Complications from regional techniques are usually minor and easily treated but in rare circumstances can be serious:

• Your blood pressure may go down; therefore it will be checked often. IV fluids and medications may be given to treat low blood pressure when needed.
• If the medication goes into a blood vessel you may experience dizziness, result in ringing in your ears, or have a metallic taste in your mouth. A seizure is a very rare side effect.
• Post dural puncture headache can occur following a spinal or epidural. The chance of this occurring ranges from one to three percent. The headache will resolve on its own over time, or can be treated if it bothers you.
• Infection, bleeding, or direct injury to nerves is a very rare complication. The chance of permanent neurological injury (long-term numbness or paralysis) is less than one in 10,000.
• Some minor bruising at the site of the spinal (or epidural) or midline backache may occur. This should go away in a few days.
• If the anesthetic numbs the nerves too high above the uterus, it could interfere with breathing. A general anesthetic may be required, but this is rare.
• In approximately 5% of patients, regional anesthesia is impossible or not adequate for the entire surgery and general anesthesia is required in order to complete the operation.

During regional anesthesia for Cesarean Section birth it is normal to expect some tugging sensations and some pressure during the surgery, especially when the baby is being delivered. Some patients experience nausea or dizziness during the procedure and it is important to inform your Anesthesiologist if you experience any of these sensations.

General Anesthesia
This means being unconscious during the cesarean section. This technique is used or those situations when a regional anesthetic is impossible or unsafe. You will breathe oxygen through a facemask for 3 - 4 minutes before the start of the anesthetic. Medications are administered through your intravenous and you will be asleep within 30 seconds. To protect against vomiting and ensure proper breathing under general anesthesia, the Anesthesiologist places a breathing tube into your windpipe immediately after you are asleep. Once the operation is over and you are awake, the breathing tube is removed. Your throat may feel dry and sore after general anesthesia. Other side effects may include nausea and vomiting and can be treated with medications. You may have dreams of the baby crying or recall sensations of the delivery afterwards.

Your support person cannot be with you in the operating room when a General Anesthetic is used. The primary role of your support person is to support you during the Cesarean Section Birth and if a General Anesthesia is used you will be asleep. Your support person will then be asked to wait in the Waiting Room. As soon as your Cesarean Section Birth is completed you will be moved to the Obstetrical Post Anesthesia Recovery Room. At this time your support person will be asked to join you.

After Baby is Born
Health Care Providers will take care of your baby. They will:
• Warm and dry the baby
• Complete the baby’s first check-up
• Weigh the baby once the baby is warm and breathing well. (The baby’s length may be measured at a later time)
• Attach matching identification (ID) bands to you, your baby and your support person
• Wrap your baby in blankets when stable and give baby to you or your support person to hold
• Offer the opportunity to you or your support person to hold baby ‘skin to skin’
• Provide time for your support person to take pictures or video of baby
• Contact your baby’s doctor to see your baby within 24 hours if baby is well

NOTE: Please ask Health Care Providers for their permission before including them in pictures.

• A special neonatal team may be called in to take care of baby if baby has difficulties (e.g. babies born by Cesarean Section Birth may be at risk for short term breathing difficulties).

Recovering From Your Surgery
When your surgery is over you will go to the Obstetrical Post Anesthesia Recovery room, where one support person can stay with you. Other visitors are not allowed to visit you in this area, because the nurse needs to check you often. Family and friends may visit you on the Family-Centered Mother & Baby Unit (FCMBU).

During your stay in the Obstetrical Post Anesthesia Recovery room your baby will be placed skin to skin on your chest for bonding. In the event the baby is warm. Skin to skin contact is also helpful to start breastfeeding; assistance will be provided by your Nurse.

If there are concerns with your baby, baby may be taken to and observed in the infant resuscitation room; otherwise, baby will stay with you. About 2 hours after your Cesarean Section Birth you and your baby will transferred to the Family-Centered Mother & Baby Unit.

On the Family-Centered Mother & Baby Unit (FCMBU)
Care is given to you and your baby together in the same room. Your support person is encouraged to stay with you and the baby during your hospital stay. A sleeper chair will be available for your support person. On the FCMBU the Nurse will:
• Encourage you to get up as soon as possible
• Help you get up from the bed the first time
• Remove the tube (catheter) from your bladder when you are able to get up to the bathroom (usually by 12 hours after surgery)
• Remove your IV within 12 to 24 hours after surgery unless it must stay in for medical reasons
• Remove your bandage after 24 hours

You may shower once your bandage is removed. We encourage you to get up as soon as possible after surgery, it will aid in your recovery. We encourage you to wear your special stockings and being active will help prevent blood clots from forming in your legs. Medication for pain that is safe when breastfeeding your baby will be given as needed.

The usual length of hospital stays after a Cesarean Section Birth is 48 to 72 hours (2 to 3 days) or as soon as discharge criteria are met. If you want to go home earlier, please talk to your Doctor and/or Nurse.

Visiting
We encourage your support person to stay with you throughout your hospital stay. Your own children (provided they are healthy) are welcome; please ensure there is a responsible adult with them at all times. It is important for you to make special arrangements to get to know baby’s needs and feeding cues during your hospital stay. Keeping this in mind, you should let your family know what they can expect to see and what questions you may have about them visiting you during your hospital stay. It is important for you to understand that we may need to interrupt a visit to provide care or teaching in order to prepare you for discharge.

If you are sharing a room with another patient it is important to respect each other’s privacy and need for rest.

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Preparing for Cesarean Section Birth

www.hsc.mb.ca
Welcome to Women's Hospital. This booklet is to help you prepare for your Cesarean Section Birth. It is important to come to the hospital 2 hours before your planned surgery so that all the necessary preparations can be made and there is time for your Doctor and Anesthesiologist to see you before your Cesarean Section Birth.

Your Cesarean Section Birth Instructions
• Your surgery date:
  • time:
  • Report to Admitting at the Women's Hospital 2 hours before your surgery time.
  • Bring your Manitoba Health and Private Insurance card(s).
  • Have a shower the evening before or the morning of your surgery.
  • Remove makeup, nail polish, jewelry, and body piercings.
  • Leave valuables such as jewelry, money, and credit cards at home.
  • Nothing to eat or drink after midnight before your surgery day.
  • Put on your special stockings before coming to the hospital.
  • Bring your lip moisturizer and slippers if you desire.
  • Wear glasses the day of surgery and bring contact lenses for later use if you wish.
  • Have a tube (catheter) inserted into your bladder to drain your urine after your surgery.

In the Perinatal Assessment Unit (PNAU)
The Nurse will prepare you for your surgery by:
• Having you put on a hospital gown
• Checking your vital signs
• Listening to your baby’s heartbeat
• Starting your intravenous (IV) and administering antibiotics
• Giving you an antacid drink before your surgery
• Giving you an emesis bowl to empty your bowels if your doctor has requested that you have an emesis
• Asking your support person to change into operating room clothes, a hat, and mask.

Your Doctor and Anesthesiologist may come to see you in the PNAU.

As You Go to the Operating Room (OR)
The operating room Nurse will:
• Review your chart
• Check all your identification (ID) bands to make sure they match
• Give you an OR hat to place over your hair

In the Operating Room
The operating room Nurse will:
• Apply monitors to watch your blood pressure, pulse, and oxygen level
• Assist the Anesthesiologist and Obstetrician
• Listen to your baby’s heartbeat
• Lightly trim some of the hair from the pubic area if needed
• Insert a tube (catheter) into your bladder to drain your urine after your surgery

We will place a pillow under your right hip that will lift your body to the side to help your baby have a good blood supply. When you are ready for your surgery, your support person may join you. ONLY one support person may join you in the operating room. It is important to have as few people in the operating room as possible; this will help decrease the spread of infection to you.

There is an adjustable mirror above the operating table which allows you to watch your baby’s birth if you choose.

Shower the evening before or in the morning before coming to the hospital. Remove all makeup, nail polish, jewelry and body piercings (tongue, eyebrow, ear, nose, genitalia and belly rings). Put on your special stockings before coming to the hospital.

You may brush your teeth the day of your surgery, but do not swallow any toothpaste or water. Your surgery will be cancelled and re-scheduled if you eat food or drink after midnight.

What to Bring to the Hospital
Bring your Manitoba Health card and any other private insurance card(s) you have. Leave your suitcase in the car until after baby is born and you are settled in your room at which time your support person can bring the suitcase to you. Only bring your lip moisturizer, toothbrush, toothpaste, a comb and slippers if you wish. If you have both glasses and contact lenses, please remove the contact lenses at home and wear your glasses, which may we wear to the operating room. Denture containers are available at the hospital if you need one.

Please bring any medications that you take with you. This will help us to know what medications are to be taken.

You may wish for your support person to bring a camera.

You may wish to have your support person bring a camera to the hospital.

Memo:
• Your support person may be your partner, a family member, or friend. The responsibility of your support person is to support you through the birth of your baby, stay with you as you recover, learn how to care for your baby with you and help you in hospital and when you go home.

Preparing to Come to the Hospital: The Day of Your Surgery
Do not shave or wax your pubic or abdominal hair for a week before your surgery as this can cause wound infections. Hair in the pubic area may be trimmed in the operating room just before the surgery, or simply left as is.

For 24 hours before your surgery do not smoke, drink alcohol, or take any over the counter drugs, recreational (street) drugs or herbs.

You may eat a normal meal the evening before your surgery but do NOT EAT OR DRINK AFTER MIDNIGHT (including gum, candies, breath mints, etc.). It is important that your stomach is empty.

Do not take any recreational or street drugs or herbal medicine that may contain any local or regional anesthetic.

In the Perinatal Assessment Unit (PNAU) the Nurse will prepare you for your surgery by:
• Having you put on a hospital gown
• Checking your vital signs
• Listening to your baby’s heartbeat
• Starting your intravenous (IV) and administering antibiotics
• Giving you an antacid drink before your surgery
• Giving you an emesis bowl to empty your bowels if your doctor has requested that you have an emesis
• Asking your support person to change into operating room clothes, a hat, and mask.

Your Doctor and Anesthesiologist may come to see you in the PNAU.

Elective Cesarean Section Birth
Anesthesia for Elective Cesarean Section Birth

The Anesthesiologist will meet you with prior to surgery to discuss the type of anesthesia that will be used. Spinal or epidural anesthesia will be used to perform an elective Cesarean Section Birth; however, both epidural and general anesthesia can be used in certain circumstances as well. The choice of anesthetic will depend on the reason for the surgery, the health of you and your baby, your wishes, and the assessment by the Anesthesiologist and Obstetrician. It is important for you to inform your medical team of any drug allergies, or previous problems with anesthetics, so that the safest method can be provided for you and your baby.

Regional Anesthesia involves techniques that block pain pathways. Regional anesthesia is very effective for both you and your baby; includes both spinal and epidural anesthesia, allowing you to be awake during the birth of your baby.

Spinal Anesthesia
The Staff or Resident Anesthesiologist will ask you to sit or lie on your side, with your back curved out. A small area of your back will be cleaned with antiseptic. An injection of local anesthetic under the skin is performed which is usually the most uncomfortable part (similar to a bee sting). A very small needle is inserted into the fluid filled space below the spinal cord. A combination of local anesthetic and narcotic is injected through the needle. You will quickly notice tingling and numbness in the lower half of your body including your legs and abdomen.

Epidural Anesthesia
The preparation and positioning are the same as for a spinal anesthetic. With an epidural anesthetic, a small plastic tube (catheter) is inserted through the needle into the epidural space. The needle is removed and the catheter is taped to your back. Local anesthetic and narcotic are administered into the epidural and the numbness of the lower half of your body occurs slowly over 20 - 30 minutes.