

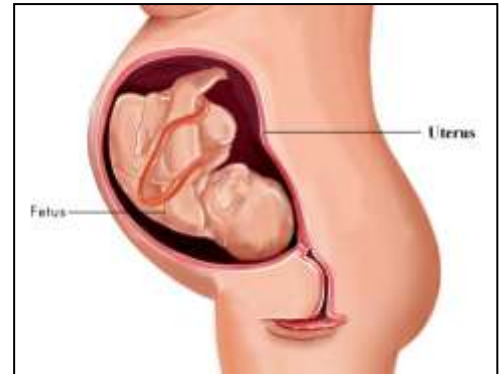


Operation Information

Caesarean Section

Introduction

A caesarean section is an operation to deliver baby through a cut made in abdomen and uterus. This operation may be recommended as an elective procedure or done in an emergency if it is thought a vaginal birth is too risky. Although caesarean section is generally considered safe and, in some situations life-saving, it carries additional risks compared with a vaginal birth.



Outcomes

The expected outcomes are that a baby/ babies is delivered, labor pain can be avoided, also the chance of pelvic floor disorders (such as uterine prolapse and urinary incontinence) may be lowered.

Procedures1

1. The operation is performed under regional or general anaesthesia.
2. An incision is made in the lower abdominal area, about 10-20 cm in length, entering into the abdominal cavity.
3. An incision is made on the uterus.
4. The infant and placenta are extracted.
5. If abnormalities of the fallopian tube, ovary, or other organs in the pelvic area are found during surgery, the doctor may attend to them.
6. The uterus and abdomen are closed with sutures, and the abdominal wound is covered with a sterile dressing.

Possible Risks and Complications

1. Complications for the mother
 - 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, ureter, 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 the newborn
 - i) Surgical injury such as lacerations (e.g. nicks) or fractures
 - ii) Breathing problems – tachypnea, or “wet lungs” caused by retained fluid in the newborn's lungs
3. Possible complications during future pregnancies
 - i) There is an increased chance of repeated Caesarean section. If the next 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).

- ii) Other possible complications causing severe bleeding include: placenta previa (the placenta partially covers the mother's cervix), and placenta accreta (the placenta implants too deeply or firmly in the uterine wall).

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
4. Nursing staff may instruct you to shave your pubic hair and use an antiseptic for cleansing your abdomen.
5. You may have a blood test, cross match, ultrasound and pelvic CT scan if needed.
6. No food or drink six hours before operation.
7. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After regional anaesthesia:
 - Close observation will be performed by nurse and nurse will monitor your sensory and motor functions of lower limbs as routine observation.
 - Please rest on bed for 8 hours and seek help from ward nurse if needed.
2. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
3. An indwelling urinary catheter is inserted into the bladder to empty the urine. It will be removed before discharge.
4. You will have regular close contact with your baby and constant breastfeeding with nurse advice.
5. You may experience abdominal cramps, especially during breastfeeding, as the uterus contracts and returns to its normal pre-pregnancy size.
6. Please inform the nurse of wound pain or the pain caused by uterine cramping. Proper pain relief treatment may be prescribed by the doctor.
7. Vaginal discharge is red and heavy for the first few days. Then it will reduce, become increasingly watery and change from pinkish brown to yellowish white. The nurses will teach you the proper way of caring your perineum.

Wound Care

1. The wound is covered with sterile dressing. Keep the wound dry and clean.
2. Sutures will be removed or dissolved in 2 weeks. Your wound will eventually form a scar, just below your bikini line.

Diet

1. A normal diet may be resumed as instructed after recovery from general anaesthesia.

Activities

1. Early mobilization is encouraged to prevent venous thromboembolism.
2. You should be fit enough to do light activities but stair climbing, heavy lifting, strenuous exercise and swimming should be avoided for 6 – 8 weeks.

Advices on Discharge

1. The recovery time may take 4 weeks.
2. Please comply with medication regime as prescribed by your doctor.
3. Immediately consult your doctor or return to hospital for professional attention in the event of increase pain, bleeding, or purulent discharge from the wound, abdominal pain or distension, leaking urine, increase vaginal bleeding, breathing difficulty, chest discomfort, shivering, fever over 38°C or 100°F, or any other unusual symptoms.
4. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

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