have routine tests for MRSA. These tests are painless and involve collecting a sample with a swab (a large cotton bud). These tests help us to minimise the risk of you developing an infection. The doctor will explain how to collect the sample and can give you further information on request.

If you go into labour before your caesarean – if you start to have contractions or your waters break – you should contact the labour ward straight away. You will be asked to come in to the hospital to be checked over and your caesarean will probably be brought forward.

If you smoke, try to stop, not only for the benefit of the baby, but to reduce your risk of complications such as chest infections and blood clots in the leg.

When do I have my pre-operative assessment and what does it involve?

Normally you will visit the hospital the day before you come in for your operation. This is for your pre-operative assessment, often called a 'pre-op'. The midwife will discuss the operation with you and give you the opportunity to ask any questions. You can bring your partner or another person with you to the appointment. This is a good idea if this is the person who will be with you during the operation as they may also have some questions. The midwife will weigh you and take some blood from you. The blood tests check for anaemia and your blood group. You will be given some tablets to take before the operation. These drugs are to reduce the acid in your stomach and prevent sickness and help make the surgery safer. You will also be told what time to stop eating and drinking before the operation.

Most women go home after the appointment and come back to hospital on the day of the operation. You will be told where to come for your caesarean and what time to arrive.

Please do not wear any jewellery on the day of the caesarean, including piercings. Please remove any nail varnish and let us know if you are wearing contact lenses. This is important in case you need to have a general anaesthetic. Please leave valuables at home as the hospital cannot accept responsibility for their safety.

When do I see the anaesthetist?

You will be seen by the anaesthetist before your caesarean, either during your pre-op appointment or on the morning of your caesarean. The anaesthetist will review your medical history and any previous anaesthetics. You may need an examination where the doctor will look at and feel your back, or further tests. The anaesthetist will also discuss the anaesthetic choices with you and answer your questions.

What happens on the day?

On arrival, you will be shown to a room where you will meet the surgeon, anaesthetist and midwife or theatre nurse who will be caring for you. You will be given a theatre gown to put on and the person accompanying you will be given special theatre clothes to wear. You will need to remove all jewellery, including piercings, and any make-up, including nail varnish. Please leave valuables at home as the hospital cannot accept any responsibility for their safety. The midwife will shave the top two inches of your pubic hair, or if you prefer, you can do this yourself before you arrive at the hospital.

What happens in the operating theatre?

In theatre there will be a team of staff which will include the surgeon and assistant surgeon, the anaesthetist and operating

department practitioner, a scrub nurse or midwife, a midwife to care for your baby, and a maternity care assistant who supports the team. If it is necessary there may also be a paediatrician (baby doctor) present. You may also be asked if you would agree to one or two midwifery or medical students being present during the surgery. Your co-operation with this is greatly appreciated.

Equipment will be attached to you to measure your blood pressure, heart rate and the amount of oxygen in your blood. The anaesthetist will set up a drip to give you fluid through your veins. Then the anaesthetic will be started.

What types of anaesthetic might be used?

There are two main types of anaesthesia for a caesarean; you can either be awake or asleep. Most caesareans are done when you are awake but sensation in the lower body is numbed. This is called regional anaesthesia. It is usually safer for mother and baby and allows both you and your partner to experience the birth together.

Regional anaesthesia

There are three types of regional anaesthesia

- **Spinal** - the most commonly used method. The nerves and spinal cord that carry feelings from your lower body (and messages to make your muscles move) are contained in a bag of fluid inside your backbone. Local anaesthetic is put inside this bag of fluid using a very fine needle. A spinal works fast and contains a small dose of anaesthetic.
- **Epidural** – a thin plastic tube or catheter is put outside the bag of fluid, near the nerves carrying pain from the womb. An epidural is often used to treat the pain of labour using weak local anaesthetic solutions. It can be topped up if you need a caesarean section by giving a stronger local anaesthetic solution. In an epidural, a larger dose of anaesthetic is

necessary than with a spinal and it takes longer to work but your epidural can be topped up if needed in an emergency.

- **Combined spinal-epidural** – a combination of the two. The spinal can be used for the caesarean section. The epidural can be used to give more anaesthetic if required, and to give pain-relieving drugs after the operation.

What are the risks of regional anaesthesia?

All three types of regional anaesthesia may cause:

- tingling down one leg. This is more common with spinals (in about one in ten thousand spinals, this may last several weeks or months);
- itching during the operation and afterwards, but this can be treated;
- severe headache, in fewer than one in a hundred women. This can be treated;
- local tenderness in your back for a few days. This is not unusual;
- spinals and epidurals do not cause chronic backache. Unfortunately backache is very common after childbirth, particularly among women who have suffered with it before or during pregnancy, but spinals and epidurals do not make it more so;
- spinals and epidurals can lower the blood pressure, though this is easily treated;
- in general, they take longer to set up than a general anaesthetic;
- occasionally, they may make you feel shaky.

What are the benefits of regional compared with general anaesthesia ?

- Spinals and epidurals are usually safer for you and your baby.
- They enable both you and your partner to share in the birth.
- You won't be sleepy afterwards.
- They allow earlier feeding and contact with your baby.

- You will have good pain relief afterwards.
- Your baby will be born more alert.

What happens if I have regional anaesthesia?

You will be asked to curl your back, either to sitting up or lying on your side. The anaesthetist will spray your back with iced cold sterilising solution. He or she will then find a suitable point in the middle of your lower back and will give you a little local anaesthetic injection to numb the skin. This sometimes stings for a moment. Then, for a spinal, a fine needle is put into your back; this is not usually painful. Sometimes, you might feel a tingling going down one leg as the needle is put in, like a small electric shock. You should mention this but it is important you keep still while the spinal is being put in. When the needle is in the right position, local anaesthetic and a pain-relieving drug will be injected. Then the needle is removed. It usually takes just a few minutes, but it may take longer if it is difficult to place the needle.

For an epidural, a larger needle is needed to allow the epidural catheter to be threaded down it into the epidural space. As with a spinal, this sometimes causes a tingling feeling or small electric shock down your leg. It is important to keep still while the anaesthetist is putting in the epidural, but once the epidural catheter is in place, the needle is removed and you don't have to keep still.

If you already have an epidural catheter for pain relief in labour, then all the anaesthetist has to do is put a stronger dose of local anaesthetic down the catheter, which should work well for a caesarean section. If the caesarean section is very urgent, it may be decided that there is not enough time for the epidural to be extended, so a different anaesthetic may be recommended.

You will know when the spinal or epidural is working because your legs begin to feel heavy and warm. They may also start to tingle. Numbness will spread gradually up your body. The anaesthetist

will check how far the block has spread to make sure that you are ready for the operation using a piece of ice. It is sometimes necessary to change your position to make sure the anaesthetic is working well. Your blood pressure will be taken frequently.

While the anaesthetic is taking effect, a midwife will insert a tube (a urinary catheter) into your bladder to keep it empty during the operation. This should not be uncomfortable. The tube may be left in place until the next morning until you are able to get up and visit the toilet normally.

For the operation, you will be placed on your back, slightly tilted to your left side. If you feel sick at any time, you should mention this to the anaesthetist. It is often caused by a drop in blood pressure and the anaesthetist will give you appropriate treatment to help you. Until the baby is born, you may be given oxygen through a transparent mask to make sure the baby has plenty of oxygen before birth.

What happens during the operation?

A screen will be put up at the level of your chest to separate you and your partner from the site of the operation. Your abdomen will be washed with antiseptic and covered with sterile towels. The anaesthetist will stay with you all the time. You will hear preparation and talk in the background including the clinking of instruments and the beeping of monitors. The staff will let you know what is happening as they go along.

Your skin is usually cut slightly below the bikini line. Once the operation is underway, you may feel pulling and pressure but you should not feel pain. Some women have described it as feeling like 'someone doing the washing up inside my tummy'. You should tell the anaesthetist if you are very uncomfortable at any time. The anaesthetist can give you more pain relief if required. Occasionally, it may be necessary to give you a general anaesthetic, but this is very unusual.

From the start it usually takes about ten minutes to deliver your baby. Immediately after the birth, the midwife quickly dries and examines the baby. A paediatrician may be with the midwife. After this you and your partner will be able to cuddle your baby. You can also have skin to skin contact with your baby. You are welcome to take photographs at this stage.

After the birth, a drug called Syntocinon is put into your drip to help tighten your uterus and deliver the placenta. An antibiotic will also be put into the drip to reduce the risk of wound infection. The surgeon will take about another half-hour to complete the operation. Afterwards, you may be given a suppository in your back passage to relieve pain when the anaesthetic wears off.

General anaesthesia

Sometimes a regional anaesthetic can not be used and a general anaesthetic (GA) is needed instead. During a GA you will be asleep during the whole operation. When you have a GA you won't feel or remember the operation. Anaesthetic medicines stop the messages from your nerves being recognised by your brain and this is why you won't feel any pain during the caesarean.

Why is general anaesthesia sometimes necessary?

- In certain medical conditions when the blood cannot clot properly, regional anaesthesia is best avoided.
- In some emergencies, there may not be enough time to do the regional anaesthesia injection.
- Some severe back problems may make regional anaesthesia difficult or impossible.
- Occasionally, spinal or epidural anaesthesia does not numb you enough and you will therefore need to be asleep for the operation to proceed.

What are the risks of a GA?

- The main risk is that of the anaesthetists not being able to secure an airway for you to breath, although the chances of this are very slim. A tube is inserted down your throat to help you to breath during the operation.
- There is also a risk that you may aspirate (this means that some of the stomach contents end up in the lungs). The chances of this happening are reduced by giving you tablets to take prior to your operation. You will be given these at your pre-op assessment.

What other disadvantages are there to a GA?

- You don't get to be awake for the birth of your baby and miss the first minutes of your baby's life.
- You may feel tired and groggy after the GA which can make feeding and bonding with your baby difficult.
- The effect of a GA wears off very quickly and you can be left in a lot of post-operative pain, again making feeding your baby difficult.

What are the benefits of a GA?

- Can be used as an alternative to a regional anaesthetic if there is a reason that one can not be used.
- Can be used in an emergency when your baby needs to be born extremely quickly as it takes effect much quicker than a regional anaesthetic.

What happens if I have general anaesthesia?

If you have a general anaesthetic, you will be asleep for the caesarean section. General anaesthesia is used much less often nowadays but it may be needed for some emergencies or if there is a reason why regional anaesthesia is unsuitable or if you prefer to be asleep.

You will be given a medicine to drink to reduce the acid in your stomach and the anaesthetist will give you oxygen to breathe through a facemask for a few minutes. Once everyone is ready, the anaesthetist will give you the anaesthetic in your drip to send to you sleep.

Just before you go off to sleep, the anaesthetist's assistant will press lightly on your neck. This is to prevent stomach fluid getting into your lungs. The anaesthetic works very quickly. When you are asleep, a tube is put into your windpipe to prevent stomach contents entering your lungs and to allow a machine to breathe for you. The anaesthetist will continue the anaesthetic to keep you asleep and allow the obstetrician to safely deliver your baby. You won't know anything about all of this.

How will I feel when I wake up?

When you wake up, your throat may feel uncomfortable from the tube and you may feel sore from the operation. You may also feel sleepy and perhaps a bit sick for a while. You should soon be back to normal. You will be wheeled to the recovery area where you will meet up with your baby and partner. You may also need additional pain killers which the midwife can give you.

What happens after the operation?

You will be moved onto a bed and into the recovery area. You will be helped to sit up or lie on your side so that you can begin breastfeeding if this is your choice. If you do not choose to breastfeed, we still recommend skin to skin contact for babies at this time. Unless there is a special reason not to, your partner and baby will be with you all the time. The midwife will weigh your baby while you are in the recovery area.

The midwife or theatre nurse will closely monitor your pulse, blood pressure and blood loss. You will continue to have fluids

through your drip until you feel ready to drink again. You can start to eat when you feel ready to but it is usually advisable to start with light foods.

Your anaesthetic will gradually wear off and you may feel a tingling sensation in your legs. Within a couple of hours, you will be able to move them again. The pain relieving drugs given with your spinal or epidural should continue to work for a few hours. When you need more pain relief, ask the midwife. Later that day, you will start to take the pain-relieving drugs that you will be on whilst in hospital. You should take these regularly for the first few hours to ensure your pain is managed effectively.

Are there any alternatives to anaesthetics during my caesarean?

There are currently no alternatives available to either a regional or a general anaesthetic during a caesarean section.

What happens when I'm on the postnatal ward?

Most women stay in hospital for two or three days until they are able to move about comfortably and the baby is feeding well. You and your baby will be cared for by a team of midwives on the postnatal ward.

On the day after your operation, the midwife will remove the dressing from your wound and check it is healing properly. She will cover it with a protective spray. You can have a shower once the dressing has come off. The midwife will also remove the catheter and help you to get out of bed and start to move around. Moving about is important as it can help to prevent deep vein thromboses (blood clots in the legs). You may also be given a small daily injection to prevent this condition.

Please bring enough clothes and toiletries, including sanitary towels, for your stay and everything that your baby will need, including clothes, nappies and cotton wool. It is best to wear knickers with a waistband that comes well above your bikini line so it does not press on the wound and cause discomfort. Following a caesarean, you will have the same amount of bleeding as if you had given birth vaginally.

Please check with the ward staff regarding visiting times and remember that only your own children will be allowed to visit. Do not bring valuables to the hospital and bear in mind that storage space is limited to one locker per bed. Please ask visitors to save any flowers until you get home as they can be an infection risk in the hospital.

What do I need to do to help my recovery at home?

Remember that a caesarean is a major operation and you will need time to recover. Rest as much as your new baby allows and concentrate on caring for yourself and your baby. Ask for help from family and friends. You can safely lift up your baby but try not to lift anything heavier than this.

Your midwife will come and see you regularly and check that the scar is healing well. If you are worried about anything, please contact your community midwife or the labour ward at the hospital.

You will need to have a check at six weeks with your GP. If you wish to discuss any aspect of your caesarean or future pregnancies, please talk to your midwife or GP. Many women who have had a caesarean section go on to have a vaginal birth next time. You can start having sex again whenever you feel ready but remember that you will need to use contraception as you can get pregnant again straight after having a baby. We do not advise that you get pregnant within three months of a caesarean.

You should check with your insurance company regarding when you may start to drive again.

You can start to exercise again after your six week check up. This will help the abdominal muscles to strengthen and regain their natural position.

How is infection prevented in hospital and at home?

Your safety is very important to us while you are in hospital and minimising the risk of you developing an infection is therefore of paramount importance.

Hand hygiene is the most effective way of preventing the spread of infections. All staff therefore undergo at least yearly education and training in infection prevention and control. Regular checks and audits are also undertaken to ensure that infection prevention procedures are maintained to the highest standards. Staff are also aware that the Trust actively encourages everyone to ask staff if they have washed their hands before touching you.

Basic standards of hygiene and good hand-washing will also help prevent infections from occurring. We therefore ask that you avoid touching the dressing covering your wound. If you have an intravenous line (drip) in your arm, or a urinary catheter inserted into your bladder, you should also avoid touching the equipment. If you have any problems such as discomfort or pain, you should tell your midwife immediately. We do not recommend using any strongly scented soaps or toiletries but you should try to keep the area around the scar clean and dry. Allowing fresh air to get to the scar will ensure it remains dry and can help with healing.

After the operation, both in hospital and at home, the midwife will check your scar for any signs of infection. These include redness, oozing and odour, or if you feel unwell, in pain or develop a temperature. If you are concerned about any of these signs, please let your midwife know straightaway.

We hope you found this leaflet useful. If you have any questions at all, please do not hesitate to contact your community midwife or the labour ward:

Labour ward RSCH – 01273 664793

Central delivery suite PRH – 01444 448669

Checklist for doctors

Consent form signed <i>Please tick</i>	
Referred to midwife for MRSA screening <i>Please tick</i>	

Doctor or midwife to complete

Date and time of pre-op	
Date of caesarean section	

Acknowledgements

Information about anaesthesia was adapted for use from the guidelines written by the **Information for Mothers Subcommittee of the Obstetric Anaesthetists' Association** Dr Michael Wee (chairman), Prof Felicity Reynolds, Dr Michael Bryson, Mrs Carol Bates (RCM representative), Mrs Cathy Groeger (AIMS representative), Mrs Christina Campbell (consumer representative), Dr Michael Kinsella, Dr Geraldine O'Sullivan, Dr Roshan Fernando.

The original document and further information on anaesthesia can be obtained from <http://www.oaa-anaes.ac.uk/content.asp?ContentID=11>

A video produced by the Obstetric Anaesthetists Association entitled 'Your anaesthetic for caesarean section' has been produced and can be obtained from the Secretariat of the Obstetric Anaesthetists' Association, website www.oaa-anaes.ac.uk

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Ref number: 238.1

Publication Date: January 2015

Review Date: January 2017

