

Appendix 2 - Patient information leaflet for women undergoing elective caesarean section – EIDO Leaflet OG03

OG03 Elective Caesarean Section

Expires end of June 2020

This information is for guidance only. There may be local variations in practice within the specialties in this Trust.

The Patient Advice and Liaison Service (PALS) would be pleased to hear any comments or suggestions you may have about our services. They can offer non-clinical confidential advice and support if you have any concerns. PALS can be contacted on 01782 676450, 01782 676455 or email patient.advice@uhns.nhs.uk.

You can also contact:

You can get more information from www.aboutmyhealth.org
Tell us how useful you found this document at www.patientfeedback.org



Royal College
of Surgeons
ADVANCING SURGICAL CARE



THE ROYAL COLLEGE
OF SURGEONS OF
EDINBURGH



eidohealthcare.com



What is an elective caesarean section?

A caesarean section is a procedure to deliver a baby by a surgical operation. Elective means that it is planned before you go into labour.

Your obstetrician (surgeon who specialises in childbirth) has recommended that you have your baby delivered by caesarean section. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your obstetrician or the healthcare team.

Why do I need a caesarean section?

The following are the more common reasons why a caesarean section may be recommended.

- Your baby is positioned in a way other than head down such as breech (bottom or feet first).
- Your baby is not growing properly or is distressed.
- The placenta is lying in front of your baby and either completely or partly over your cervix, preventing a vaginal birth (placenta previa).
- You have had a caesarean section before.
- You have a multiple pregnancy (for example, twins).
- You have a particular complication of pregnancy which makes a caesarean section more preferable than vaginal delivery.
- The placenta has become too firmly attached to your uterus (womb) so it will not separate naturally. You are likely to need a hysterectomy to remove your womb soon after your caesarean section.
- You have medical problems such as high blood pressure or diabetes.

Your obstetrician will discuss with you why a caesarean section has been recommended for you.

In your case a caesarean section is the safest method of delivery for both you and your baby. Sometimes a caesarean section is the only safe method of delivery, for example, if you have placenta previa.

Are there any alternatives to a caesarean section?

The alternatives are normal labour or induced labour (where medication is used to get labour started) followed by a vaginal delivery.

If you are worried or have any questions about why a caesarean section has been recommended for you rather than a vaginal delivery, you should discuss this carefully with your obstetrician.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your obstetrician and the healthcare team your name and the operation you are having.

Almost all caesarean sections are performed under regional anaesthesia (either a spinal or epidural anaesthetic). This means you will be awake so you can see your baby and have 'skin to skin' contact as soon as your baby is born. Your birth partner will also be able to be with you.

Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation.

Your obstetrician may give you antibiotics just before the caesarean section to reduce your risk of infection.

The operation usually takes less than an hour.

Your obstetrician will place a catheter (tube) in your bladder to help you to pass urine. This is usually removed the next morning.

Your obstetrician will make a low horizontal cut on your 'bikini' line. They will separate the muscles of your abdominal wall and open your uterus (womb). Your obstetrician will deliver your baby through the cut (see figure 1).

Your obstetrician may insert a drain (tube) in your wound to drain away fluid that can sometimes collect. This is usually removed the next day.

After the delivery, they will repair your womb and abdomen.

You should be able to breastfeed soon after the operation.

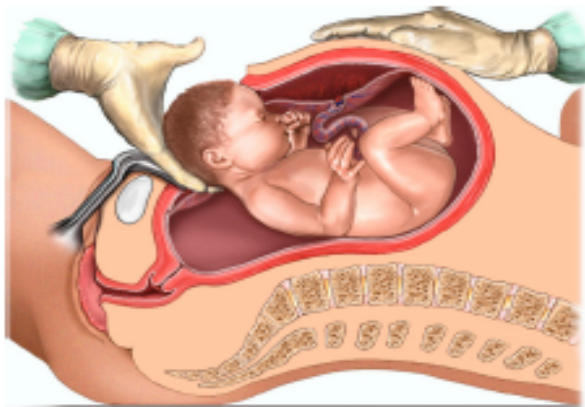


Figure 1
A caesarean section

A midwife will be with you throughout the operation and a paediatrician (doctor who specialises in babies and children) may also attend to your baby when it is born.

What should I do about my medication?

Continue your normal medication unless you are specifically told otherwise by your doctor.

What can I do to help make the operation a success?

If you smoke, stop smoking now. Smoking while you are pregnant can harm your unborn baby. Smoking once your baby is born will put your child's health at risk throughout their childhood. Stopping several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Exercising while you are pregnant will make you feel and look better. Exercise will help prepare your muscles, heart and lungs for labour and the delivery of your baby. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation. If you bleed heavily (risk: less than 8 in 100), you may need a blood transfusion.
- Infection of the surgical site (wound) (risk: less than 10 in 100). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin, although caesarean section wounds usually heal neatly.
- Developing a hernia in the scar caused by the deep muscle layers failing to heal. This appears as a bulge or rupture called an incisional hernia. If this causes problems, you may need another operation.

- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 7 in 1,000). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Infection in your womb (endometritis) (risk: 1 in 70).
- Bladder damage, as your bladder lies close to your womb and has to be moved out of the way (risk: less than 2 in 1,000). The risk is higher if you have had previous caesarean sections caused by scarring at the point where your bladder attaches to your womb.
- Heavy bleeding. This is a serious complication. Your obstetrician may need to remove your womb (risk: less than 1 in 100).
- Small scratch on your baby's skin, when your obstetrician makes the cut on your womb. Sometimes the scratch can be on your baby's face (risk: 2 in 100). This usually does not need any treatment.
- Breathing difficulties for your baby (transient tachypnoea), where your baby takes longer than normal to clear the fluid from their lungs (risk: 6 in 1,000). Your baby may be admitted to the Special Care Baby Unit while the fluid clears. If you have a caesarean section before 39 weeks, your obstetrician may recommend that you have a course of steroid injections to reduce this risk.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

You will be given fluid through a drip (small tube) in a vein in your arm. You may be given medication through the drip to help your womb to contract.

The healthcare team will encourage you to get up and about as soon as possible after the operation.

Depending on how much blood you lost, the healthcare team may check your blood count. On average, women lose about half a litre of blood. You may need a dose of iron through a drip (an infusion) before you go home or to take iron tablets for a few weeks.

You will be able to go home when your obstetrician feels you are medically fit enough, which is usually after 1 to 3 days.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Your obstetrician and the healthcare team will tell you when you can return to normal activities. It is important to have plenty of help at home in the first few days so that you have time to recover and to spend with your new baby.

For the first 2 weeks do little other than care for your baby. You can then gradually increase the amount you do.

Bleeding usually lasts for 2 to 4 weeks. Use sanitary pads rather than tampons.

Do not lift anything heavy or do strenuous exercise, such as vacuuming or ironing, for 6 weeks. Do not push, pull or carry anything heavier than your baby during this time.

Do not have sex until you feel comfortable to do so.

Do not drive until you are confident about controlling your vehicle. As a guide, this usually takes about 4 to 6 weeks. Always check your insurance policy and with your doctor.

The future

Most women take at least 3 months to recover from the operation.

You should wait until you are physically and emotionally ready before trying for another baby. Your obstetrician is likely to recommend that you wait at least a year before becoming pregnant again.

Summary

A caesarean section is a common operation and is usually a safe method of delivery for you and your baby.

However, complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

Author: Mr Andrew Woods MBBS MRCOG FRANZCOG

Illustrator: Medical Illustration Copyright © Nucleus Medical Art. All rights reserved. www.nucleusinc.com

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.