

Planned caesarean section

If you are planning to deliver by caesarean section this is some information you need to read through and think about (with your partner) before you consent to the procedure.

Rest assured that, although this is a major operation, which I approach with all the commitment and sincerity it deserves, I also understand that this is a Birth, and as such try to make this as much of a wonderful experience for you and your family as I can.

Before the operation

We will plan your date of delivery in the antenatal clinic. You will be given a prescription for ranitidine to take the night before (10 pm) and on the morning of (7 am) the operation. This reduces the acidity in the stomach and makes it safer for you to have the caesarean. You may also be given a mixture of sodium citrate to take immediately before going to the operating theatre.

You will need not to eat or drink anything after 24.00 on the night before the operation.

On the day of your operation you will be admitted to the hospital three hours before the operation. You will have a blood test to determine your levels of haemoglobin and a check of your blood group which goes to the transfusion laboratory, and receive help getting you ready to go to the operating theatre. The anaesthetist will visit you and discuss the anaesthetic with you.

You will be given elastic stockings to wear during your hospital stay, to prevent clots in your legs.

You may need a small shaving of your pubic hair. If you are uncomfortable about this I would advise getting a bikini wax a week before the procedure.

The caesarean delivery

Many are surprised about the number of staff present in the operating theatre, but everyone has a function. There's a midwife, two theatre nurses, an assistant, the anaesthetist and the operating department assistant, as well as your family. I am comfortable with photos and filming of the procedure.

The first thing that will happen in the operating theatre is that you will receive a small plastic tube in your arm, and a drip of fluid attached to it. Thereafter the anaesthetist will insert the anaesthetic in your back. Most caesareans are done under spinal or combined spinal-epidural anaesthetic, thus you will be awake for the procedure, but you won't feel pain. Spinal/epidural anaesthetic is, for most women, much safer than having a general anaesthetic.

When you have been numbed by the epidural I will insert a plastic tube in your bladder, to keep it drained during the operation and the next day. Thereafter I will clean your tummy with a cleansing solution and cover it with sterile sheaths to keep bacteria away. The sheaths will form a barrier between you and the operating area/the surgeon. This means you can't see what is going on, but if you want to see your baby being born the screen can be lowered. You will be given a dose of antibiotics.

The cut in your skin is typically five to six inches long, along the bikini line. It will only be minutes before your baby is born, the umbilical cord is clamped and the baby is taken to be checked, in the room, by the midwife. If you want to have the baby skin to skin straight away this is usually possible. You will not feel pain, but often pulling and "prodding". Thereafter the surgeon removed the placenta, and starts repairing and closing the abdomen. The whole operation takes about 45 minutes. At the end of the operation there will be a wipe of the vagina to clear away blood clots, and a suppository of pain relief will be given in your back passage. You and your baby will then be moved to the recovery area, where you will be under close observation (pulse, bloodpressure, oxygen saturation), and after that be moved to the ward. The baby will be checked, measured and weighed by the midwife and you will b

given the opportunity to have more skin to skin, and offered help with breastfeeding if this is your choice.

Care after the delivery

You will be encouraged to get up and move about as much as you can. This helps prevent clots in legs and lungs. The epidural will usually be removed after the first day, and you will be given painkiller tablets. You will also be given tablets to take home with you. The catheter in your bladder will usually be removed after the first day. You will be encouraged to eat and drink cautiously on the day of delivery and after that according to your wishes. The day after the delivery you will be helped up to have shower. At this stage the dressing can be removed. There are no stitches to be removed.

If this is your first baby you will be shown how to look after your baby, change it and feed it. As long as you are in bed you will receive help with this.

The physiotherapist will visit you and show you how to move as easily as possible. You are encouraged to move around as much as you feel comfortable with, but to avoid lifting heavily or straining your abdominal muscles.

Most women go home after 2-3 days, but you may stay longer if you wish. A midwife from your surgery will usually visit you at home to make sure all is well.

You will have a postnatal appointment with me six weeks after the delivery but you're welcome to contact me earlier if there's a problem. At the postnatal checkup we will make sure you have recovered.

Caesarean section risks

In order for you to make up your mind about having a caesarean or not, it is important that you also know about rare but serious risks, as well as more common but minor risks with caesareans. I have therefore listed the risks below, and advise you to think them through before signing your consent form. It is important to remember that caesarean sections, in most cases, are uncomplicated and go very well and are probably not significantly more dangerous than having a planned vaginal delivery.

- Anaesthetic risks- please discuss those with the anaesthetist.
- Clots in legs and lungs. You will be given compressions stockings and injections to prevent this, and the risk is thus small.
- Infection. Approximately 5 % of women will have an infection, and you will be given a dose of antibiotics in the operating theatre to prevent this.
- Haemorrhage. Compared to normal delivery women who deliver by caesarean section bleed more. One in 30 women will require a blood transfusion and one in ten will be anaemic after the delivery. Extremely rarely bleeding becomes life threatening, and the only way to stop it is by removing the womb.
- Damage to internal organs such as bladder, ureter and bowel is very rare and mostly occurs in women who have had previous surgery.
- Breathing problems such as pneumonia occur but are rare.
- Bowel complications sometimes occur, where the bowel doesn't move after surgery, and you get bloated and nauseous, and may vomit. Most often this is mild, but severe cases occur.
- Risks to further pregnancies. Women who have delivered by caesarean are more likely to have a further caesarean, to have a placenta previa or a placenta which sticks to the womb or to have fertility problems later.
- The most severe risk of any operation is death, but this is very rare after elective caesarean section and only occurs in fewer than 1 in 10000 caesareans.