A. Condition

☐ Breech  ☐ Twins  ☐ Previous Cesarean  ☐

☐ Placenta Previa  ☐ Other________________  ☐

B. Planned Cesarean Section

Before you have a cesarean delivery, a nurse will prepare you for the operation. You may be given a medication that will help reduce acid in your stomach. This will help prevent stomach acids from entering your lungs and causing problems. Your abdomen will be washed and may be shaved. An intravenous (IV) line will be put in a vein in your arm or hand. This allows you to get fluids and medications during the surgery.

Anesthesia will be given so that you do not feel pain during surgery. You will be given either general anesthesia, an epidural block, or a spinal block. If general anesthesia is used, you will not be awake during the delivery, but this is not usual.

An epidural block numbs the lower half of the body. An injection is made into a space in your spine in your lower back. A small tube may be inserted into this space so that more of the drug can be given through the tube later, if needed. That way, you won't need to be given another injection.

A spinal block is similar to the epidural block. It also numbs the lower half of your body. You receive it the
same way, but the drug is injected directly into the spinal fluid.

The type of anesthesia used depends on many factors, including your well-being and that of your baby. The doctor will talk with you about the types of anesthesia and take your wishes into account.

After the anesthesia is administered, a catheter (tube) is then placed in your bladder. Keeping the bladder empty lowers the chance of injuring it during surgery. Special stockings are applied to your calves, which help to prevent the formation of blood clots.

Your doctor will make an incision through your skin and the wall of the abdomen. The skin incision may be transverse (horizontal) or vertical, just above the pubic hairline. The muscles in your abdomen are moved and, in most cases, do not need to be cut. Another incision will be made in the wall of the uterus. The incision in the wall of the uterus also will be either transverse or vertical.

When possible, a transverse incision in the uterus is preferred because it is done in the lower, thinner part of the uterus and results in less bleeding. It also heals better. Sometimes, however, a vertical incision is needed—for instance, if you have a very preterm baby and the baby's head is not in the vertex (head down) position.

The baby will be delivered through the incisions, the umbilical cord will be cut, and then the placenta will be removed. The uterus will be closed with stitches that will dissolve in the body. Stitches or staples are used to close your skin.

C. Possible Complications

- The uterus, nearby pelvic organs, or skin incision can get infected.
- You can lose blood, sometimes enough to require a blood transfusion.
- You can develop blood clots in the legs, pelvic organs, or lungs.
- Your bowel or bladder can be injured.
- You can have a reaction to the medications or types of anesthesia that are used.

D. After Delivery

If you are awake for the surgery, you can probably hold your baby right away. You will be taken to a recovery room or directly to your room. Your blood pressure, pulse rate, breathing rate, and abdomen will be checked regularly.

If you are planning on breast-feeding, do not be concerned: having a cesarean delivery does not mean you won't be able to breast-feed your baby. You should be able to begin breast-feeding right away.

You may need to stay in bed for a while. The first few times you get out of bed, a nurse or other adult should help you.

Soon after surgery, the catheter is removed from the bladder. You will receive IV fluids after your delivery, until you are able to eat and drink. The abdominal incision will be sore for the first few days. Your doctor can prescribe pain medication for you to take after the anesthesia wears off. There are many different ways to control pain. Talk to your doctor about your options.

A hospital stay after a cesarean birth is usually 2–4 days. The length of your stay depends on the reason for the cesarean birth and on how long it takes for your body to recover. When you go home, you may need to take special care of yourself and limit your activities.
E. At Home

It will take a few weeks for your abdomen to heal. While you recover, you may have:

- Mild cramping, especially if you are breast-feeding
- Bleeding or discharge for about 4–6 weeks
- Bleeding with clots and cramps
- Pain in the incision

F. Follow-Up

Your doctor will want to see you in the office 2 weeks and 6 weeks after your delivery. At the first appointment, your incision will be checked, your doctor will want to know how you are recovering from your surgery, and how things are going with your newborn and breast-feeding. At the second visit, a more complete exam will be performed and your doctor will talk to you about birth control and your routine follow-up visits.

G. What to Watch For

Make sure you know the warning signs of a problem related to surgery. Contact your doctor if you experience any of the following symptoms:

- Vomiting
- Fainting
- Severe abdominal pain or cramping
- Heavy bleeding
- Abnormal vaginal discharge
- Fever or chills
- Redness or discharge from incisions
- Shortness of breath or chest pain

I have talked to my doctor and read the detailed description of my procedure. I understand the risks, benefits, and alternatives of Cesarean Section.