



**Complications from regional techniques are usually minor and easily treated but in rare circumstances can be serious:**

- Your blood pressure may go down; therefore it will be checked often. IV fluids and medications may be given to treat low blood pressure when needed.
- If the medication goes into a blood vessel you may become dizzy, resulting in ringing in your ears, or have a metallic taste in your mouth. A seizure is a very rare side effect.
- Post dural puncture headache can occur following a spinal or epidural. The chance of this occurring ranges from one to three per hundred. The headache will resolve on its own over time, or can be treated if it bothers you.
- Infection, bleeding, or direct injury to nerves is a very rare complication. The chance of permanent neurological injury (long-term numbness or paralysis) is less than one in 10,000.
- Some minor bruising at the site of the spinal (or epidural) or mild backache may occur. This should go away in a few days.
- If the anesthetic numbs the nerves too high above the uterus, it could interfere with breathing. A general anesthetic may be required, but this is rare.
- In approximately 5% of patients, regional anesthesia is impossible or not adequate for the entire surgery and general anesthesia is required in order to complete the operation.

During regional anesthetic for Cesarean Section Birth it is normal to expect some tugging sensations and some pressure during the surgery, especially when the baby is being delivered. Some patients experience nausea or dizziness during the procedure and it is important to inform your Anesthesiologist if you experience any of these sensations.

**General Anesthesia**

This means being unconscious during the cesarean section. This technique is reserved for those situations when a regional anesthetic is impossible or unsafe.

You will breathe oxygen through a facemask for 3 - 4 minutes before the start of the anesthetic. Medications are administered through your intravenous and you will be asleep within 30 seconds. To protect against vomiting and ensure proper breathing under general anesthesia, the Anesthesiologist places a breathing tube into your windpipe immediately after you are asleep. Once the operation is over and you are awake, the breathing tube is removed. Your throat may feel dry and sore after general anesthesia. Other side effects may include nausea and vomiting and can be treated with medications. You may have dreams of the baby crying or recall sensations of the delivery afterwards.

Your support person cannot be with you in the operating room when a General Anesthetic is used. The primary role of your support person is to support you during the Cesarean Section Birth and if a General Anesthetic is used you will be asleep. Your support person will then be asked to wait in the Waiting Room. As soon as your Cesarean Section Birth is completed you will be moved to the Obstetrical Post Anesthesia Recovery Room. At this time your support person will be asked to join you.

**After Baby is Born**

Health Care Providers will take care of your baby. They will:

- Warm and dry the baby
- Complete the baby's first check-up
- Weigh the baby once the baby is warm and breathing well. (The baby's length may be measured at a later time)
- Attach matching identification (ID) bands to you, your baby and your support person

- Wrap your baby in blankets when stable and give baby to you or your support person to hold
- Offer the opportunity to you or your support person to hold baby 'skin to skin'
- Provide time for your support person to take pictures or videos of baby.
- Contact your baby's doctor to see your baby within 24 hours if baby is well

*NOTE: Please ask Health Care Providers for their permission before including them in pictures.*

- A special neonatal team may be called in to take care of baby if baby has difficulties (e.g. babies born by Cesarean Section Birth may be at risk for short term breathing difficulties).

**Recovering From Your Surgery**

When your surgery is over you will go to the Obstetrical Post Anesthesia Recovery room, where one support person can stay with you. Other visitors are not allowed to visit you in this area, because the nurse needs to check you often. Family and friends may visit you on the Family-Centered Mother & Baby Unit (FCMBU).

During your stay in the Obstetrical Post Anesthesia Recovery room your baby will be placed skin to skin on your chest for bonding and to keep baby warm. Skin to skin contact is also helpful to start breast feeding; assistance will be provided by your Nurse.

If there are concerns with your baby, baby may be taken to and observed in the infant resuscitation room; otherwise, baby will stay with you. About 2 hours after your Cesarean Section Birth you and your baby will be transferred to the Family Centered Mother & Baby Unit.

**On the Family-Centered Mother & Baby Unit (FCMBU)**

Care is given to you and your baby together in the same room. Your support person is encouraged to stay with you and the baby during your hospital stay. A sleeper chair will be available for your support person.

On the FCMBU the Nurse will:

- Encourage you to get up as soon as possible
- Help you get up from the bed the first time
- Remove the tube (catheter) from your bladder when you are able to get up to the bathroom (usually by 12 hours after surgery)
- Remove your IV within 12 to 24 hours after surgery unless it must stay in for medical reasons
- Remove your bandage after 24 hours

You may shower once your bandage is removed. We encourage you to get up as soon as possible after surgery, it will aid in your recovery. Wearing your special stockings and being active will help prevent blood clots from forming in your legs. Medication for pain that is safe when breastfeeding your baby will be given as needed.

The usual length of hospital stays after a Cesarean Section Birth is 48 to 72 hours (2 to 3 days) or as soon as discharge criteria are met. If you want to go home earlier, please talk to your Doctor and/or Nurse.

**Visiting**

We encourage your support person to stay with you throughout your hospital stay. Your own children (provided they are healthy) are also welcome; please ensure there is a responsible adult with them at all times. It is important for you to rest and have time to get to know baby's needs and feeding cues during your hospital stay. Keeping this in mind, you should let your family and friends know your specific wishes about them visiting you during your hospital stay. It is important for you to understand that we may need to interrupt a visit to provide care or teaching in order to prepare you for discharge home.

If you are sharing a room with another patient it is important to respect each other's privacy and need for rest.



# Preparing for Cesarean Section Birth



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Winnipeg Regional Health Authority  
Caring for Health

Office régional de la santé de Winnipeg  
À l'écoute de notre santé

## Welcome to Women's Hospital.

This booklet is to help you prepare for your Cesarean Section Birth. It is important to come to the hospital 2 hours before your planned surgery so that all the necessary preparations can be made and there is time for your Doctor and Anesthesiologist to see you before your Cesarean Section Birth.

### Your Cesarean Section Birth Instructions

- Your surgery date: \_\_\_\_\_  
time: \_\_\_\_\_
- Report to Admitting at the Women's Hospital 2 hours before your surgery time
- Bring your Manitoba Health and Private Insurance card(s)
- Have a shower the evening before or the morning of your surgery
- Remove makeup, nail polish, jewelry, and body piercings
- Leave valuables such as jewelry, money, and credit cards at home
- Have nothing to eat or drink after midnight before your surgery day
- Put on your special stockings before coming to the hospital
- Wear glasses the day of surgery and bring contact lenses for later use if you wish
- Bring your lip moisturizer and slippers if you desire
- You may wish to have your support person bring a camera to the hospital

### Your Doctor's Visit Before your Cesarean Section Birth

Your Doctor will review your health history, do any necessary tests and review what happens during the Cesarean Section Birth and what to expect afterwards. You will receive a prescription for special stockings that help prevent blood clots from forming in your legs. Many private health insurance plans will cover part of the cost of these special stockings. Bring any pills that you routinely take. Your Doctor will help you to decide how and when to take your pills on the day of your surgery.

Come to the hospital immediately if you feel a gush of fluid (water breaks), have vaginal bleeding, or labour starts before your set Cesarean Section Birth surgery date.

### Your Support Person

As you plan and prepare for your Cesarean Section Birth it is important to identify a support person who can stay with you throughout your hospital stay. Your support person may be your partner, a family member, or friend. The responsibility of your support person is to support you through the birth of your baby, stay with you as you recover, learn how to care for your baby with you and help you in hospital and when you go home. Your support person is also responsible to communicate information that you wish to share with family and friends who may be in the Waiting Room or at home. Staff will provide information to your support person as needed; if you wish to share information with others, it is the responsibility of your support person to communicate the information.

Meals are not provided for your support person and/or family. Food is available 24 hours a day in the Health Sciences Centre cafeterias. Vending machines are also available.

### Preparing to Come to the Hospital the Day of Your Surgery

Do not shave or wax your pubic or abdominal hair for a week before your surgery as this can cause wound infections. Hair in the pubic area may be trimmed in the operating room just before the surgery, or simply left as is.

For 24 hours before your surgery do not smoke, drink alcohol, or take any over the counter drugs, recreational (street) drugs or herbs.

You may eat a normal meal the evening before your surgery but do **NOT EAT OR DRINK AFTER MIDNIGHT** (including gum, candies, breath mints, etc). It is important that your stomach is empty.

Shower the evening before or in the morning before coming to the hospital. Remove all makeup, nail polish, jewelry and body piercings (tongue, eyebrow, ear, nose, genitalia and belly rings). Put on your special stockings before coming to the hospital.

You may brush your teeth the day of your surgery, but do not swallow any toothpaste or water. **Your surgery will be cancelled and re-scheduled if you eat food or drink after midnight.**

### What to Bring to the Hospital

Bring your Manitoba Health card and any other private insurance card(s) you have. Leave your suitcase in the car until after baby is born and you are settled in your room at which time your support person can bring the suitcase to you. Only bring your lip moisturizer, tooth brush/paste, a comb and slippers if you wish. If you have both glasses and contact lenses, please remove the contact lenses at home and wear your glasses, which you may wear to the operating room. Denture containers are available at the hospital if you need one.

Please bring any medications that you take with you. This will help us to know what medications you are taking.

You may wish for your support person to bring a camera.

NOTE: **Do not** bring jewelry, credit cards, money, or other valuables with you. The hospital is not responsible for the loss of these items.

### Arriving at the Hospital

There is a drive through at the front entrance of Women's Hospital with metered parking for patient drop off and pick up (30 minute parking only). Once you have been dropped off, your support person can park in the Emily Street Parkade just to the West of the Women's Hospital (Emily Street) or other parkades depending on available space. Limited metered and hourly parking is also available on nearby streets. Parkade and street parking applies to family and friends as well.

NOTE: There is no parking on Notre Dame Avenue between 7:00 - 9:00 A.M. and 3:30 - 5:30 P.M. Cars will be towed.

### Report to Admitting at the Women's Hospital

Following your admission to Women's Hospital you will be directed to go to the Perinatal Assessment Unit.

### In the Perinatal Assessment Unit (PNAU)

The Nurse will prepare you for your surgery by:

- Having you put on a hospital gown
- Checking your vital signs
- Listening to your baby's heartbeat
- Starting your intravenous (IV) and administering antibiotics
- Giving you an antacid drink before your surgery
- Giving you an enema to empty your bowels if your doctor has requested that you have an enema
- Asking your support person to change into operating room clothes, a hat, and mask.

Your Doctor and Anesthesiologist may come to see you in the PNAU.

### As You Go to the Operating Room (OR)

The operating room Nurse will:

- Review your chart
- Check all your identification (ID) bands to make sure they match
- Give you an OR hat to place over your hair

### In the Operating Room

The operating room Nurse will:

- Apply monitors to watch your blood pressure, pulse, and oxygen level
- Assist the Anesthesiologist and Obstetrician
- Listen to your baby's heartbeat
- Lightly trim some of the hair from the pubic area if needed
- Insert a tube (catheter) into your bladder to drain your urine after your anesthetic is started

We will place a pillow under your right hip that will tilt your body to the left side to help your baby have a good blood supply. When you are ready for your surgery, your support person may join you. **ONLY** one support person may join you in the operating room. It is important to have as few people in the operating room as possible; this will help decrease the spread of infection to you.

There is an adjustable mirror above the operating table which allows you to watch your baby's birth if you choose.

### Anesthesia for Elective Cesarean Section Birth

The Anesthesiologist will meet with you prior to surgery to discuss the type of anesthetic that will be used. Spinal anesthetic is the usual choice for an elective Cesarean Section Birth; however, both epidural and general anesthetic can be used in certain circumstances as well. The choice of anesthetic will depend on the reason for the surgery, the health of you and your baby, your wishes, and the assessment by the Anesthesiologist and Obstetrician. It is important for you to inform us of any medical illnesses, allergies or previous problems with anesthetics, so that the safest method can be provided for you and your baby.

**Regional Anesthesia** involves techniques that block pain pathways. Regional anesthesia is very safe for both you and your baby; includes both spinal and epidural anesthesia, allowing you to be awake during the birth of your baby.

#### Spinal Anesthesia

The Staff or Resident Anesthesiologist will ask you to sit or lie on your side, with your back curved out. A small area of your back will be cleaned with antiseptic. An injection of local anesthetic under the skin is performed which is usually the most uncomfortable part (similar to a bee sting). A very small needle is inserted into the fluid filled space below the spinal cord. A combination of local anesthetic and narcotic is injected through the needle. You will quickly notice tingling and numbness in the lower half of your body including your legs and abdomen.

#### Epidural Anesthesia

The preparation and positioning are the same as for a spinal anesthetic. With an epidural anesthetic a thin plastic tube (catheter) is inserted through the needle into the epidural space. The needle is removed and the catheter is taped to your back. Local anesthetic and narcotic are administered into the epidural and the numbing of the lower half of your body occurs slowly over 20 - 30 minutes.

