

Introduction

Caesarean Section (CS) is the process whereby the child is removed from the uterus by direct incision through the abdominal wall and the uterus.

Indications

Previous Caesarean section / Prior removal of uterine fibroids, e.g. removal of uterine fibroids / Prolonged labor / Failed labor induction / Abnormal presentation of fetus / Maternal diabetes / Big baby / Prolapsed cord / Placenta praevia / Cephalo-pelvic disproportion / PET / Others.

Procedure

1. Regional / General Anaesthesia.

2. Incision made in lower abdominal area, entering into the abdominal cavity.

3. Incision made on uterus.

4. Baby delivery, followed by delivery of the placenta.

5. Suture the uterus and abdomen.

6. If abnormalities of the fallopian tube, ovary or other organs are found incidentally during the operation, the doctor may, at his/her discretion, deal with

these conditions at the same sitting.

Pre-operative preparation

 You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.

Version 2.0

Effective date: 16 Jun 2014



Possible risks & complications

	Mother	New born baby						
1.	Haemorrhage: severe blood loss may	1.	Surgical injury: skin laceration or					
	require blood transfusion;		fractures.					
	uncontrollable bleeding may lead to a	2.	Breathing problem: transient					
	hysterectomy.		tachypnoea, respiratory distress					
2.	Surgical injury to nearby organs:		syndrome.					
	bladder, urethra, colon, etc.							
3.	Wound infection, hematoma,							
	improper healing may require							
	re-suturing.							
4.	Vascular thrombosis.							
5.	Hernia.							
6.	Intestinal paralysis.							
7.	Amniotic fluid embolism.							

Post-operative information

A. General aspect

- 1. <u>Maintain personal hygiene</u>: May start taking a shower when the wound is protected by appropriate water-proof dressing after 2 days.
- 2. <u>Diet</u>: Your doctor will advise on your diet. Avoid alcoholic beverage and certain Chinese herbal medicine.
- 3. **Exercise**: On day 4 after caesarean section, you may start doing appropriate exercise to restore the uterine and skeletal muscle.
- 4. <u>Follow-up</u>: Your doctor will advise you the date of post-natal visits. The first one may be scheduled in the first 1-2 weeks after c-section and the next one is usually scheduled 6-8 weeks after operation. May resume intercourse after consulting your doctor.

B. Physiological aspect

- 1. **Breast swelling**: It happens after 3 days of delivery; hence, you may take pain- killer when you feel painful or suffer from low-grade fever. The pain may be reduced by breast-feeding more frequently. This will also produce more milk. Decrease breast-feeds if you choose bottle feed.
- 2. **Lochia**: The material eliminates from the uterus through the vagina after the

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completion of labor. The first discharge consists of largely of blood; this is followed by a brownish mixture of blood and mucus, and finally a yellowish or whitish discharge. The duration of lochia usually lasts for 2-6 weeks, hence maternity napkin is recommended.

- 3. <u>Menstruation</u>: Menstrual period resume after 6-8 weeks of delivery, the quantity and quality of menstrual blood may be different in the first period after delivery. Menstrual period may be delayed if you breast-feed.
- 4. <u>Uterine contraction</u>: You may take pain-killer to relieve the pain of uterine contraction. Elimination of lochia and return of the uterus to normal size may be enhanced by uterine massage. The normal size of the uterus will be restored after 6-8 weeks.
- 5. **Wound care:** Keep the abdominal wound dry. Contact your doctor if severe pain, redness of wound, purulent discharge or fever (body temperature above 38°C or 100°F) occurs.

C. Psychological aspect

- 1. Due to hormonal change after laboring, you may feel emotional such as crying, agitation, loss of appetite or insomnia.
- 2. You are recommended to seek professional advice if those depressed symptoms become prolonged.

Possible effects in future

- 1. Increased chance for repeat caesarean delivery.
- 2. Increased Chance of adherent and low lying placenta in subsequent pregnancy, which may result in severe bleeding or hysterectomy.
- 3. Chance of uterine rupture during subsequent vaginal delivery.

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Remark

The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

Reference

The above information is partly quoted from the following website: http://www.fhs.gov.hk

I acl	knowledge	that	the	above	information	concerning	my	operation/procedure	has	been	explained	to	me	by
Dr				I have	also been gi	ven the oppo	ortuni	ty to ask questions a	and r	eceive	adequate 6	expl	anati	ons
concerning my condition and the doctor's treatment plan.														
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Name:
Pt No.: Case No.:
Sex/Age: Unit Bed No:
Case Reg Date & Time:
Attn Dr:

Patient / Relative Signature: ______

Patient / Relative Name: _____

Relationship (if any): ______

Date: _____

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