

CAESAREAN SECTION

WHAT IS IT?

Delivery of a baby through an incision in the mother's lower abdominal and uterine walls and is performed when a vaginal delivery is not possible or is unsafe. This procedure is also called a C-section or Lower Segment Caesarean Section (LSCS).

REASONS FOR PROCEDURE

Danger to the mother or baby from one or more of many causes, including:

- Baby's head too large to pass through the birth canal.
- Baby in the wrong orientation – head up (breech) or transverse.
- Failure of cervix to dilate (failed induction of labour).
- Abnormal placenta location obstructing the birth canal (placenta praevia).
- Failure of normal labour progress.
- Situation where urgent delivery is indicated such as fetal distress or severe illness in the other (such as severe hypertension or sudden fits).
- Infection such as HIV or acute herpes genitalis infection in the mother.

POSSIBLE COMPLICATIONS

- Excessive bleeding or surgical-wound infection.
- Post operative anaemia.
- Endo-myometritis (inflammation of lining and muscle of the uterus).
- Excessive scar formation (called keloid scars).
- Complications of anaesthesia.
- Higher possibility of caesarean section in next pregnancy, depending on how the uterine (not skin) incision was done.
- Blood clots in calf veins, which can travel to the lung, causing lung damage.
- In rare situations, there can be injury to the bladder, intestine or other structures encountered during the surgery.

BEFORE THE OPERATION

- Consent for operation should be signed.
- Relevant investigation that may be taken will depend on your medical illness and age.
- A small enema is given the night before or on the morning of the surgery to empty the bowel. Shaving of the operative site is done before surgery.
- You are required to fast for at least 6 hours before surgery (no food or drinks at all for 6 hours). For example, if the surgery is in the morning, you should skip breakfast. If it is in the afternoon, you can have an early light breakfast (eg. tea/coffee/milo and toast) but make sure that this is taken at least 6 hours before the surgery. Please reconfirm this with your doctor.
- Oral antacids will be given just prior to the surgery.

DESCRIPTION OF PROCEDURE

- A regional (usually spinal) or general anesthesia is administered.
- A urinary catheter is placed and is usually removed the following day.
- Antibiotics to prevent post surgical infection is usually given during the surgery.
- Transverse incision is made in the lower abdomen (at the level or slightly below the panty line) to gain entry to the uterus. Another transverse incision is made in the uterus.
- Baby, placenta and birth sac are removed.

- The uterus is closed with absorbable sutures.
- The skin can be closed with either absorbable or non-absorbable sutures. If non absorbable sutures are used, the sutures will be removed in about 1 week after surgery.
- The surgery usually takes 45 to 60 minutes to complete.

POST OPERATIVE CARE

- Expect a hospital stay of 3 to 5 days.
- Fluids will be given via an intravenous line after the surgery to maintain nourishment and hydration. Sips of water will be allowed gradually over the first few hours. If you feel well and not nauseous, you will be given nourishing fluids such as a cup of tea/coffee/milo. The drip will be stopped when you are drinking normally again. This may take a little longer if you have had a general anaesthetic. Your doctor will review periodically to decide when to start soft diet.
- Antibiotics may be prescribed for those at risk of infection.
- Pain relief medication should generally be required for only 2 to 7 days following the procedure.
- Move and elevate your legs often while resting in bed to improve circulation and decrease the likelihood of deep-vein clots.
- It is important to mobilize as soon as possible, since it helps to prevent complications, such as blood clots and pneumonia.
- Frequent uterine cramps will be present and will respond to simple pain relief medications.
- Gas pain (abdominal wind) can be a problem following the operation for some women. Early mobilization will help to reduce the wind. If the problem still persists, medication can be prescribed for relief.
- There will be fresh vaginal bleeding for 1 to 2 weeks and will usually reduce in amount and change in colour with time. It may last from 4 to 6 weeks. Use sanitary napkins—not tampons—to absorb blood or drainage.
- Wound dressing will be removed before discharge and the operation area sprayed with an Opsite dressing. The wound will be kept exposed.
- A firm ridge may form along the incision. As it heals, the ridge will gradually recede.
- Non absorbable sutures are usually removed from the skin incision on the seventh day. If absorbable suture is used, then the suture need not be removed. It will dissolve by itself after a few weeks.
- Shower as usual. Dry the incision site with dry, clean towel after each shower.
- You may want to consider applying a silicone-based gel to the scar to prevent hypertrophic or keloid scar formation. The gel is usually applied twice a day, starting from day 7 to 14 after the Caesarean section. This type of gel is available from pharmacy without prescription. Please read instructions before applying as it may vary among different brands. You will need to apply the gel for at least 4 to 6 months to see a benefit.
- Once home, someone should be available to help care for you for the first few days.
- Do not douche.
- There is no specific dietary restriction. Eat a healthy and balanced diet.
- Resume daily activities and work as soon as you are able. Full recovery normally takes about 4 to 6 weeks.
- You should start postnatal exercise once you are pain-free and comfortable. Specific exercises are available for women who had a C-section. Discuss this with your nurse or doctor. Avoid heavy lifting or strenuous activity for 6 weeks.
- You can resume driving after 4 weeks, provided full mobility has returned and pain-killers

- medications are no longer required. Please ask your doctor if you are not sure.
- Avoid sexual intercourse for 6 weeks or as directed by your doctor.
 - Do not skip your postnatal visit, which is usually 6 weeks after the delivery. Discuss family planning choices with your doctor during this visit. It is advisable to avoid the next pregnancy for at least one year.

SEE YOUR DOCTOR IMMEDIATELY IF THERE IS :

- Increasing pain, swelling, redness, drainage or bleeding in the surgical area.
- Vaginal bleeding which soaks more than 1 pad or tampon each hour.
- The urge to urinate frequently, especially if associated with pain and abnormal urine colour.
- Persistent and abnormal vaginal discharge.
- Increasing nausea and vomiting.
- Short of breath or feel faint.
- You develop signs of infection, including headache, muscle aches, dizziness or a general ill feeling and fever.
- New, unexplained symptoms develop. Drugs used for treatment may produce certain side effects.

Disclaimer

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

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