

## Elective Cesarean Section

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Vaginal delivery is the most common way of giving birth. However, a Cesarean section (C-section) may be advised in certain situations.

Cesarean section may be planned (Elective C-section) or be performed on short notice (Emergency C-section), particularly if there are complications during labor.

This leaflet describes what to expect if you have to give birth through a planned Cesarean section (Elective C-section).

### Before Operation:

- Your obstetrician will discuss why you need a Cesarean section as well as its risks and benefits. You will be required to sign a consent form before the surgery. You are free to ask your obstetrician any questions or concerns you may have.
- An anesthetist will review your medical history and discuss anesthetic choices with you.
- You will be referred to Patient Family Education (PFE) for pre-and post-operative education.
- You will be admitted one day before the operation (in the evening time) or on the same day of your surgery (DOSA).
- You will be asked to fast from midnight as the surgery will be the next morning.
- You will be given 2 antiseptic skin cleansers (CHG) to take shower the night before and the day of surgery.
- Preoperative medications will be given before surgery.

- Before surgery, a catheter “tube” will be inserted into your bladder to keep it empty during the operation. It will stay in for about 12 hours or more after the surgery.

### The Operation:

The surgeon will make an incision (a cut) through the lower part of your abdomen (belly) and uterus (womb), through which your baby will be born. During the operation, you will feel sensations of touch, pressure, and pulling, but you should not feel pain.

### After Operation:

#### 1. Post-Anesthesia Care Unit (PACU) / Recovery:

- You will stay 1 to 2 hours after the operation in the recovery area of the operating theater.
- You may feel dizzy and possibly nauseated right after surgery.
- If you were given Spinal or Epidural anesthesia, you may feel the heaviness of your legs. The normal sensation of the legs will come back within 4 hours.
- A nurse will help you to initiate skin-to-skin contact and early breastfeeding.
- According to your condition, the doctor will prescribe medication for pain control and clot formation prevention.
- You will be transferred with your baby to the intermediate Care Unit (IMCU) or Postnatal Unit according to your health condition.
- No visitors are allowed while the patient is in PACU. However, from OT prior to transfer to PACU, the relatives will be allowed to see the patient in the

PACU designated viewing area for short period (5-10 minutes) limited to 1- 2 immediate family members.

#### 2. In Postnatal unit:

- Your nurse will come to check on you for any help you may need. She will take your vital signs, makes sure your uterus is firm, and assesses the amount of vaginal bleeding.
- Depending on your situation, you may be able to drink fluids and start eating light food between 6-8 hours after your surgery. In some cases, your doctor may recommend waiting longer before eating.
- You might have some gas pain and abdominal distention during the first two days.
- Getting up and moving around (Early ambulation) will improve blood circulation and prevent blood clots.
- If you are in great discomfort, the nurse may give you medication as ordered by your doctor.
- You may be given a stool softener if you have constipation.
- It is advisable to limit the number of visitors during your hospital stay.
- After two days (48 hours) the wound will be exposed (dressing will be removed) and you may be discharged home if your condition is stable.
- You will be referred to the Postnatal Midwifery home visiting service. You will be visited by a midwife at home who will complete the physical checks for you and the baby, and also assist with feeding and provide emotional support.

### Going Home:

- When leaving the hospital, you will be prescribed painkillers to take for as long as you need them.
- You will be given advice about how to look after your wound such as, wearing loose, comfortable clothes, and cotton underwear, washing hands before and after caring for your wound, taking a daily shower, gently cleaning and drying the area daily, using the chlorhexidine wipes provided by the hospital and avoiding unnecessary touching of the wound; and looking out for possible infection such as more pain, redness or discharge or gapping or fever.
- Drink adequate fluids 8-10 glasses per day.
- Take more fiber-rich food to prevent constipation such as whole grains, legumes, fruits, and vegetables.
- Avoid heavy household work or lifting anything heavier than your baby weight (10 lbs / 4.5 Kg) for 8 weeks.
- After 6 to 8 weeks, you will be able to start exercising moderately.
- You will be able to resume sexual intercourse when you are comfortable.

### Go to the Emergency Department if you have any of the following:

- Fever (above 38 degree C) and / or chills
- Severe abdominal pain
- Increased pain, redness, gapping, swelling and bleeding or other drainage from the incision site
- Heavy bleeding
- Foul smelling vaginal discharge
- Leg pain (calf muscle tenderness)

### Vaginal Birth after Cesarean section (VBAC):

If you wish to have a vaginal birth after a first Cesarean section, you should be aware that you have an overall 72 to 76% chance of having a successful vaginal delivery.

For more information, please call the patient family education at:

- WWRC – 4026 1213
- Al Khor Hospital - 40241116
- Cuban Hospital - 40157961
- Al Wakra Hospital - 40114705

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