

INFORMATION FOR ELECTIVE CAESAREAN SECTION PATIENTS SJOG HOSPITAL

The following information would provide you with a general overview of what to expect on the day of your surgery and the days to follow.

Elective (planned) caesarean sections are performed in the Operating Suite with the presence of an Obstetrician, Anaesthetist, Pediatrician, midwife and operating nurses to staff the operating room.

ADMISSION TIME AND FASTING INSTRUCTIONS

ADMISSION TIME:

ESTIMATED C/SECTION TIME:

NO FOOD FROM:

NO WATER FROM:

If you would like a “sleeping tablet” for the night before (or the day of) your surgery please ask Dr Harris for a prescription on the last visit before your caesarean.

ON THE DAY

Remove all make-up, nail varnish and jewellery (you may leave your wedding ring on and this will be covered with tape prior to surgery if required). Please leave all valuables at home for security reasons.

On the day of your surgery, please go to the reception desk at the main entrance. You will be directed to the ward where staff will welcome you to your room.

The staff on the ward will prepare you for the operating theatre which involves:

- ♦ Completion of some paperwork
- ♦ Shower and dress in a theatre gown and cap
- ♦ An enema will be offered- (so you don't have to worry about opening your bowels for a day or so). This is not essential and you may decline if you wish.
- ♦ Identification name bands
- ♦ Clipping of pubic hair
- ♦ Your support person will also dress in special theatre clothes prior to theatre

Staff will transfer you to theatre on your bed.

THE BIRTH

Your Anaesthetist will place an intravenous drip (IV) into your arm before the Epidural / Spinal Block is inserted.

An indwelling urinary catheter will be placed into your bladder prior to surgery.

A screen prevents you from watching the surgery; however this is usually lowered at the moment of birth to allow you to both witness the delivery.

Your partner may wish to have a camera handy. No video's in the operating theatre please.

Once the operation starts, your baby is usually born within 5 minutes. You may feel some pressure but no pain. If you do feel pain just let me know and I will stop the procedure immediately and wait for the Anaesthetist to remedy the problem.

I usually hold the baby up for you both to see and then give the baby to the Pediatrician who checks that all is well. Your husband can cut the cord if he wishes with the Pediatrician's guidance. Two name bands are placed on your baby for security before he / she is wrapped warmly and brought to you for a cuddle.

An injection of Vitamin K is given to the baby if you have consented to this.

Baby may be transferred to the nursery with your partner should any special care be required, otherwise will usually stay in theatre with you and your husband.

After your caesarean section you will spend a short time in the "recovery room" and then will be transferred back to your room with your baby. Staff will assist you with baby's first feed if you wish.

AFTER THE BIRTH

You should not be in significant pain, so please let staff know if this is the case. Pain management is very effective. Most commonly you will have Patient controlled Analgesia (PCA) attached to your Epidural for the first 48 hours. The Epidural may be removed earlier if you wish or if it ceases to function properly.

Anti-inflammatory suppositories and oral analgesics for pain relief are commonly used once the Epidural catheter is removed.

You will have vaginal bleeding and will need to change the pads frequently.

During the first day or two the midwife will assist with caring for the baby and yourself, as required.

Your indwelling catheter is removed the morning after the caesarean and then you will be able to get up to the shower. Your recovery will be quicker if you are up and about as soon as possible.

The IV is removed when the Epidural is removed.

You may eat and drink as soon as you wish after the caesarean, but if you feel at all nauseous, I suggest you do not eat solid food until breakfast the next day.

- ◆ Your sutures are under the skin and don't need to be removed.
- ◆ The waterproof wound dressing will be removed on Day 5.
- ◆ Once the dressing is removed the wound can be left uncovered.
- ◆ Firm binding over the area helps ease discomfort and will be provided for you.
- ◆ Discharge is Day 6 post operatively or sooner if you wish and all is well. You need a medical reason to stay longer than 6 days.

GOING HOME

- ◆ Keep the wound clear and dry. Watch for signs of infection in the wound i.e. red, hot & swollen, if these develop return to the hospital (or my rooms) for a check.
- ◆ Continue your anti-inflammatory medications +/- Panadol as long as you need.
- ◆ Ensure you have made you 6 week post op check appointment with my rooms.
- ◆ Avoid lifting heavy things for 5-6 weeks post-op
- ◆ Generally, you will be safe to drive when you are able to push the pedals without pain, move your feet quickly from accelerator to break and look over your shoulder. You also must be off all pain killers that make you drowsy.

Remember to take care of yourself by ensuring you get enough rest and eat well

Accept any (useful) “help” offered by family and friends.

Most importantly enjoy your baby and your journey into parenthood

