



LAKES DISTRICT HEALTH BOARD

Rotorua Hospital

Your Caesarean Section



February 2018
EDMS: 1011828

Hello from the Pre-operative Assessment team.

You have been seen by your obstetrician and they have recommended a Caesarean Section for the birth of your baby/babies.

You have completed a self assessment booklet and have been assessed at the Pre-operative Assessment Clinic by a Clinical Nurse Specialist.

A week before you surgery you will be contacted by the Antenatal Co-ordinator.

Ph: 07 348 1199 extn: 8898.

She will confirm:

- Your Caesarean date.
- Your admission to hospital time.
- Where you go to when you arrive at hospital.
- When to stop eating food and drinking fluids.
- Where and when to have your pre-operative blood tests.

Remember to keep your pre-operative medication in a safe place, to take them the night before your surgery and bring them in with you on the day of your Caesarean.

Please contact us on the numbers provided below if your health or medication alters in any way between now and your admission to hospital, or alternatively discuss these issues with your Lead Maternity Midwife provider or the Antenatal Co-ordinator

We look forward to your safe admission

Pre-operative Assessment Clinic Team.

Ph: 07 349 7978

Caesarean Section

A caesarean section is recommended by an obstetrician when a vaginal birth is deemed not possible or safe. They should outline the reasons for this recommendation, give you an explanation of the operation and obtain your consent.

Please remember a caesarean can be just as satisfying as a vaginal delivery. Every mother and baby combination is different and you should not feel that needing to have a caesarean is in any sense a failure. Your wishes and the safety of you and your baby are our priority.

During a caesarean section at Rotorua Hospital we have a paediatric doctor present. They make sure your baby is well after delivery and will provide any care your baby needs. We aim to have you cuddling, bonding with and feeding your baby as soon as possible.

When is a Planned or Elective Caesarean Section Necessary?

Common reasons include:

- Your baby is too large to pass through your birth canal. If you have a small pelvis and ultrasound scans show you have a very large baby.
- The placenta is blocking your cervix (exit from the womb) so the baby cannot enter your birth canal without tearing off the placenta. This is called placenta praevia.
- If you have had a previous caesarean section and your obstetrician feels a subsequent attempt at vaginal delivery is too dangerous.
- A complication of pregnancy such as pre-eclampsia or a serious medical condition.
- An abnormality with your uterus (womb) such as fibroids or previous surgery.

- An active infection in the birth canal such as genital herpes at the onset of labour.
- If your baby is not in the usual position (coming head first down your birth canal) they can get stuck during a vaginal delivery so a caesarean may be safer. Common unusual positions include transverse (lying on the side) or breech (bottom first).

Some women go into labour before the date for their caesarean. If this happens we do the caesarean as soon as possible whilst monitoring mother and baby to ensure both are okay. If this happens to you make sure you inform staff of your birthing plan as soon as possible upon arrival to the hospital.

Obstetric Anaesthetic/ Labour analgesia information

You may find the information available on these websites useful

- www.yourlabouryourway.co.nz
- www.yourcsection.co.nz
- www.labourpains.com

Preparing for Your Admission

To prevent wound infection it is important to avoid shaving or waxing your pubic hair at least two weeks before your caesarean. Shaving and waxing can damage the skin and the risk of infection due to skin damage or ingrown hair needs to be avoided.

- Do not use body lotion, talcum powder or make-up on the day of your caesarean.
- We suggest leaving jewellery somewhere safe at home.
- If possible we like to have a finger or two free of nail polish/ false nails so we can put an oxygen monitor on that finger.

Chlorhexidine Wash

Please use the antiseptic shower wash provided the night before your caesarean section and again on the morning of your caesarean section. Follow the instructions below.



1. Wet your face, body and hair in the shower or bath.

2. Apply a small amount of Chlorhexidine pre-op wash to wet hair. Lather well and rinse.

3. Apply a small amount of Chlorhexidine wash, undiluted to your face and especially the NOSE area. Avoid contact with eyes (shut lids tightly). Rinse with water.

4. Work down to NECK and ARMS. Pay special attention to the UNDERARMS and NAVEL. Using a sponge can assist.

5. Now clean the GENITAL area, BUTTOCKS and ANAL area with the sponge and foaming wash. Pay Special attention to the skin folds of your vagina.

6. Work down cleansing your THIGHS and LEGS.

7. Rinse your entire body.

8. Now wash your whole body again, working down the face (NOSE), ARMPITS, NAVEL, GENITAL area, ANAL region, and BUTTOCKS especially.

9. Rinse your entire body. 10. Dry yourself thoroughly with a freshly laundered towel. Freshly laundered clothes should be worn afterwards.

Fasting Guidelines

You are able to **eat food up until six hours** before your caesarean section. **Please do not chew gum or suck lozenges during the 6 hours prior to surgery.**

You may drink **clear fluids up until two hours** before your caesarean section. If you put a clear fluid in a glass you can see and read clearly through the glass (eg. water, powerade, black tea). Milky drinks or juice with pulp are not clear fluids.

The midwife co-ordinator will be able to give you more specific fasting times once the time of your caesarean section is known.

Patient frequently asked questions:

Q: Why can't you eat or drink before your surgery/procedure?

A: It is important to stop eating and drinking in plenty of time before the operation i.e. be 'Nil by Mouth'.

The body has a protective reflex which keeps food in the stomach and prevents it coming back up into the lungs, but this is lost under anaesthesia. Therefore if there is food in the stomach, there is a higher risk of regurgitating this food and this may enter the lungs and cause pneumonia and complications may include death from this. This is called aspiration.

Q: Why is aspiration so bad?

A: If stomach contents enter the lungs it can cause pneumonia (nasty chest infection) and make you very unwell and prolong your stay in hospital.

Q: Should I wake 2 hours before the scheduled time for the procedure or surgery to have a drink of clear fluids?

A: Yes, avoiding dehydration is very important. It also adds to your comfort before the operation not to be thirsty and can prevent nausea after the surgery.

Q: What are clear fluids?

A: Water, clear juice (no pulp), black tea or black coffee, isotonic sports drinks, but NO milk based drinks. Any fluid you can read a newspaper through. No alcohol or anything fizzy.

Please note: If you have any questions about these fasting guidelines for your child please contact either pre-assessment clinic or Fiona Hamilton (antenatal midwife co-ordinator (see page 2)

Pre-operative Medications

The evening before your caesarean section;

- 1). Take one Omeprazole tablet before going to bed.
- 2). Stop eating and drinking as per the fasting guidelines above or as instructed by the midwife co-ordinator.
- 3). You will receive another Omeprazole tablet on arrival to hospital on the morning of your procedure.

Medications

On the day of your surgery take the following medications as normal:

.....

Stop the following medications:

.....

Other pre-operative instructions:

.....

On the day of your surgery

- The ante-natal co-ordinator will advise you where to arrive on the day.
- Prior to going to theatre you will be asked to change into a hospital gown.
- You will be met by the Anaesthetist looking after to you and he or she will ask you to sign the consent form for the anaesthetic.
- You will have an IV cannula (drip or Luer) inserted into your arm or hand.

- The midwife will assist in trimming any excess pubic hair on the lower part of your abdomen.
- A urinary catheter is a plastic tube put in to drain your urine. You can choose to have your catheter put in prior to coming to theatre, or in theatre once the spinal anaesthetic is in.

Anaesthesia

On the day of your caesarean your anaesthetist will talk to you, explain the planned anaesthetic and answer any questions you have. They will ask you to sign a consent form. An important part of the consent process is that you have information about what to expect prior to your day of surgery. The pre-assessment nurse specialist will discuss the following information with you including the likely type of anaesthetic you'll receive and if necessary ask you to see an anaesthetist while you are in pre-assessment clinic. You may also request to see an anaesthetist at this time if you wish.

If you have medical or specific pregnancy issues which place you at high risk of complications from the anaesthetic or caesarean this will be specifically discussed with you by an anaesthetist. The vast majority of women having a caesarean section are young and healthy and the risk of any type of life threatening

complication, or death is extremely small. These would include massive bleeding, allergic reactions or delivery complications affecting the heart or lungs. Your anaesthetist will be with you from start to finish and is trained to recognise and treat these complications should they occur.

In Rotorua Hospital the main type of anaesthetic for a caesarean section is a spinal anaesthetic which includes a small dose of spinal morphine.

Spinal Anaesthetic

A spinal anaesthetic is an injection with a very fine needle into the lower part of your back. There is a bag of fluid which bathes your spinal cord and the nerves which come from it. Putting numbing medicine (local anaesthetic) and morphine into this fluid below where the spinal cord finishes, makes your abdomen and legs numb for 2-8 hours and gives pain relief for up to 24hours.

The process for a spinal is as follows. You and your support person will be brought into theatre and you'll be asked to move onto the operating bed. You sit up with your legs over the side and feet supported on a stool. You'll then be assisted into a curled up position. Cold antiseptic is put onto the lower back and local anaesthetic is injected into the skin and muscle to make it go numb. The local anaesthetic stings for a few seconds before things go numb. The spinal anaesthetic is then done. The whole process should be no more painful than a dentists injection and generally only takes a few minutes.

The first thing you'll notice once the spinal injection is completed is your bottom and legs going warm, then tingly, then numb. Sometimes women feel lightheaded or sick. Tell the anaesthetist straight away if this happens so they can help make you feel better. Sometimes women get the shivers or shakes. There's nothing we can do about this unfortunately but it's usually quite short-lived and goes away on its own.

Once the spinal injection is completed you are helped to lie down and the bed is tilted a bit. We then wait for you to be properly numb before the operation starts.

There are lots of different types of nerves in your spine. The nerves which the spinal anaesthetic blocks the best are the nerves which feel pain and cold. Nerves which feel touch and nerves which move your legs are the hardest to block.

Because of this women can sometimes feel there's something going on inside their tummy during a caesarean. Please do not be frightened if this happens to you. Many women tell us it feels like 'someone washing the dishes' inside their tummy- but there is no pain and they are quite comfortable with it. Your anaesthetist will be with you from start to finish of your caesarean to keep you safe and comfortable. You should not feel pain. If you do we will discuss the options with you but will usually put you to sleep and administer a general anaesthetic.

The reasons why we generally recommend a spinal anaesthetic are;

- Studies of many women having caesarean sections show that a spinal anaesthetic is slightly safer than a general anaesthetic.
- Your support person can be in theatre with you.
- You are awake for the birth of your baby.
- Your baby has less/no anaesthetic drug exposure.
- You can bond with and feed your baby faster.
- To avoid the sleepiness and nausea that often follows a general anaesthetic.

Risks from a spinal anaesthetic include;

- Not being able to perform the injection correctly or it not working properly. If this happens we will either try again or put you to sleep for a general anaesthetic.
- Nausea/vomiting from lowering your blood pressure or from the spinal morphine.

- A headache (< 1 in 1000)
- Nerve damage or injury. Permanent nerve damage or paralysis occurs in < 1 in 100,000 spinal anaesthetics.

Epidural Anaesthetic

If you go into labour and have an epidural put in we can use this for a caesarean section.

An epidural is a fine plastic tube which is placed in a space which surrounds the nerves in your back. It is typically used to help relieve the pain from being in labour. If a caesarean section is then needed we can put enough numbing and pain relief medicine down the plastic tube so it works the same as a spinal.

The process for inserting an epidural and the risks of an epidural are similar to those for a spinal.

In Rotorua Hospital we will place an epidural for pain relief during labour, but if you are coming specifically for a caesarean section a spinal anaesthetic is the better option.

General Anaesthetic (GA)

This is where we give you medicine through your intravenous line (drip or luer) which puts you to 'sleep.' We stay with you throughout the operation; keeping you 'asleep' and giving you pain relief. Then when the caesarean is finished we stop the medicine which is keeping you 'asleep' allowing you to 'wake up.' The advantages of GA over spinal are that you should not have any memory or sensations from the operation, and in certain medical or pregnancy related conditions a GA may be safer.

Reasons we would perform a GA for a caesarean section are;

- We are unable to insert a spinal anaesthetic or the spinal anaesthetic doesn't work as expected,
- If you are unwilling to have a spinal or unwilling to be awake for the caesarean,
- Certain medical or pregnancy related conditions.

We know from the many millions of women who have had caesarean sections around the world that the spinal anaesthetic technique is slightly safer. However in almost all circumstances if you need a GA it is still very safe. The main increased risk of a GA over a spinal is if your body size is very large or if we have difficulty placing a breathing tube in you once you have been put to 'sleep.'

Disadvantages of a GA:

- Your support person cannot be in theatre while you are asleep.
- You will be sleepy for a period of time after the caesarean so it takes a bit longer to bond with and feed your baby.
- Your baby will have some exposure to the GA medicines so may be a bit sleepy as well.
- Nauseating effects from the GA medicines,
- Risk of chipping teeth or damage to lips from placing the breathing tube.
- Remembering something from the operation (approx. 1 in 1000).
- Allergic reactions or nerve injuries from lying still and not moving (approx. 1 in 5000).

If you want, or need to have a GA we will generally ask you to lie on the operating bed and have the antiseptic and surgical drapes placed on your tummy before we put you to 'sleep.' This means the operation can start as soon as you are 'asleep' and minimises the amount of GA medicine your baby receives.

Partner/Support Person Information

If you have a spinal anaesthetic and are awake for your caesarean your partner/support person is very welcome to accompany you to theatre and stay with you throughout the operation. If you have to be asleep for the caesarean (a general anaesthetic) your partner/support person will be asked to wait in the waiting area.

The operating theatre is a sterile area, so they will be asked to change into theatre clothes and it is important that they are careful not to touch any of the operating drapes or move around the room too much. Once inside they will be guided as to where to sit. **If they feel unwell they should immediately inform a staff member and lie on the floor if they are about to faint.**

We encourage you to welcome your baby and take as many photos as you wish. Please note:

- Only one person is allowed to support you in the theatre as the space is limited.
- Please do not take photos of staff without their permission.
- Please do not use cell phones to make or receive calls whilst in theatre.

Pain Relief after Your Caesarean Section

After your caesarean an important aspect of your care is management of your pain. Acute pain from a caesarean usually improves rapidly over the first few days, but pain is very much an individual experience and no-one can tell you exactly what your experience will be.

If you have a spinal anaesthetic we usually place a small amount of morphine in the injection. This should give good pain relief for the first day or so in combination with paracetamol and anti-inflammatory tablets.

If you have a general anaesthetic you will be given intravenous morphine in theatre and after the operation will have paracetamol, anti-inflammatory and morphine tablets to control your pain.

Unfortunately morphine can have side effects including nausea, itchiness, sleepiness and constipation. Some people experience none of these while others experience them all.

Good post-operative pain relief is important for your physical and mental well being. It reduces the stress on your body and promotes faster healing. It enables you to walk sooner and breathe properly and deeply. Walking and breathing properly are important to minimise post-operative clots in your legs and lung problems respectively. You will also be better able to care for and feed your baby if your pain is well controlled.

All the medication we give you for pain relief after your caesarean is okay while you are breastfeeding. Your baby may receive a tiny amount of the medication but it will do them no harm. Breast feeding is good for your baby and good pain control is a key to successful breast feeding after a caesarean.

It is very important to take **regular** pain relief while you have pain from your caesarean as it works better. Taking pain relief only when the pain gets bad means you will be more uncomfortable

for longer and the medication doesn't work as well. It is easier to beat pain than try and catch up with it.

Some people worry about becoming addicted to pain relief medication. This is extremely unlikely. The pain from your caesarean should reduce as you heal and you then won't need strong drugs to relieve your pain.

After your operation our nurses will regularly assess your pain using a pain rating scale. An accurate assessment of your pain provides valuable information on **how well we are looking after you and reducing your pain**. This is the pain scale we typically use to assess your pain. You will be asked to grade the severity of your pain from 0 to 10.

Māori Communities Direct Health Board
Te Whānau Raukiri o Te Whānau Raukiri

HELP US TO HELP YOU!

ĀWHINATIA MAI MĀTOU, MĀ MĀTOU ANŌ KOE E ĀWHINA ATU

Rate your level of comfort on this 0 – 10 scale
Kei te pāngia anō koe ki te mamae i tēnei wā? Tohua te taumata e tika ana

0	1	2	3	4	5	6	7	8	9	10
										
COMFORTABLE kei te pai noa iho, kāore i te mamae	MILD DISCOMFORT he paku nei te mamae	MODERATE DISCOMFORT kei te āhua mamae	PAIN kei te mamae	SEVERE PAIN kei te tino mamae	SEVERE PAIN kei te tino mamae	SEVERE PAIN kei te tino mamae	SEVERE PAIN kei te tino mamae	SEVERE PAIN kei te tino mamae	SEVERE PAIN kei te tino mamae	WORST POSSIBLE PAIN kei te tino mamae rawa atu

This poster has been developed to promote the comfort of people within our DHB.

If at any time whilst in hospital you feel your pain is too severe for you to move, cough or function- please ring the bell to call your nurse. They can help to reduce your pain and help you get better sooner.

Improving your recovery after a caesarean section

You should drink water and start post operative pain relief in the recovery area.

Once you have returned to the ward your goals should be to drink normally, have a snack or light meal.

Start mobilising 6-8 hours after your operation. Your midwife will check that it is safe for you to get out of bed first. Start with moving from your bed to sit on a chair or taking a short walk around your room. Your catheter will be removed 6-8 hours after the caesarean.

Feed your baby and make sure you are eating and drinking well.

Do not over tire yourself and do not let visitors over tire you. A morning or afternoon rest can be helpful. The kinder you are to yourself and the more assistance you accept the sooner you will return to full health.

To aid in the healing process we recommend that you avoid lifting for up to six weeks after your surgery. This includes lifting other children, full laundry baskets, nappy buckets and heavy groceries also avoid vacuuming.

You will be asked not to drive for about six weeks for your safety and the safety of others.

Although most women are pleased to be having a caesarean, it is not uncommon to have feelings of anxiety, failure or guilt. You may have found having a caesarean traumatic and upsetting and feel cheated about not having the birth you had planned for. Talking these feeling through with your partner, family members, your doctor and midwife may help.

For some women bonding with baby happens straight away, whereas for others it takes longer. Regardless of the type of delivery you have, bonding will happen.

Give yourself time to get to know your baby.

On discharge please make sure

That you are given a script for pain relief.

That you are aware of when you need to come back to hospital (if you develop a fever, a red or leaky wound, increasing pain in your tummy, back or wound).

That you are aware of any follow up appointments for you or baby.

Transport

- If transport will be difficult to access on the day of your admission you can try the following:
- St Johns shuttle will provide transport for a gold coin donation, not always available for early morning pick ups though, and will need to be booked.
- St Johns health shuttle – 0800 785 646
- Otherwise for all transport bookings and enquires please contact the Lakes DHB hospital shuttle service on:
- 0800768 537

Preventing infection after surgery

What is a surgical site infection?

A surgical site infection (SSI) is the infection of the surgical wound when a patient has had surgery. Some SSIs only involve the skin but others are more serious and can involve the tissues under the skin, organs or implanted material such as joint replacements.

Most patient who have an operation do not develop an infection. If infections do develop however, they can make recovery from your operation more difficult because they cause additional illness and stress.

What are the symptoms of an SSI?

Some of the common symptoms of an SSI are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever (feeling hot and/or cold and unwell)

Can SSIs be treated?

Yes. Most SSIs can be treated with antibiotics. Sometimes patients with SSIs also need more surgery to treat the infection.

What are hospitals doing to prevent SSIs?

To prevent SSI's, doctors, nurses and other health care staff:

- Clean their hands and arms up to their elbows with an antiseptic just before the operation
- Wear hair covers, masks, gowns and gloves during the operation to keep the surgery area clean
- Remove your hair around the operation site using electric clippers – not a razor, which could irritate the skin and make it easier to develop an infection
- Give you antibiotics before your surgery starts
- Clean the skin at the operation site with an antiseptic that kills bacteria (germs)

What can you and your family/whanau do to help prevent SSIs?

Before your operation:

- Tell your doctor about other health problems you might have, such as diabetes – these could affect your surgery and your treatment
- If you smoke, talk to your doctor or ask to be referred to your local smoking cessation programme for support to stop smoking before your surgery – patients who smoke get more infections
- Don't shave where you will have surgery

At the time of your operation:

- Speak up if someone tries to shave you with a razor before your surgery. Ask why you need to be shaved rather than clipped
- Ask if you will get antibiotics before surgery.

After your operation:

- Clean your hands with soap and water or an alcohol based hand rub before and after touching our wound
- If you're worried a doctor, nurse or other health care worker may have forgotten to clean their hands, its OK for you or your family/whanau to remind them.

What do I and my family/whanau need to do before I go home from hospital?

- Ask your doctor or nurse to explain everything you need to know about taking care of your wound.
- Before you go home, make sure you have the name and contact details of the health provider or hospital to call if you develop signs or symptoms of an infection.

Name of health care provider/hospital:.....

Contact number:.....

Always clean your hands before and after caring for your wound

Stay safe from infection

Are you or a family or whānau member having surgery soon?

Most surgical wounds heal without problems, however a few surgery patients can develop an infection.

The link below is for a short video that explains what you and your family and whānau can do to prevent an infection developing in your wound when you have surgery.

www.hqsc.govt.nz/our-programmes/infection-prevention-and-control/projects/stay-safe-from-infection



Other Important Information

- Our Māori Health Team, Hunga Manaaki, provides care and support for patients and their families. Please ask staff if you would like a member of the team to contact you.
- TV lounges are available in most units.
- Portable TVs and Radios are not allowed in some units and multi-bed rooms because of the noise and sensitive monitoring equipment. If you do wish to bring a TV, laptop or radio for entertainment headphones are recommended to reduce disturbance to other patients. We have no hospital wireless internet access.
- Smoking is not permitted anywhere on Lakes DHB site by anybody including staff, patients and visitors.
- In the pre-assessment clinic we have pamphlets available for you outlining Your Rights and Responsibilities. Alternatively they can be found on the lakes DHB website by searching for 'rights and responsibilities.'

Zero Tolerance

Lakes DHB has a zero tolerance to violence or verbal abuse.

- Violence, verbal or physical abuse directed at staff, patients, family / whānau, WILL NOT be tolerated.
- Anyone displaying acts of verbal or physical violence will be removed from the hospital site.
- Police assistance will be sought when required.

We welcome your feedback

Every consumer has rights when receiving a health or disability service. Copies of feedback forms for compliments / complaints are available in the brochure racks throughout Lakes DHB hospitals.

Rotorua Pre-Operative Assessment Clinic, Lakes District Health Board, would like to acknowledge Auckland District Health Board, National Women's Health, for information used in this booklet.

Any Questions or Notes