

## Caesarean Section

### What Happens?

A Caesarean Section is an operation to remove the baby from the uterus via a sideways or vertical incision in the lower abdomen just above the hairline followed by an incision in the uterus. The baby and placenta are removed through the same incision. Occasionally obstetric forceps are used to ease the baby out through the wound.

### Purpose of the Procedure

Reasons for caesarean sections may include maternal choice, elective repeat caesarean section, non-reassuring status of the baby during labour, difficulties with labour, an abnormal uterus or placenta or suspected difficulties in giving vaginal birth due to the baby or mother's condition. There may be other indications.

### Preparation

Although caesarean sections are generally done under spinal anaesthetic, you will be required to fast for around six hours. Please check with my secretarial staff if you are not sure from when to fast. You may take your regular medications with a sip of water if required. No other special preparation is necessary. Fasting status is not important in the setting of an emergency caesarean.

### Anaesthetic

Caesarean sections are generally and most safely done with a spinal or epidural anaesthetic. Occasionally a general anaesthetic may be required. The anaesthetist will have a detailed discussion with you regarding the anaesthetic prior to the procedure.

### Duration of Procedure

Generally not more than one hour.

## Post-Procedure Care

After leaving the operating theatre you will usually have a drip or intravenous line in-situ as well as an indwelling urinary catheter. This is to maintain your hydration as you will have been fasting prior to the procedure. You will be cared for in the Recovery Area of the Operating Theatre which involves one on one care by a specialist member of the nursing staff. After around one to two hours you will be offered something to eat or drink if appropriate. Unfortunately, the baby and your partner will not be able to accompany you to the recovery area and will instead return to your room on the ward. On the day after your procedure, the intravenous line and urinary catheter will be removed and you will get out of bed. You may experience moderate discomfort, which in the vast majority of cases, responds well to tablet analgesics. Discomfort from the wound will steadily improve over the next few days. It is common to feel an increase in discomfort on around day three when ones confidence increases and mobility increases. It is important to remember to continue to take analgesics in combination for one to two weeks as a common cause of increased post-operative pain is simply forgetting to take analgesics.

## Post-Discharge Care

For detailed discussion on wound care please see notes "Care of your incision". I would like you to apply Micropore tape to the wound for up to three months after the surgery to minimize the width of the scar.

## Driving

I am happy for you to drive after about two weeks if you are comfortable. You must wear a seat belt. It is unwise to drive if you are still taking analgesics containing codeine or similar.

## Pain

By the time you are discharged you should be well established on oral analgesics such as Voltaren, Panadol or Panadeine 8 or 15 for **wound pain**. Take pain relief as often as needed and prior to retiring to help you to sleep. You will naturally tend to wean yourself from these as need subsides. Expect some discomfort for at least six weeks. There may be an area of numbness above the scar, this is quite normal with this type of incision and will improve with time.

## Diet

Your appetite and possibly your senses of smell and taste will be disturbed for a while. Maintain a sensible light diet and fluid intake. Bowels can be quite irregular due to changes in diet, routine, immobility and analgesics. Take Fybogel or Metamucil as needed. Keep taking any vitamins you were taking during the pregnancy, especially if you are breast feeding.

## Bleeding/Lochia

You will continue to bleed for up to six weeks. This will subside to a clear to pink discharge by then, however the exact pattern is variable. Heavier bleeding is usually due to infection by bacteria which normally inhabit the perineum/vagina. If you are bleeding heavily or passing clots please notify me via the call service.

## Wound Care

The wound can be washed as soon as the dressing is removed. Pat dry gently. Do not apply antiseptic creams/Dettol/Betadine etc, unless directed by me: these are unnecessary and in some cases harmful to healing tissue. You can apply a Vitamin D containing skin cream should you wish. Supporting the skin with a length of Micropore tape, placed longitudinally, has also been shown to result in a narrower scar when applied over a prolonged period.

## Resuming an Exercise Programme

If you are participating in a programme such as Preggi-Bellies, you will receive direction as to how to proceed. In most cases you can resume normal exercise after your six week check.

## Infections

It is usual for an abdominal wound to have a degree of 'flare' and puffiness for the first few weeks. However, if you experience a marked increase in redness, swelling, wound pain that doesn't respond to simple analgesics, have a malodorous discharge or feel feverish, please contact the rooms.

## What to do/ not to do

Use pads rather than tampons. Avoid baths (shower instead), spas and public swimming pools. You should avoid heavy lifting (anything greater than LIGHT household tasks and caring for the baby) for six weeks. Walking is a good way to gradually restore your general fitness. Increase slowly. No gym work involving lifting and definitely no sit-ups.

## Complications

Complications of any surgery may include the following. All complications are more frequent in smokers. Major complications from caesarean sections are exceedingly uncommon, but may include:

- Minor chest infections requiring post-operative antibiotics or chest physiotherapy.
- Clots in the legs (deep venous thrombosis) may cause pain and swelling and rarely may break off and travel to the lungs (pulmonary embolus). You will be given medication to reduce this risk (Clexane, Fragmin)

## Complications Specific to Caesarean Section

- Increased risk of scar dehiscence or problems with subsequent births if a trial of labour is tried. I would generally recommend repeat caesarean section.
- Slightly higher incidence of retained / adherent placentas after caesarean section.
- Blood transfusion – very uncommon
- As the bladder lies in close proximity to the front of the uterus, uncommonly a hole may be made in the top of the bladder during the performance of a subsequent caesarean section. This will require intra-operative repair and a urinary catheter for several days.
- Uterine atony. Rarely after caesarean section, the uterus may not regain its normal size in the adequate space of time, resulting in increased blood loss. Drugs are given during the procedure in order to prevent this.
- Continuing bleeding during the operation

## Benefits of Caesarean Section

It is extremely reassuring to many patients to know exactly when and where their baby will be delivered. In addition, the consultant, anaesthetist and paediatrician will all be present. In general and in contrast to a vaginal birth, with a caesarean section “what you see is what you get”, ie, there is very little variation in outcome and mode of delivery. After the initial healing period, women are often much more satisfied with the scar on their abdomen than the results of an operative vaginal delivery. Although unproven, it is thought that there may be less incidence of utero-vaginal prolapsed later in life with caesarean section as opposed to vaginal birth. There may also be an improvement in sexual function compared to vaginal birth.

## Alternative to Caesarean Section

Vaginal delivery! This can be very straight forward, but compared to elective caesarean section there are higher chances of damage to anal sphincter leading to permanent impairment of continence, prolapse, bladder difficulties, sexual dysfunction, stitches on vagina, and post traumatic stress disorder. There are many other potential issues.

