

# Planned Caesarean Section

## Information for patients

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### **Enhanced Recovery for Obstetric Surgery in Scotland (EROSS) Programme**

You have been invited to attend our Enhanced Recovery for Caesarean Section Pre-Admission Appointment.

Together, we have agreed that we will deliver your baby by caesarean section. This booklet explains what will happen next, to help you prepare for and recover from your caesarean section.

### **Introduction**

The Enhanced Recovery programme aims to enable you to go home the day after your caesarean section by involving you in all decisions around your care, and aims to prevent unnecessary complications or a prolonged stay in hospital.

Enhanced recovery has benefits for both you and your baby. It helps you to prepare your body for your operation and it promotes early mobilisation and removal of your catheter following your operation. This helps to reduce blood clots (DVT), urinary problems and infections. Enhanced recovery also aims to make you as comfortable as possible after your surgery and aims for you to return to your home as soon as it is safe.

All these things help you to recover quickly from your surgery to make you as well as possible to look after your new baby.

Most women feel they get more rest at home in their own surroundings and potentially more support from their partner who can be with them for longer at home. You will only be discharged if you and your baby are assessed as being medically fit.

### **Enhanced Recovery for Caesarean Section Pre-Admission Appointment**

Your pre-admission may be completed by your community midwife at a routine appointment or you may be asked to attend the hospital. Regardless of where this appointment takes place the midwife will discuss your preparation for the operation and advise you to read this leaflet and watch the enhanced recovery video for further information (the link to this video is at the end of this leaflet). The midwife will give you your pre-operative drinks and antacid tablets at this appointment.

Please shower on the morning of your caesarean section.

Please do not shave, wax or use fake tan on the lower abdominal area in the two weeks before attending for your caesarean section.

## Eating and drinking before your caesarean section

It is important to have an empty stomach before any kind of anaesthetic.

The evening before your surgery:

- Have a large meal which is high in carbohydrates (such as pasta, potatoes, or rice)
- At 6pm take one of the tablets given to you at your pre-assessment appointment
- At 10pm have a snack
- You can eat and drink normally up to 2am on the morning of your operation
- After 2am **do not** eat any food
- We encourage you to drink clear fluids which include water, black tea and black coffee up until 6am (this includes your pre-operative drinks). After this time you will be able to drink sips of water right up until you come to theatre.
- **Do not drink** fizzy liquids
- The second antacid tablet should be taken on the morning of your surgery between 6am and 8am. Please also take your pre-operative drinks before coming into hospital.

## **Caesarean sections booked for the afternoon at St John's Hospital only**

If you are attending St John's Hospital for your caesarean Section to be done in the afternoon, you can eat and drink normally until 7am on the day of your operation.

You may still drink clear fluids which include water, black tea and black coffee between 7am and 11am.

**When you arrive at 11am on the ward at St John's Hospital you will be given your second dose of pre-operative medication and your two pre-operative drinks.** After this time you will be able to drink sips of water right up until you come to theatre.

## **The day of your caesarean section**

- St John's Hospital caesarean sections
  - You and your birth partner should be at the Delivery Suite on the Ground Floor, St John's Hospital at 7am. Follow hospital signs to the maternity car park.
- Royal Infirmary of Edinburgh caesarean sections
  - You and your birth partner should be at the Delivery Suite at the Royal infirmary of Edinburgh for 7am or 10am. You will be informed the day before at your pre-assessment which time and ward you should attend. Follow hospital signs for the Simpson's Centre for Reproductive Health and car park 1G.

Please arrive at the ward at the agreed time. You will be welcomed by the midwife or a member of our team.

Once you have settled into the hospital:

- A midwife will perform an antenatal check and may take some blood tests
- The Obstetric and Anaesthetic doctors will come and meet you
- If you haven't done so already we will ask you to sign a consent form for the caesarean section.

On the day of your caesarean, we may have to change the order of the theatre list. Occasionally the order is disrupted by emergencies from the maternity unit which can lead to a delay for some women. Very occasionally, if there are a lot of emergencies in the labour ward or unforeseen circumstances, we have to change the date of your delivery- even after you arrive in hospital.

We do our best to avoid this but if it happens we will arrange a suitable alternative date with you. This is a rare event and we hope this will not be your experience.

## **Your anaesthetic**

Most women will have a spinal anaesthetic for caesarean section. This is an injection of a mixture of local anaesthetic and a strong painkiller into your lower back which numbs you from the chest down. This is often the safest option, provides you with the best pain relief and allows you to be awake for your baby's birth. It will take around 30 minutes for your spinal anaesthetic to be performed and for your anaesthetist to check it is working correctly.

General anaesthesia (going to sleep) is an alternative and in certain circumstances may be the safest option. Your Anaesthetist will discuss the options of anaesthetic with you on the morning of your caesarean and you will have the chance to ask questions.

### **For a spinal anaesthetic:**

The Anaesthetist will insert a 'drip' (cannula) in your hand or arm. You will either be sitting up on the bed or lying on your side while the spinal anaesthetic is inserted.

The anaesthetic mixture is injected into an area in your lower back. Once completed your legs will feel 'heavy' and numb, and you may feel 'pins and needles'.

Your birth partner can come into theatre and sit beside you too. They will be wearing a hat and theatre clothes for hygiene reasons.

### **Side effects and risks of a spinal anaesthetic:**

- Sickness, light-headedness, itching and shivering. If you experience any of these tell the Anaesthetist and they will try and make you feel better.
- A woman may experience a severe headache after spinal anaesthesia (one in 500 cases). If this happens tell your midwife and an Anaesthetist will visit you and explore treatment options.
- Rarely (one in 1000 cases), a spinal anaesthetic can cause damage to the nerves in the back. Usually this results in temporary weakness or numbness in your legs which will go away in time. Very rarely (one in 24,000 cases) this damage can be prolonged and may result in severe injury (one in 100,000 cases).

For more information about your anaesthetic you can visit:

[www.labourpains.com](http://www.labourpains.com)

## **During the caesarean section**

Doctors, midwives, theatre nurses and sometimes neonatal staff are all present, so theatre can be quite busy.

We place a screen in front of you but if you wish we may be able to lower this when your baby is born.

A urinary catheter (a thin tube to empty the bladder) will be inserted as you will temporarily lose the ability to empty your bladder once your spinal anaesthetic makes you numb.

We make a cut across your lower abdomen, between your hip bones. The cut is usually about 20cm long.

Delivering your baby takes 5-10 minutes, although this may take longer if you have had a caesarean or other operations before. You may feel some pushing and pulling sensations during the procedure.

After your baby is born you can see them straightaway. All being well, your baby will stay with you in the theatre. You or your partner can cuddle them as soon as possible and can start skin-to-skin contact as soon as it is safe to do this. All babies will have a knitted hat put on to help keep them warm.

As soon as your baby is born you will get an injection to help your uterus contract and minimise bleeding. This may be into your drip or your arm and may make you feel a bit sick.

Closing your wound takes a bit longer, usually about 30-45 minutes, although again this may take longer if you have had a previous operation.

You will either have stitches which are subcutaneous (under the skin) and do not need removed; or sutures with prolene which must be removed around 5 days after your caesarean section.

You may also have staples in your skin which again must be removed around day 5. The community midwife can remove sutures or staples at home.

You should keep the dressing on your wound for five days after your caesarean section.

Your Anaesthetist will stay beside you throughout the operation. If you experience discomfort, let them know.

Rarely, there may be mild pain which we can treat with a painkiller through your drip or which you can breathe in. If this does not work, or the pain is severe, the Anaesthetist will give you a general anaesthetic.

If you feel sick or faint during the operation tell the Anaesthetist and they will give you medicine to make you feel better.

## **After your caesarean section**

When the caesarean section is complete, we will transfer you to the recovery area where we will keep a close eye on you and your baby for approximately 30 minutes before we transfer you to the ward.

You can have a drink of water and we will offer you a light snack such as a banana or cereal bar. You are welcome to bring your own if you prefer (e.g. Sandwich, carton of juice).

We encourage skin-to-skin contact with your baby as soon as possible after the caesarean section.

Your baby will be with you unless they need to go to the special care baby unit.

In most cases, your 'drip' will be stopped before you leave the recovery area.

As soon as the sensation begins to return in your legs, move your feet and ankles regularly as this helps to improve your circulation.



We expect that you will be able to get up and walk approximately 6-8 hours after your caesarean. However, you must ask for assistance the first time you get out of bed as we need to be sure your legs have fully recovered after your anaesthetic.

If all is well your catheter can be removed 6-8 hours after your operation.

We will check your wound, blood pressure, temperature, pulse and any vaginal bleeding regularly. This is routine for everyone.

A midwife call (buzzer) system in the ward lets you call for assistance when you require it.

If your baby is beside you the midwives, nursery nurses, maternity care assistants and clinical support workers will help to change nappies and assist you.

## **Pain relief**

Following your delivery it is important you are comfortable enough to care for your baby. It is normal to experience some pain over your wound- everyone feels pain differently and will require different amounts of painkiller.

In theatre we usually add a long acting pain killer to your spinal anaesthetic and at the end of the procedure may give you a painkilling suppository into your back passage.

For pain relief following your caesarean we will prescribe regular painkillers (e.g. paracetamol, ibuprofen) and a stronger morphine or 'morphine based' painkiller which you can have regularly or just if you need it. Oral morphine and morphine injections are also available if the above does not make you comfortable.

All of these medications if taken as instructed, are not harmful to your baby while breast feeding.

Please say when you need pain relief so you can be as comfortable as possible and avoid the pain interfering with the care of your baby.

### **Later on...**

We give all women having a planned caesarean a daily injection (e.g dalteparin – similar to heparin) to decrease the risk of blood clots in their legs and lungs. Your midwife will teach you, or a close relative, how to inject this as you will need to continue this for around seven days at home.

You may be advised to wear leg stockings for up to six weeks after your operation. If you need to do this you will be given these before leaving hospital.

### **Pain killers at home**

When you go home you should continue to take your prescribed regular painkillers for the first few days as advised on discharge from hospital.

- Take regular paracetamol (1g four times daily)
- Take regular ibuprofen (400mg up to 4 times daily), ideally with food.

Please ensure you have a supply of these at home before you leave hospital. You may also be given stronger painkillers to take home.

You should gradually reduce the amount of painkillers you take as the pain lessens. You should stop the strong pain killers (if you have them) first, then the ibuprofen, and then the paracetamol.

## Physiotherapy

A Physiotherapy information leaflet is available for you following your caesarean to teach you simple movements which will help you to feel more comfortable. On occasion a Physiotherapist may visit you on the ward and give you further information to help your recovery.

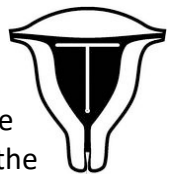
## Driving

Most women do not feel fit to drive for a few weeks after a caesarean delivery, and many wait until after their six week check before driving. Do not drive after your caesarean section until your doctor says it is safe to do so.

You should also check your car insurance provider to see if there are any restrictions about driving after a caesarean delivery.

## Intrauterine contraception or 'coil' insertion at the time of caesarean section

Intrauterine contraception, commonly known as a 'coil', is one of the most effective ways of preventing or delaying a further pregnancy. It is possible to have this fitted at the time of a caesarean section. It is inserted through the opening in the womb, after the placenta (afterbirth) has been removed.



### Why might this be good?

- Very safe procedure
- Provides contraception straight away
- Painless - you will already have an anaesthetic for the operation
- Quick – only takes a few minutes
- Convenient – one less visit/examination at a later date
- Either the hormone coil (Mirena®) or hormone-free copper coil can be fitted at this time – both are safe to use while breastfeeding.

## **What else do I need to know?**

After any coil fitting, there is a chance that the coil may be expelled (fall out) from the womb. This may be less likely when it is fitted at the time of a caesarean section.

## **What happens after the coil is fitted?**

You will need to have a check-up after around 4 to 6 weeks to make sure the coil threads can be seen, and to trim them if needed. This may be done by your GP, or at the local sexual health clinic at a time that suits you.

If the threads cannot be seen clearly at this time you will need a quick ultrasound scan to check that the coil is still inside the womb. This is usual after any coil insertion. If your check-up has taken place at the local sexual health clinic, this can usually be done at the same visit.

## **I'm keen to have this – what should I do next?**

You should let your midwife or obstetrician know. There is a quick checklist for you to complete to make sure you understand the method and procedure. The doctor performing your surgery will check this with you again on the day of your operation and fit the coil for you if you wish.

## **I'm not sure – where can I find out more about it?**

You can have a look at Lothian Sexual Health website where you will find more information about the different types of coil available or ask your midwife for a leaflet.

If you have any further questions you can speak to your midwife or obstetrician, or contact the dedicated team at Chalmers Centre using the details below.

### **Postpartum Intrauterine Contraception (PPIUC) Team Mobile:**

07973 760 871

Available Monday to Friday during daytime hours. A message can be left if there is no answer.

## **Due to COVID-19 we have had to make reasonable adjustments to our visiting times:**

Please refer to Maternity Services Covid-19 Information

<https://services.nhsllothian.scot/Maternity/covid-19/Pages/default.aspx>



## **Going Home**

The aim of enhanced recovery is to get you back to normal activity as soon as possible.

If you have recovered well and your baby is healthy and has established feeding you can be discharged the day following your caesarean section. Your Midwife will discuss your discharge with you.

Your Community Midwife will come and visit you and your baby after you are discharged.

Wait and see how you feel after the caesarean. You may wish to have plenty of rest and visitors can be exhausting. Initially, we will be busy making sure that you are comfortable, but your birth partner can phone and let them know your wishes.

Please ask the staff about visiting hours. For privacy and safety reasons, we encourage no more than three visitors at a bedside. We also operate a system of protected meal times. Your partner, but no other visitors are allowed during these times.

## **Caesarean section and vaginal delivery**

The risks and benefits of having a caesarean section compared to a vaginal delivery for both you and your baby will have already been discussed in detail with you, by your Obstetrician and/or midwife.

If you require more information, please discuss this again **or** further information can be found at:

<https://www.nice.org.uk/guidance/ng192>



## **EROSS - Enhanced Recovery for Obstetric Surgery Scotland:**

NHS Lothian developed a short film to help prepare you before your caesarean section. The film focuses on advice and steps to take before your delivery. You will also see what to expect in the operating theatre, as well as post-operative follow up to aid your recovery. A second film was developed by NHS Scotland and focuses on the preparation and recovery steps for a planned caesarean section procedure.

To view these films, please visit:

<https://services.nhsllothian.scot/Maternity/AllAboutBirth/TypesOfBirth/Pages/default.aspx>



## **Contact details**

The ward contact numbers are:

- **Royal Infirmary of Edinburgh**
  - Ward 119: 0131 242 1194
  - Ward 211: 0131 242 2111
- **St John's Hospital Livingston**
  - Ward 11: 01506 524 111
  - Ward 10 DBA: 01506 524 024
  - Delivery Suite: 01506 524 125

## **Your Care**

Everyone is cared for individually depending on their needs. This is a very general summary of what you can expect during your stay in hospital, and variations may occur to suit your own circumstances.

**We hope this is of some help and we wish you all the best with your baby's birth and for a speedy recovery.**

## Confidentiality and the use of Patient information

For the purpose of your present and future medical treatment, we will record details of your care. Some use may be made of this information for research purposes and to help in the planning of health services for the future. Some information will be processed on a computer. Information about your care and treatment may also be viewed by inspectors authorised by the Scottish Government. At all times great care will be taken to ensure that your information is kept confidential.

The “Data Protection Act 1998” gives you the right of access to any personal information which NHS Lothian holds about you either in manual records or on its computers. If you wish to apply for access to your data, or if you would like more information about your rights under the Act you should, in the first instance, contact the Health Records Manager at the hospital.

**NHS Lothian** - for local services and the latest health news visit:  
[www.nhsllothian.scot](http://www.nhsllothian.scot)

**NHS Inform** - The national health information service for Scotland: [www.nhsinform.scot](http://www.nhsinform.scot)

Tel No: 0800 22 44 88

Acknowledgments: - NHS Lanarkshire

This leaflet may be made available in a larger print, Braille or your community language.