

Operation Information

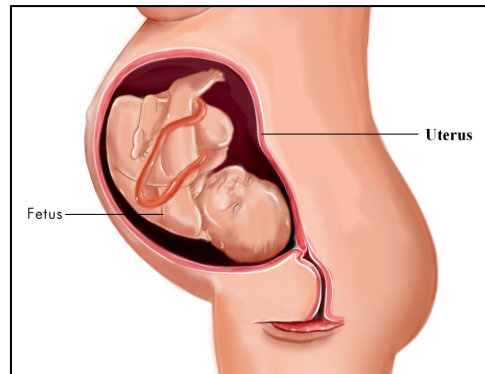
Caesarean Section

Indication

Previous Caesarean section/ Prior removal of uterine fibroids/
prolonged labour/ failed labour induction/ abnormal presentation
of fetus/ others _____

Procedure

1. Regional / General Anaesthesia
2. Incision made in lower abdominal area, entering into the abdominal cavity
3. Incision made on uterus
4. Extract infant and placenta
5. Suture the uterus and abdomen
6. If abnormalities of the fallopian tube, ovary, or other organs in the pelvic area are found during surgery, the doctor may attend to them prior to suturing.



Possible Risks and Complications

1. Procedure risk
 - i) Haemorrhage: severe blood loss may require transfusions; uncontrollable blood loss may lead to a hysterectomy.
 - ii) Surgical injury to nearby organs such as bladder, urethra, colon, etc.
 - iii) Wound infection, hematoma, or improper healing may require resuturing
 - iv) Vascular thrombosis
 - v) Hernia
 - vi) Intestinal paralysis
 - vii) Amniotic fluid embolism: amniotic fluid may enter into mother's bloodstream and trigger an allergic reaction
 2. Complications for newborn baby
 - i) Surgical injury such as lacerations (e.g. nicks) or fractures
 - ii) Breathing problems – transient tachypnea, or “wet lungs” caused by retained fluid in newborn's lungs
 3. Possible complications during future pregnancies

There is an increased chance of repeated Caesarean section. If the second child is delivered vaginally, there is a potential risk of uterine rupture (tearing of the uterus along the scar line from the previous Caesarean section). Other possible complications include: bleeding, placenta previa (baby's placenta partially covers the mother's cervix, can cause severe bleeding), and placenta accreta (baby's placenta implants too deeply or firmly in mother's uterus).
- ** It is impossible to mention all the possible complications that may happen and the above is only a few important complications which may occur. Before agreeing for the operation, you must acknowledge and accept the fact that no matter how ideal the situation may be, these events may occur. Damage to peripheral organ, severe haemorrhage or leakage after operation, it may require another operation to deal with the complications.

Pre-operation Preparation

1. Your doctor will explain to you the reason, the procedure and the possible complications. You will need to sign the consent form.
2. Have a bath and shampoo the night before operation. Nursing staff will instruct you to shave your pubic hair and use an antiseptic for cleansing your abdomen.
3. No food or drink is allowed six to eight hours before operation.
4. Change to operation attires and remove loose objects (e.g. dentures, jewellery, contact lens etc).
5. Empty bladder before surgery.

Post-operation Instruction

1. You may feel tired, drowsy, nauseous or vomit after general anaesthesia (if applicable). Inform nurse if there are severe symptoms.
2. Inform the nurse(s) for wound pain. Analgesics may be given as prescribed.

Advice on discharge

1. Medication: You may take analgesics as prescribed by your doctor if necessary.
2. Please contact your attending doctor or go back to hospital for severe pain or redness of wound, tenderness, purulent discharge, excessive bleeding, abdominal pain, heavy vaginal bleeding or fever (body temperature above 38°C or 100°F) etc.
3. Follow up: Please attend the follow-up as arranged.

Remarks: Should you have any enquiries, please consult the attending doctor.

Compiled by Union Hospital Consent Form Taskforce

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification