

PATIENT INFORMATION

Elective Caesarean Section

Timing of the Caesarean Section

An elective caesarean section at Torbay Hospital is usually carried out around the due date, if there are no complications. Caesarean section is usually carried out close to 39 weeks of pregnancy if labour is not advised. For complicated pregnancies, caesarean section may be required before 39 weeks.

In unforeseen circumstances, usually due to high medical demand or theatre/staffing changes, there is a chance that the provisional date you are given may need to be changed.

The Pre-Operative Assessment Visit

Approximately one week before your caesarean section, you will be asked to attend the Maternity Assessment Unit on Level 4 for a pre-operative assessment. Please allow up to two hours for this appointment.

During this time you will:

- Be seen by an anaesthetist
- Have a blood test to check your blood count and your blood group again
- Have MRSA swabs taken
- Be given omeprazole capsules to take prior to the operation
- Be given two lemon flavoured PreOp carbohydrate drinks to take home
- Have the opportunity to ask questions

Eating and Drinking Before the Operation

It is very important that you follow these instructions carefully. Failure to do so may result in a change in the timing of your caesarean section.

- Until 12 midnight before your operation – you may eat and drink normally.
- After 12 midnight – you must not eat, but you may have clear fluids, water or weak squash until 6.30am. This can include black tea or coffee but no milk, fizzy drinks or drinks with bits in (like pure orange juice).
- Both Pre – Op drinks need to be taken by 06:30
- After 6:30am on the day of your operation –Do not take anything by mouth at all unless directed to.

You will be given two **Omeprazole capsules**. These reduce the amount of stomach acid and are part of routine preparation for operations. Please take:

- First tablet – 10:30pm the night before the operation
- Second tablet – with your last Pre-Op drink before 6.30am the morning of the caesarean

Preparation at Home

Please leave all valuables and jewellery at home. We can place tape over a wedding ring. Please do not wear any make-up or jewellery and keep long hair simply tied up. Your finger nails should be free from varnish/acrylics/shellac as we will attach a device to your finger as part of the monitoring process during the operation.

Please have a bath or shower on the morning of your operation before you arrive.

To stop your wound dressing sticking to your pubic hair, we will clip it with an electric razor when you come in on the day – please do not try to shave it yourself as if you cut yourself, this could pose an infection risk.

If you wish, you may bring music with you, to play in theatre (iPod, phone or other MP3 player, not CD) – please inform the midwife with you on the day.

On The Day

Unless you are told otherwise, please go to Delivery Suite, Level 5, Maternity Unit, at 07:30 am.

We encourage a partner, friend or relative to be with you on the day, but only one. They will need to change into theatre clothes and shoes; these will be provided on the day.

We will ask you to change into a hospital gown and you will also be provided with compression stockings to prevent blood clots (thrombosis) in the legs (a known risk of surgery) – please see EIDO leaflet enclosed in this pack.

The Operation

You will walk down to the operating theatre with your partner, alongside your midwife. On average, you will be in theatre for about one and a half hours. Once in theatre, monitoring will be attached to you and the spinal will be inserted.

You are encouraged to opt for a spinal anaesthetic as it is better for you and your baby, also your partner is able to be present. A spinal is an injection of local anaesthetic between the spinal bones in your lower back – please see EIDO leaflet enclosed in this pack.

When the spinal is effective, the midwife will insert a urinary catheter into your bladder to reduce bladder damage during the operation. This is usually done in theatre; however it can be completed in the room beforehand at your request.

Once the operation has started it is usually about five to ten minutes before your baby is born though it can take longer depending on the amount of scar tissue present from previous operations. Due to the sterile nature of the operation, your partner is asked to stay seated throughout your caesarean section.

We practice delayed cord clamping for 30-60 seconds until the cord stops pulsating, during which time the baby will not be lifted up. This improves the baby's blood count and breathing.

As soon as the baby is born, the midwife will show you the baby. You may wish to find out the sex of the baby yourself, rather than be told. Please let us know before you go to theatre.

Basic skin to skin can take place in theatre and is encouraged, but due to the restrictions of the operation, it can only properly and fully take place once you are back on delivery suite.

You can take a camera into theatre for photos of yourselves with the baby; however photos/ recordings of the surgery are not permitted.

After the Caesarean Section

You will stay on the Delivery Suite for a couple of hours having regular observations including, pulse and blood pressure. Your baby will be checked and weighed. Breast feeding support will be offered and skin to skin encouraged.

You will be offered a bowl of warm water to freshen up, remembering that you will remain numb for a little while after the operation. You will be helped to change into your own bedclothes and your pads will be checked and changed, prior to your transfer to the post natal ward - John Macpherson.

You will be offered water to drink initially, then possibly something light to eat if you are hungry. You will be given an injection under the skin of Fragmin (heparin) before you leave Delivery Suite to reduce the chance of thrombosis (blood clots in the legs or lungs), known complications of any surgery).

John Macpherson- Postnatal Ward

Day of the Caesarean (Day 0)

On arrival to the ward, you will be admitted into one of the main bays. Priority for the side rooms are given to those who are admitted for Induction of Labour or have infection. You will be encouraged to keep your baby with you day and night. There are electronic beds which allow you to move up to the same height as your baby's cot, so baby can be at your side.

You will be offered something to eat in the early evening.

Once the spinal anaesthetic has worn off, you will be encouraged to mobilise out of bed. Your catheter will be removed from approximately six hours after your operation and help can be given for you to walk to the bathroom to have a wash. This will also help to reduce the risk of thrombosis.

Day 1

Today you may eat and drink normally. If your catheter was not removed on Day 0 then your catheter will be removed early in the morning and you will be assisted out of bed to the shower. Your wound dressing will be removed. You can do this yourself, or staff will help you.

You will be encouraged to move around out of bed to lower your risk of thrombosis. A daily **Fragmin** injection under the skin is recommended, for seven days (or sometimes six weeks) to reduce the chance of thrombosis. You will be taught how to give this injection to yourself for when you return home.

Maintaining good pain relief is very important after Caesarean section. Not only is this more comfortable for you but it will allow you to mobilise properly and reduces the risk of complications such as blood clots and chest infections. You will routinely be offered Paracetamol and Ibuprofen (unless you are allergic or sensitive to this), four times a day. These work most effectively when taken regularly, rather than waiting for pain to develop. Most women also require some stronger pain killer in the first two days, so we offer liquid morphine syrup (oramorph) to be taken as well. These are all safe to take when breast feeding.

If all is well, it is possible for you to be discharged home on day 1 - Please discuss this with the midwife caring for you.

Day 2

If all is well with your baby and you are self-caring, you will be discharged home. Women rarely stay beyond this time, usually only if there are post-operative complications or concerns with the baby.

You will be given pain relief tablets to take home with you, and enough doses of the fragmin injection to last a week (or more if required). Please return your sharps bin to your community midwife.

Your community midwife will be informed when you go home and will contact you the next day. If you need a midwife before this, contact the team in the usual way, or telephone the Delivery Suite (01803 654631).

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.