Caesarean Section

Information for Women

Maternity Services

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Working together for the communities of York, Scarborough, Bridlington, Malton, Whitby, Selby and Easingwold
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Before your operation

Before your operation a few things need to be done. Usually they will be done on the ward the day before, but sometimes they may be done in clinic.

An obstetric doctor will take details of any medical conditions you may have. He or she may need to check the position of the baby. The doctor will discuss the details of the operation with you and make sure you understand what it involves. You will be asked to sign a consent form (for York Hospital patients this will be FYCON87-1 Caesarean Section) to confirm that you agree to the procedure and understand the information given to you. This form will be kept in your Patient Notes and you will also be given a copy for your own records.

An anaesthetist (another specialist doctor) will visit you later to discuss the anaesthetic with you. One decision for you to make is whether to be awake or asleep for the operation.

Depending on your situation, you may be given an information leaflet about anaesthesia. More information about anaesthesia is available from the Royal College of Anaesthetists on the internet.
Should you be awake or asleep for the operation?

There are several types of anaesthesia for Caesarean section. You can be either awake (a **regional anaesthetic**) or asleep (a **general anaesthetic**). Most Caesarean sections in York Teaching Hospital NHS Foundation Trust are done with a regional anaesthetic. This is where you are awake but you can’t feel any pain in your lower body.

If you are having a regional anaesthetic, it will either be given as a spinal or an epidural. The anaesthetist will ensure you are awake and comfortable. Both kinds of regional anaesthetic involve an injection in your back. They make you numb to the bra line and you will be unable to move your legs for a couple of hours.

You usually feel sensations of movement during the operation. If this is painful then it will be treated. Occasionally you may need to go to sleep. After the operation about one in 200 women may get a headache, which requires further treatment. Other problems are extremely rare. Your anaesthetist will tell you more.
The anaesthetist usually recommends that you stay awake, as there are several advantages:

- You see and hear your baby earlier.
- Your partner may be able to be with you for the birth.
- You understand what is going on and you are not groggy or confused.
- You are comfortable at the end of the operation and for many hours afterwards.
- Serious problems are rare; they are less common than with a general anaesthetic.
Occasionally the obstetrician or anaesthetist will recommend that you have a general anaesthetic. They will explain the reasons why. Here is a list of some of the reasons why you may need a general anaesthetic:

- If you have certain conditions when the blood cannot clot properly, it is best not to have a regional anaesthetic

- Abnormalities in your back may make a regional anaesthetic difficult or impossible

- Occasionally, a spinal or epidural anaesthetic can’t be put into the right place, or doesn’t work properly

- If you need a Caesarean suddenly, there may not be enough time for a regional anaesthetic to work

- Occasionally women may choose to have a general anaesthetic rather than a regional anaesthetic.

Most preparations for surgery are similar to those for a regional anaesthetic. Your partner, however, will not be able to stay in the operating theatre with you.
Before you come to the Labour Ward

For your safety you must have an empty stomach before your operation. You must not eat from midnight before your operation, but you may drink water until 6.00am.

You will be given tablets to reduce stomach acid.

On the morning of your operation you can have a bath or shower but we ask you to avoid any creams, powder or make up. You will be given a gown to wear. We ask you not to wear underwear but you can put on a dressing gown and slippers.

You are advised not to shave your pubic hair prior to your Caesarean Section as this can increase the risk of developing a wound infection. The midwife may remove some hair using clippers immediately prior to your surgery.

Please note that the date that you have been given for your operation could be changed.
On the Labour Ward

You will be introduced to a midwife who will be looking after you and your baby on the labour ward. You will also meet the surgeon, the anaesthetist and the anaesthetic assistant.

A drip will be inserted into your arm and fluids given.

If you have a general anaesthetic:

You will be given an antacid to drink (to reduce the acid in your stomach) and a midwife will insert a catheter into your bladder before the general anaesthetic is started or after you are asleep. The anaesthetist will give you oxygen to breathe through a face mask for a few minutes. Once the obstetrician and all the team are ready, the anaesthetist will put the anaesthetic in your drip to send you to sleep. Just before you go off to sleep, the anaesthetist’s assistant will press lightly on your neck. This is to prevent stomach fluids getting into your lungs. The anaesthetic works very quickly.

When you are asleep, the anaesthetist will place a tube into your windpipe to prevent fluid from your stomach from entering your lungs, and to allow a machine to breathe for you. The anaesthetist will continue the anaesthetic to keep you asleep and allow the obstetrician to deliver your baby safely.
When you wake up, your throat may feel uncomfortable from the tube, and you will feel sore from the operation. You may also feel sleepy and perhaps a bit sick for a while, but you should soon be back to normal. You will be taken to the recovery area where you will join your baby and partner.

**If you have chosen to be awake:**

Your spinal or epidural will be inserted into your back, usually with you in a sitting position.

With a spinal you start to feel numb very quickly. An epidural takes longer to take effect.

Your blood pressure will be checked very frequently once you lie down. If you feel sick tell the anaesthetist, since it may be due to your blood pressure falling and this can be corrected.

The midwife will insert a urinary catheter when you are numb, to keep your bladder empty throughout the operation.

If your partner is to accompany you into the operating theatre he or she will change into theatre clothes.

Calf pumps or antiembolic stockings are put on to help your circulation while you are on the operating table.

The anaesthetist will check that you are adequately numb before the procedure is started.
In the Operating Theatre

Your tummy is cleaned and draped. One drape makes a curtain so you do not see the operation.

There will be at least two persons performing your operation. The tummy is cut, usually in a horizontal line at the bikini-line. The uterus is cut in a similar manner inside. You will feel a sensation of movement in your tummy but you should not feel pain.

It usually takes five to 10 minutes to deliver your baby but the whole operation can take an hour.

Your baby will be checked by the midwife and or a paediatric doctor in an adjacent room and then bought back for you to hold until the end of the operation.

After the operation

You will stay on your bed in the Labour Ward for about an hour. When everything is stable you will be transferred to the post natal ward.

You can drink the same day. Later the catheter will be removed and the drip taken out the next day.

Your midwife will advise you when you can get up and look after yourself and your baby.
What are the benefits of a CS?

The benefit of a CS is to deliver your baby from the womb through a cut in the abdomen in a situation where the risks of vaginal birth are considered greater than those of a Caesarean Section.

Are there any alternatives?

The only alternative is to continue to attempt a vaginal birth.
Serious Risks related to Caesarean Section include:

- Injury to abdominal organs, including bladder, bowel, ureters and blood vessels (1 in 1000 women)
- Major haemorrhage needing blood transfusion (3 in 100)
- Emergency hysterectomy (2 - 8 in 1000)
- Return to theatre for further surgery (5 in 1000)
- Admission to Intensive Care Unit (9 in 1000)
- Rupture of the uterine scar in future (2–7 in 1000)
- Blood clot in a vein (thrombosis) or lung (embolism) (4 -16 in 10,000)
- Stillbirths in future pregnancies (1-4  in 1000)
- Placenta praevia in future pregnancy (4-8 in 1000)
- Death of the woman from complications (8 in 100,000)
- Anaesthetic complications (anaesthetist will discuss these with you).
Other risks (frequently occurring) include:

Unsightly, uncomfortable or numb scar, nerve damage (1 in 1000), incomplete removal of placenta, chronic pelvic pain, vaginal bleeding, infection, bruising or breakdown of wound or uterus, hernia or endometriosis in CS scar, adhesions and difficulty conceiving in the future, painful intercourse, increased risk of future CS, minor cuts to baby’s skin and readmission to hospital. All these risks may be less serious but more frequently occurring.
Pain relief

At the end of the operation, with your permission, we will give you a long acting painkiller by suppository.

A different long acting painkiller will usually be given with your spinal or epidural. If you need more pain relief please ask a midwife and she will give you a tablet or injection.

If you have a general anaesthetic, we usually give you a pump attached to your drip so you can give yourself a small dose of morphine when you need it.

If you are in pain please tell someone. We can help you. You should be able to walk around and care for your baby soon after the operation and if you are not able to because of pain you can ask for more pain killers.

If you feel sick or itchy after the operation, tell a midwife and she will be able to give you an injection to help.

You will normally stay in hospital for between three and five days after your operation.
Sterilisation at Caesarean Section

If you are planning to be sterilised as part of the caesarean section operation, then you may find the following information useful.

You will be asked to sign an additional consent form (for York Hospital patients this will be FYCON114-1 Sterilisation at Caesarean Section).

What are the benefits of sterilisation?

Up to 40% of the adult male and female population of the UK are sterilised. It offers a reliable form of irreversible contraception so no other forms of contraception need to be taken after your operation.

Any sterilisation must be regarded as permanent

It is very important that you are sure that you will not regret this decision in the future. It may be worth considering other reversible methods of contraception again (Mirena or a copper coil or an implant or injection) or considering a vasectomy for your partner as this is a slightly safer operation with a lower failure rate (one in 2000 after vasectomy).

Alternatives to sterilisation at CS

Other contraceptive methods or separate operation to provide sterilisation.
What are the risks of sterilisation at CS?

The risks mostly are those of the Caesarean Section itself, as previously described. Additional risks include:

Failure of sterilisation (one in 200): At the time of Caesarean Section, the tissues are very vascular and potentially heal better. A sterilisation procedure done at this time may in theory carry a higher risk of failure than the usual one in 200 risk, when the procedure is done outside of pregnancy.

Ectopic pregnancy: a pregnancy that results from failure of sterilisation is more likely (less than one in 100) to be an ectopic pregnancy, with potentially life-threatening complications if early help is not sought.

If you already have a lot of adhesions in your pelvis and your tubes cannot be safely reached, it may be wiser not to undertake the procedure, in which case you may be better with other means of contraception.

Regret: it is important that you are certain you wish to be sterilised as it is considered permanent and you will not change your mind.

Menstrual problems: these are often due to the discontinuation of previous contraceptives, e.g. the pill, which had given you lighter periods.
Physio advice

Back care and comfort

- **Stand tall** – always stand straight from the first day you are allowed up. A good posture is essential to help protect your back.

- **In sitting**
  Placing a small pillow or roll in the small of your back may increase your comfort and support your back, especially when feeding your baby.

- **In lying**
  A pillow under your knees or thighs may increase comfort if you are lying on your back, or between your knees if you are lying on your side.
• Getting out of bed

Support your wound with your hand and take your time.

Push yourself up to a sitting position using your hands and allowing your legs to swing down to the floor.

Reverse this process when getting back into bed.
Abdominal exercises

- To help prevent backache and pelvic pain
- To improve posture
- To increase abdominal tone
- To increase pelvic core stability

1. Pelvic Tilting

- Pull in your tummy muscles
- Press the small of your back onto the bed
- Hold this for approximately a count of two
- Slowly let go
- Repeat several times, aim to increase to 10 at least two to three times a day

This exercise can also be done in a side lying, sitting or standing position.
2. Knee Rolling

- Lie with your knees bent and your feet resting on the bed
- Pull in your tummy muscles
- Take both knees gently to your right side as far as it is comfortable
- Repeat this to your left side
- Repeat several times as comfortable
3. Start to exercise the transverse abdominis muscle

- Breathe in to prepare, as you breathe out gently tighten your pelvic floor muscles “nip”
- Gently draw your belly button back and up towards the spine, hold “zip”

Increase the number of seconds you hold until you reach five.

Do the nip and zip exercise in any position, for example standing, side lying or on your hands and knees. Start using the muscles functionally for example:

- When moving from a sitting to a standing position
- Walking
- Going up and down stairs
- Lifting you arms above your head when reaching up to a shelf
- Reaching forwards into the boot of a car

Always engage the core muscles when lifting.
4. After six weeks progress you should include the following exercises

“Nip and zip”

“Pelvic Tilt”
Pelvic floor exercises

These muscles have been very stretched during pregnancy and delivery. If allowed to remain weak, exertion incontinence, vaginal slackness or prolapse may result.

Exercise will:

- Encourage healing and help ease discomfort
- Maintain and improve bladder control
- Improve the support for the pelvic organs
- Enhance sexual intercourse

To exercise

Imagine that you are trying to stop wind and at the same time trying to prevent the flow of urine. This **squeeze and lift** is your pelvic floor exercise.

Start with short quick contractions

- Squeeze, lift firmly and let go
- Repeat four or five times
- Aim to increase to ten
- Use this quick reaction to stop you from leaking urine when you cough or sneeze
On about day three

- Squeeze and lift as before and hold for as many seconds as you can and let go slowly. Progress this hold to a maximum of 10 seconds
- Rest for four seconds
- Repeat the exercise at least four times
- Repeat the above throughout the day
- This will help to build up the strength of your pelvic floor muscles

Link your exercises with an activity, for example feeding your baby, having a drink or washing up.

Remember
Pelvic floor exercises are for life.
It may take three to six months to get good results.

When you have improved, exercise twice a day for the rest of your life.
Taking care of your back long term

Your back will be vulnerable for five to six months after delivery. In addition to the abdominal exercise, remember to take care of your back during everyday activities.

This will help to prevent strain and discomfort whilst:

- **Standing**
  Stand and walk tall with a stretched spine. Feel your bottom and tummy tucked in.

- **Sitting feeding baby**
  Have your back supported. Legs uncrossed and supported. Baby supported by a pillow on your lap.

- **Nappy changing**
  On a surface which is level with your waist.

- **Lifting**
  Always bend your knees. Hold things close to your body. Keep your back straight. Avoid twisting.
At home

- Take painkillers for as long as you need them
- Try to get as much rest as you need.
- Continue with the recommended exercises.
- Commence driving when you can wear a seat belt, do an emergency stop, reverse without discomfort and your insurance company agrees (normally after two weeks).

Try to avoid heavy lifting, forceful pulling and pushing, over stretching and strenuous high impact exercise for the first six weeks. Remember any exercise should feel comfortable.

Supervisors of Midwives

Supervisors of Midwives are midwives who have undertaken additional training, whose aim is to give guidance and support to both midwives and women to ensure that the care offered is right for you and is given in the right place, by the right person and that it will benefit you and your baby (NMC 2009).

Supervisors of Midwives are available to discuss any aspect of your maternity care that may be of concern to you. You can contact us by phoning:
York: 01904 631313 or 01904 726004
Scarborough: 01723 368111 or 01723 342124
Please ask for the Supervisor of Midwives ‘on call’.
Would you like to comment on this leaflet?
Meeting the needs and preferences of patients and carers is at the centre of everything we do. We hope that you found this leaflet useful and informative. If you would like to comment on it, please contact Mr Jibodu's Secretary, Obstetrics and Gynaecology, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 725111.

Teaching and Training
York Teaching Hospital NHS Foundation Trust is involved in the teaching or training of medical staff who may be in attendance at some patient consultations. However, there is an 'opt out' option for any patient who prefers to see a doctor without training medical staff in attendance.

Patient Advice and Liaison Service (PALS)
The York based team can be contacted on 01904 726262, or via email pals.york@york.nhs.uk
The Scarborough based team can be contacted on 01723 342434, or via email pals.scarborough@york.nhs.uk
Answer phones are available out of hours.

If you require this information in an alternative format, for example: Braille, audio, large print or another language then please inform staff at your consultation, or ring the number for further information given on the back of this leaflet.
Our Commitment to You

Our ultimate objective is to be trusted to deliver safe, effective healthcare to our community. You can find further details on our website: www.york.nhs.uk.

If you require further information, please contact your Community Midwife.

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