



Labour Pains - Caesarean section information sheet

The aim of this leaflet is to let you know what to expect if/when you undergo a caesarean section.



When might I need a caesarean section and what should I expect?

Elective (planned)

This is when your caesarean section is planned in advance.

Preparation:

Ahead of your caesarean section:

- You will see a midwife, obstetrician and anaesthetist to go through what to expect
- You will also have routine observations done and blood tests to check you are not anaemic and confirm your blood group in case you need a blood transfusion during or after your operation
- You will be given some tablets to reduce the acid in your stomach and prevent sickness
- You will be given information about when to stop eating and drinking in preparation for the caesarean section

In some maternity units, women undergoing elective caesarean section will be in something called an Enhanced Recovery Programme which is a modern approach to help people recover more quickly after having surgery.

On the day:

When you check into the maternity unit, you will be prepared for the operating theatre:

- You will be given name bands and special stockings to reduce the risk of blood clot formation in your legs
- We will perform routine observations
- We will check you have a valid consent form
- We will check you have had your pre-medication tablets and when you last ate and drank anything
- You and your birth partner will be given theatre clothes

Any questions you have regarding your caesarean section will be answered at this stage.

Emergency (unplanned)

This is when your obstetrician recommends a Caesarean section, usually when you are already in labour. If it is very urgent (usually because there is a sudden problem with your baby), then some of the preparations we would normally do may be changed or even left out.

Who will be in the operating theatre?

There are a lot of people who work in the operating theatre:

- You will see a midwife, obstetrician and anaesthetist to go through what to expect
- You will also have routine observations done and blood tests to check you are not anaemic and confirm your blood group in case you need a blood transfusion during or after your operation
- You will be given some tablets to reduce the acid in your stomach and prevent sickness
- You will be given information about when to stop eating and drinking in preparation for the caesarean section

Depending on the type of anaesthetic you receive, your birth partner may or may not be able to join you in the operating theatre (see below).



What happens when I arrive in theatre?

A member of staff will check you in to theatre. If you don't already have one, a cannula will be inserted on the hand or arm so that the anaesthetist can give you fluids and medicine. The theatre team will attach some routine monitoring devices on your body, arm and finger - these do not hurt. Then the theatre team will also do a team introduction and run through a routine safety checklist recommended by WHO (World Health Organisation) prior to start.

The Anaesthetic: types of anaesthetic

There are two main types of anaesthetic: you will either be awake (regional anaesthetic) or asleep (general anaesthetic).

Regional anaesthetic

What is it?

Most mothers choose to be awake for delivery, which is usually safer for you and your baby and allows you and your birth partner to experience the birth together.

Spinal:

- This is the most commonly used anaesthetic. It involves an injection of local anaesthetic and strong painkillers into the back using a very fine needle. The medicine goes into the fluid that contains your nerves which normally give sensation to your tummy and legs.

CSE (Combined spinal epidural):

- This is when a spinal is combined with an epidural.

'Epidural top-up':

- Sometimes you may require a caesarean section during your labour and you may already have an epidural in.
- If the epidural has been working well, the anaesthetist will inject medicine into your epidural.

What to expect?

- You will be asked to either sit, slouching over a pillow or lie on your side, curling your back.
- The anaesthetist will spray your back with a cold sterilising solution and inject a local anaesthetic into your lower back to numb your skin.
- From this point onwards, you should just feel pressure or pushing on your back.
- When the anaesthetic is being injected, you may feel tingling going down one leg, it is usually nothing to worry about but you should tell the anaesthetist if this happens.
- The procedure will take a few minutes but if it is difficult to find the right position for the needle, it may take longer.
- Your bottom and legs will begin to feel warm and heavy or may start to tingle.
- The anaesthetist will check the anaesthetic with a cold spray before the operation begins.
- Sometimes your blood pressure can fall with the injection and this can make you feel sick. Please mention this as it can be treated very easily with medicines.

General anaesthetic

What is it?

You will be asleep while the obstetrician carries out the Caesarean section. It may be needed for emergency caesarean when the baby needs to be delivered very urgently, or if regional anaesthetic isn't suitable for you (due to blood clotting disorders or abnormalities in your back), if you experience pain during your surgery or if you prefer to be asleep.

What to expect?

Most of the preparations are similar to those for a regional anaesthetic. You will lie down on the operating table which is tilted to the left. You will be asked to drink an antacid medicine and a tight fitting oxygen mask will be placed over your face. The anaesthetist will inject the medicine into your cannula. Just before you go to sleep, you will feel a slight pressure on your neck.

What happens during the operation and how long will it take?

If you are awake for your operation: You may feel pulling and pressure but you should not feel any pain. Some women have described it as feeling like 'someone doing the washing up inside my tummy'. The anaesthetist will talk to you during the operation and give you more pain relief if needed. Sometimes a general anaesthetic is required. Delivery of the baby can take only minutes but it will take longer if you have had previous operations. The baby will be dried and examined by the midwife and/or a paediatrician. If all is well, we encourage skin to skin and will help you do this. After the birth, the obstetrician will remove the placenta and close the wound. This can take about another 30 minutes or more to complete.

After the caesarean section and pain relief

You may be given a suppository to relieve pain when the anaesthetic wears off. If you have had a regional anaesthetic, the medicines you received in your spinal or CSE or epidural top-up will last for a few hours. If you have had a general anaesthetic, you may be given some local anaesthetics to numb some nerves in your tummy. When the operation is finished you and your baby will be moved on a bed to the recovery area for routine monitoring for approximately 30 minutes. You will be encouraged to take your first drink at this point if you are not feeling sick. The midwife can also give you tablets such as paracetamol, and an anti-inflammatory such as ibuprofen.

You can get more information on different types of anaesthetics, their benefits and risks from: www.labourpains.com. Please also see our 'Birthing Partner Information for Caesarean section' leaflet.

