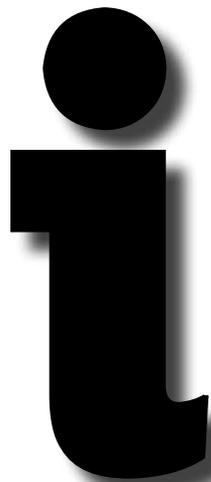


# **Enhanced Recovery for Caesarean Section** (page 1 of 5)



This leaflet gives you information about your procedure which we hope will help you to understand and prepare for it. The aim of enhanced recovery is to use techniques that prepare you well for surgery and get you back to normal as soon as possible. This will mean your stay in hospital will be shorter, and your recovery overall should be improved.

We describe the usual plan of care followed at Salisbury District Hospital but we can't cover every situation. If your situation needs something different from the usual plan, the doctors will discuss this with you. Please look at the 'patient diary' leaflet to see the planned progress and targets for your care.

## **Before your operation day**

When the Caesarean section is booked we will complete a consent form, give you a Ranitidine tablet to take home (this reduces the acid in your stomach before your operation), and give you request forms for routine screening and blood tests. You need to see your midwife to arrange these tests in the 7 days before the operation.

Occasionally mothers who have become anaemic during pregnancy will need iron tablets or iron infusion in the weeks leading up to the procedure.

Your midwife may also discuss with you the option of expressing some milk (colostrum) in advance of coming into hospital. This milk can then be fed to your baby if there is any delay or problem with your baby beginning to feed.

## **The day of the Caesarean section**

Please do not have anything to eat after 2.30am, this includes any milky drinks. You can have clear drinks (water, squash, black tea or black coffee) until 6.30am. Take your Ranitidine tablet at 6.30am with a glass of water. Try to drink plenty up to 6.30am so you come to hospital well hydrated.

Please bring a dressing gown and slippers to wear on the way to theatre. You may wish to bring a camera and a music CD. Bring a nappy and hat for your baby.

At 8am we will welcome you to the Labour Ward where you will be seen by a midwife, the anaesthetist for the day, and the obstetrician who will perform the operation. They will prepare you for theatre and answer any questions you have. The midwife will do a set of baseline observations (blood pressure, temperature and pulse), listen to the baby's heartbeat and may gently shave the top of your pubic hair to expose the planned site for the surgery.

You can ask a partner to accompany you to theatre (unless a general anaesthetic is planned) but we ask you not to bring any children with you.

If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: [customer care@salisbury.nhs.uk](mailto:customer care@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

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Role: Anaesthetic Consultant  
Date written: November 2016  
Review date: December 2019  
Version: 1.0  
Code: PI1429

Your Caesarean section is an elective operation (that is a booked operation) and there may be one or two planned for that day. Emergencies from the labour ward can arise and do take priority. If so, this may lead to a delay in your delivery time. We will inform you of any changes and may be able to offer you a drink or snack while you are waiting. If you are the second patient planned on the list we will give you a drink on your arrival to avoid a long time without fluid.

## **Going to theatre**

Your midwife will accompany you to theatre and show your partner where to get changed into theatre clothes.

## **Anaesthesia for your elective caesarian**

The vast majority of women undergo a spinal anaesthetic block for a caesarean section. Please see the provided information sheet which details everything you need to know about this procedure.

## **Your urinary catheter**

Whilst your spinal is working you will not be able to walk to the toilet or be aware of the sensation of needing to wee. Due to this you will have a catheter inserted that will stay in place while the spinal is working.

## **The operation**

When the anaesthetic is working, your tummy will be cleaned with antiseptic then a sterile drape placed over it and brought up to form a screen so that you can't see the operation being performed. Your partner, if not there already, will be welcomed in and seated by your side before the start of surgery.

During the operation you will be given antibiotics, drugs to help the uterus contract and possibly drugs to correct low blood pressure.

## **Your baby**

Once delivered, babies are normally checked over by a midwife or paediatric doctor to ensure they are healthy and breathing normally. Your baby will be dried and wrapped to ensure he/she remains warm. He/she will be handed to you as soon as possible. We encourage new mothers to place their baby skin-to-skin and you can do this in theatre as soon as the surgeon, midwife and anaesthetist are happy that it is safe for you both to do so.

## **After the operation**

- towards the end of surgery your partner will be shown out to the changing room and asked to wait in the recovery area. You will be transferred onto a bed and made comfortable; your baby may be placed skin-to-skin then or shortly after in the recovery area.
- you will be transferred to the postnatal ward where your blood pressure, pulse and temperature will be taken regularly. The staff will also observe the wound and monitor any vaginal bleeding.

- depending on your medical history you might be prescribed a regular blood thinning injection (dalteparin) to prevent blood clots in the legs.
- your bladder catheter will be removed around midnight on the evening of surgery, or early next morning if your surgery was in the afternoon.

## Eating and drinking

- you can eat and drink as soon as you feel hungry or thirsty. This may be as soon as you are in the recovery area, although most likely when you are back on the postnatal ward.
- recent evidence has suggested that chewing gum 2-3 times a day, until you are eating again, may speed up the return of bowel function after an abdominal operation. This may be something to consider if your appetite is not returning. Remember to bring in your favourite type of gum.

## Pain control

Your spinal anaesthetic will contain a long-acting painkiller which continues to work after the numbness has worn off. This is usually 4-6 hours after the spinal anaesthetic. You will have regular painkillers prescribed as well as extra pain killers if the regular medications are not enough. Please let the midwives know if you are in pain. All drugs prescribed for you will be safe to take while breastfeeding. The better we control your pain, the sooner you may be able to mobilise, therefore aiding your recovery.

Some of the stronger painkillers (morphine based, including codeine and dihydrocodeine) are present in breast milk. Although this should not stop you breast feeding, do be aware and alert your midwife if you feel, or your baby seems, excessively sleepy. If you feel light headed, nauseous, sleepy or dizzy after taking codeine, tell your midwife or doctor straight away and don't breast feed until you have had advice.

## Scars and stitches

- in most cases the scar will run horizontally across your lower abdomen just along the line of your pubic hair.
- it is usual to use a single stitch which will dissolve, or a thin non-dissolvable stitch which will need to be removed on the 5th day. The surgeon will discuss this further with you. The wound dressing is usually removed 24 hours after surgery.

## Getting out of bed

You may try to walk with help from the midwives and maternity care assistants, when:

1. the sensation in your legs and bottom feels back to normal,
2. you are able to lift each leg from the hips while keeping your knee straight.

Please notify a midwife if this is not possible by the time you have been on the postnatal ward for 6 hours.

Early mobilisation is important in achieving a swift recovery after any operation. It reduces postoperative complications such as pneumonia, blood clots in the legs and pressure injuries. We therefore encourage all women to mobilise as soon as they are able. This can include simply

moving yourself around whilst still in bed, or sitting out and eating your evening meal in a chair. Walking around the post-natal ward is also encouraged, and you can do this even if your catheter is still in place – it is easy to pick up the bag and carry it with you, or hook it into your pyjama waistband.

## Bleeding

As with a vaginal birth you can expect to have some bleeding following the operation; which can continue for between 2 and 6 weeks, getting lighter each day. Your midwife will monitor this.

## Looking after your baby

You are encouraged to feed your baby on demand. You may find it difficult to find a comfortable position at first, but the midwifery staff will be pleased to help you. If you are planning on breast feeding, you can begin feeding immediately after the operation. Support is available in order to help with this.

- do ask for help lifting the baby in and out of the cot in the first few days.
- we encourage skin-to-skin contact after your operation, as mentioned above.

## Length of stay

This depends on how quickly you recover from your operation; with good pain control and motivation to get up and about, you may only need one night in hospital. Medical and midwifery staff are routinely available to discuss your care with you and answer any questions.

You will be given painkillers to take home with you.

## Postnatal exercises

These should be started gradually and are important:

- pelvic floor exercises can be started straight away
- leg and foot exercises should start as soon as you have movement back
- abdominal exercises can be started after a few days when you feel comfortable.

Once you are settled on the postnatal ward please ask for a leaflet explaining how to do the exercises.

## Your recovery continues at home

- you should continue taking painkillers regularly at home.
- avoid putting too much strain on your tummy muscles while they are healing; gentle activities which cause you no pain, will do you no harm.
- ask for help with housework such as ironing and vacuuming.
- you should avoid driving for 4 weeks. It may be useful to check with your insurance company before driving again if you are still taking strong painkillers.
- avoid strenuous activities like cycling, aerobics and riding until after your 6 week postnatal check-up.
- sexual intercourse may be resumed when you feel ready.

## Postnatal checks

- when you are discharged from hospital your community midwife will visit you at home.
- a midwife is available 24 hours a day and can be contacted in an emergency.
- please book a postnatal appointment with your GP at 6 weeks.
- this checkup is sometimes done at the hospital - follow the advice you are given when discharged.

## Future deliveries

- your doctor will advise you about your options for future deliveries.
- any anticipated risks will be discussed and you will be carefully monitored during your next pregnancy.

## Further information

### Obstetric anaesthetists association

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

### National Childbirth Trust breastfeeding information

[www.nct.org.uk/parenting/feeding](http://www.nct.org.uk/parenting/feeding)

### Enhanced recovery

<http://www.nhs.uk/conditions/enhanced-recovery/Pages/Introduction.aspx>

## Useful contact numbers

If you have any further questions or anxieties that have not been answered in this leaflet feel free to find out more by contacting the relevant person on the telephone numbers below:

Salisbury District Hospital 01722 336262  
Doctors (via antenatal clinic) 01722 425214  
Anaesthetists 01722 425050

Labour ward 01722 425183  
Midwife in Obstetric theatres 01722 425183  
Postnatal ward 01722 425184

## Visiting times

Visiting times on the Postnatal ward:

- Partners only 10am - 9pm
- All other visitors: 3pm - 7pm

Mothers need time to rest whilst on the postnatal wards; visitors are generally limited to a maximum of three at a time.

Only your own children or siblings of the baby are allowed to visit the postnatal ward.