



HAVING AN ELECTIVE CESAREAN SECTION

Our team at the Grey Nuns is committed to ensuring that you have an enjoyable and safe birth experience. We strive to serve those in our care with dignity and respect.

It is important to us that our patients and their families are well informed decision makers in all aspects of their care and treatment.

This booklet will give you information about your elective (pre-planned) cesarean section. Please review this information carefully.

Have this booklet available when the nurse calls you the day prior to your surgery.

HAVING YOUR SURGERY BOOKED

- Your Obstetrician will book your date of surgery with the hospital staff.
- Elective cesarean sections are normally during the day on Monday to Friday.
- Bloodwork – your Doctor will advise you if bloodwork is required.

GETTING READY FOR YOUR CESAREAN SECTION – a few days before your surgery

CBC - This blood test is usually done at 28 weeks with the diabetic screening, if you need bloodwork drawn your Doctor will give you a requisition to get this done and can be done at any lab.

If you require a Type & Screen -you **must go to a hospital lab** to have your blood collection done **2 days prior to your surgery date**. You will be given a requisition for these blood tests by your Doctor's office (you can do both CBC and Type & Screen together at the hospital lab).

If you need bloodwork it is very important to your care to have this blood test collected prior to your cesarean section.

We request that you visit one of the following labs to have your Type & Screen collected:

Please call to book a time – this is by Appointment ONLY

SITE	PHONE
Grey Nuns Community Hospital	780-735-7095
Sturgeon Hospital	780-418-8254
Misericordia Hospital	780-735-2787
Royal Alexandra Hospital	780-735-5524
Leduc Hospital	780-980-4601
North East Community Centre	780-342-4053
Stony Plain Westview Health Centre	780-968-3684

- When you have your blood collected, the person collecting your blood will put a pink blood bank band on your wrist. **Please DO NOT remove this wristband.**



- The hospital Admitting Department will call you to confirm your personal information a few days prior to your cesarean section date. Please ensure your Obstetrician has your current address and phone number as they provide this information to the Admitting; **this is one of two phone calls you will receive.**
- A registered nurse will call you the day prior to your cesarean section or on Friday afternoon if you are booked for a Monday. The staff will confirm the approximate time of your cesarean section and answer any questions you may have during this call.
- **Expect a call anytime from 10:00 am to 3:00 pm the day before your surgery. Please make arrangements to be home so you don't miss the call.** If you have not heard from the nurse by **2:00 pm** please call 780-735-7656.
- Some patients will be asked to go to Unit 31 (Obstetrical Outpatient Unit) for their pre-operative visit. Your Obstetrician will give you information about this visit.
NOTE: It can take up to 2 hours, but usually about 30 to 45 minutes.

THE DAY BEFORE YOUR SCHEDULED DELIVERY

- Ensure your bags are packed. Please leave valuables at home. This includes wallets, credit cards, money and jewelry.
- Review and practice the Deep Breathing and Coughing Exercises as well as the Leg Exercises. They help to prevent problems after your surgery.
- **Eating and drinking before surgery** – see last page of this booklet



**STOP EATING FOOD after your final snack
(8 hours before surgery).**

**STOP DRINKING after your juice
(3 hours before surgery).**

- If you regularly take medication in the morning, ask your Obstetrician if you should take it with a sip of water.
- For your own safety, failure to follow the eating and drinking instructions will result in rescheduling of your surgery time.

THE MORNING OF THE BIG DAY

- Do not wear make-up, nail polish or jewelry. You may wear gel or acrylic nails if they are clear.
- Park at the front of the hospital in the parking lot, or your support person may leave his or her car on the street – HONK app available on smart phones to pay for parking online. Please leave your bags in your vehicle. You will be moved a few times before you get to your final room. We are not responsible for lost items.
- Don't forget your camera for baby's first photos!
- You **do not need** to stop in Admitting on your way up.
- On the day of your surgery go to the Obstetrical Outpatient Unit (Unit 31) on the third floor 1½ hours prior to your surgery.



- When you arrive you will be admitted and the nursing staff will get you ready for your surgery.
- A nurse will take your vital signs, listen to your baby's heartbeat, start an intravenous and clip your pubic hair.
- The Anesthesiologist may see you prior to going to the Operating Room.
- One support person may accompany you to the Operating Room if you are having a regional anesthetic; he or she will need to change into OR scrubs.
- The support person should keep their wallet with them at all times.
- **THE SCHEDULED TIME OF YOUR CESAREAN SECTION IS A GUIDELINE ONLY.** At times there may be a significant delay in your surgery because of patient safety issues. We will do our best to keep you informed of any changes.

GOING TO THE OPERATING ROOM

- A Labour & Delivery OR staff member will come and pick you up. They will be checking your armband and pink blood bank band (if required) and double checking with the information in your chart.
- You will then walk to the OR with them
- Everyone in the OR needs to be dressed in OR scrubs, hats, boots and masks. There are several people in the room including the following:
 - Your Anesthesiologist - may have an assistant(s)
 - Your Obstetrician- may have an assistant(s)
 - Three nurses looking after you
 - A team comes from our NICU to provide care to your baby (usually two people)
- Once your anesthetic is in a tube called a catheter is placed in your bladder to empty it.
- A cesarean section normally takes about an hour from the time the anesthetic starts until you are admitted to the Recovery Room. The baby is normally born about 5-10 minutes after the Obstetrician starts the surgery.
- You may feel some pulling and pushing at the time of birth, but you should not feel any pain.
- If you are feeling uncomfortable in any way, you should let the nurse or the Anesthesiologist know.
- The baby normally stays in the Operating Room once delivered unless either mother and/or baby are sick. If the baby is moved to our Neonatal Intensive Care Unit (NICU), the staff will explain the reason for this. If both are well; mom or support person can usually hold the baby in the OR.
- Every effort will be made to provide skin to skin contact as soon as possible; this can either be with the mother or support person if there were no complications with the surgery.
- In case of an emergency, the support person may be asked to leave the OR.
- The support person may go with the baby but they will not be allowed to return to the OR without permission from the team.
- The support person is able to take pictures of the baby after delivery. For safety reasons, **we do not allow pictures or videotaping before or during the surgery.**
- Once the surgery is done, you and the baby will be moved to a bed and you both will go to the Recovery Room.
- You will be in the Recovery Room for about one hour.



- During the recovery period **ONLY** the support person who was with you in the Operating Room is permitted to be with you in the Recovery Room. Your other family members will be permitted to visit on the Maternal/Newborn unit, per **current Visitor Guidelines**.
- You will be moved to a new room on the Maternal/Newborn unit after you are discharged from the Recovery Room.
- We will attempt to accommodate your room choice but this is not always possible.

ANESTHESIA DURING YOUR CESAREAN SECTION

The Anesthesiologist may recommend a specific type of anesthetic for you.

- There are two types of anesthetic you could receive.
 - The preferred method is spinal anesthesia so you are *conscious and awake*. Medication is injected into the fluid surrounding your spinal cord. This is the most common way to have an anesthetic for a cesarean section. It is the safest method of anesthesia for both mother and baby. Greater than 90% of women have spinal anesthesia.
 - **General** anesthesia. Medications are given that will make you sleep so that surgery can be performed.

How is a Regional Anesthetic Done?

- You will be asked to sit on the side of the bed.
- Your lower back will be washed. It may feel cold.
- The Anesthesiologist will freeze the skin of a small place on your lower back. You will feel stinging.
- The Anesthesiologist will put a thin needle in your lower back. Medication will be injected into your spinal fluid through this needle.
- Most women say that this does not hurt, but they feel pressure in their lower back at this time. It is important that you follow your Anesthesiologist's directions during this procedure.
- The needle will be removed after the medication has been given.
- The medication will freeze you from your nipples to your toes.
- Your partner/support person will be allowed in to the Operating Room after the anesthetic is completed and the cesarean section team is ready to begin the surgery.

You will not be able to move your legs. Rarely, the spinal anesthesia does not work well enough for cesarean section. If this happens, you will be given medication to keep you comfortable. Your partner or support person may be asked to leave the room depending on your individual circumstances.

How is a General Anesthetic Done?

- You will lie on the operating room table.
- The Anesthesiologist will give you medication through your IV that will cause you to go to sleep (unconscious). They will then put a tube into your throat to provide gases (which will keep you asleep) and oxygen to help support your breathing.
- You will wake up after your surgery is complete.
- Your partner/support person will not be allowed in the Operating Room or the Recovery Room. He/she may go with the Nursery Team to the Neonatal Intermediate Care Nursery to visit your baby.



Questions Often Asked About Spinal Anesthetic...

- **Will I have nerve damage from the regional anesthetic?**
 - It is possible, but this is extremely rare.
- **Are there any complications?**
 - Headaches are the most common problem, they occur in 1 in 100 cases.
 - There is a very small risk of infection. Your Anesthesiologist will recommend treatment if a complication arises.
- **Is this safe for my baby?**
 - Yes, your baby will receive very little of the medication.
- **How long will the freezing last?**
 - The freezing will last about 2 hours. It will gradually recede over time.
- **Can I breast feed my baby?**
 - Yes.
- **Will the spinal or epidural give me a backache?**
 - Backache is very common after pregnancies and deliveries. There is no proof that spinal or epidurals cause backache by themselves.

Comments mothers have made after regional anesthesia...

"I liked being awake and being able to see my baby right away."

"My husband was with me and able to share in the birth of our baby."

"I was able to be up and moving around faster than I thought."

DEEP BREATHING, COUGHING AND LEG EXERCISES

Deep Breathing and Coughing Exercises: this will help keep your lungs expanded and free of mucous after your surgery.

- Breathe in deeply through your nose.
- Hold your breath for 5-10 seconds and then breathe out slowly through your mouth. You will find you can breathe more deeply with each breath.
- Repeat again and on the third breath in, hold your breath for 5-10 seconds. Cough 2 or 3 times in a row as you get rid of this third breath.
- Do these 10 times every hour you are awake.
- Make sure you take normal breaths in between.

Feet and Ankle Exercises: this will help fluid return back to your organs and your heart and will promote healthy circulation.

- Wiggle your toes.
- Point your toes towards the foot of the bed and then towards the ceiling.
- Move your feet in small circles.
- Do these exercises 10 times every hour you are awake.



Moving in Bed

It is best if you turn in bed by rolling. It is important to move your knees, hips and shoulders at the same time. This helps to prevent strain in the area of your surgery. If you have difficulty moving, the nurses will help you.

Getting Up

It is common to feel dizzy when you first get up. Call the nurse to help you get up the first time.

Mobilization after Surgery

Moving after your surgery is extremely important. It helps you to regain your muscle strength and helps your breathing and digestion return to normal after your anesthetic and surgery. Sitting up in a chair and walking after your surgery also helps to prevent complications after surgery like pneumonia and make you stronger so you can care for your baby. The nursing staff will encourage you to mobilize appropriately. It is important to **work with the staff** to help rebuild your strength and keep you safe after your surgery. Staff will help you to manage pain, teach you ways to move safely and remind you to mobilize. The nurses will help you to care for your baby when you are unable to. You will be expected to be up and able to look after your baby by the morning after your surgery.

Your hospital stay is normally 2-3 days. For example if your surgery is on Monday, you will go home on Wednesday.

VERY IMPORTANT

If you go into labour or your water breaks before your delivery date, please go to the hospital Admitting Department or Emergency Admitting where you will be taken to Labour & Delivery. Remember to bring your prenatal records with you.

We are pleased and excited to help you safely deliver your new baby.

Any questions please call the Obstetrical Outpatient Unit at 780-735-7656.



Eating and Drinking Before Surgery: Patient Instructions

Bring these instructions to all appointments leading up to your surgery.



Follow these instructions carefully or your surgery may be cancelled. This is for your safety to prevent food or fluid from going into your lungs (aspiration). *If you have any questions, please call*

Obstetrical Outpatient Unit at **780-735-7656**

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Surgery Time

AM
 PM

Get your Surgery Time 1-2 days before your surgery.

Call: () - - - - -

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Surgery Time minus 8 hours

1 Eat an optional final snack 8 hours before Surgery Time.

You may eat a final snack as long as it is at least 8 hours before your Surgery Time.

Final snacks are either



- 1 small piece of fruit and 1 cup cereal with ½ cup milk, or
- 1 small piece of fruit and 1 slice of toast with jam and ½ cup yogurt

STOP eating after the final snack.

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Surgery Time minus 3 hours

2 Drink clear fluids until 3 hours before Surgery Time.



Clear fluids are water, apple juice, cranberry cocktail, black coffee or plain tea.

Do **not** add milk or cream to your coffee or tea.

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Surgery Time minus 3 hours

3 Drink an optional 500 mL (2 cups) of clear apple juice or cranberry cocktail at 3 hours before Surgery Time.



Do **not** drink a diet, sugar free, low calorie or energy drink.

STOP drinking after the 500 mL (2 cups) of clear juice.

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Surgery Time minus ____ hours

4 Arrive at _____ Hospital.

(Facility Name)