

Womens Services Directorate

Wishaw General Hospital

Anaesthetic for your Elective (planned) Caesarean Section

You are soon to have a caesarean section for the birth of your baby. This leaflet gives you information regarding your anaesthetic for this surgery.

Your anaesthetist will aim to provide safe anaesthesia for the delivery of your baby. The majority of planned Caesarean sections are carried out Monday to Friday between 9am and 5pm. Occasionally, due to unexpected emergencies or a large workload in the maternity unit there may be a delay in your operation.

Your anaesthetic is most likely to be a 'regional anaesthetic'. Most commonly this will be a spinal anaesthetic but may be a combined spinal and epidural. Your anaesthetist will describe this in more detail prior to your operation. A regional anaesthetic is an anaesthetic 'block' where the lower half of your body is numbed to allow the surgery without you feeling pain, but you are still awake. This is the most common way of providing anaesthesia for a caesarean section. Sometimes your anaesthetist will recommend that a general anaesthetic is safest for either you or your baby, or both of you. If this is the case your anaesthetist will discuss their reasons for suggesting this. With a general anaesthetic you will be 'asleep' for the delivery of your baby.

Before any anaesthetic you will require to fast for a period. This is important as it makes your anaesthetic safer by reducing the risk of regurgitation and aspiration of your stomach contents during your anaesthetic (food or liquid from your stomach getting regurgitated into your throat and then into your lungs). You will also be asked to take an antacid (omeprazole) on the night before and the morning of your operation. Appendix 1 below gives you more information on what and when you can eat/drink before coming for your operation.

On the day of your operation you will be admitted to the ward before your surgery. You will be informed of your admission time a few days before your surgery. Usually your anaesthetist will visit you in the ward prior to your surgery. He/she will discuss your anaesthetic and give you the opportunity to ask any questions you have.

You will walk to the operating theatre with a midwife and your anaesthetist will connect you to a monitor to monitor your heart rate, blood pressure and oxygen level and insert an IV cannula ('drip') before starting your anaesthetic. Your anaesthetist will stay with you throughout your surgery.

REGIONAL ANAESTHESIA:

This is the most common type of anaesthetic for a caesarean section. It has the advantages that your birth partner can be with you to support you and you can see your baby immediately after delivery. You will also not be drowsy and able to feed your baby as soon as possible.

Spinal Anaesthesia:

Using a fine needle, anaesthetic and pain killing drugs are injected into the fluid around the nerves in your lower back. You will be aware of warmth and tingling in your legs and they will become very heavy. Your anaesthetist will check your spinal is working well before allowing surgery to start. This is done using a cold spray or ice cube. You may feel sick after your spinal is inserted. This is usually due to the spinal lowering your blood pressure. Your anaesthetist will be able to restore your blood pressure using a drug into your drip, and remove the feeling of sickness. Some mothers develop a headache in the first few days after a spinal (between 1in100 and 1in500 women). This can be treated with painkillers but may need an epidural treatment. If you develop a headache your anaesthetist will discuss this in more detail with you, however if you have gone home by this point phone the ward you have left for advice.

Combined Spinal Epidural:

Epidurals are usually used for pain relief in labour. Occasionally your anaesthetist may recommend an epidural along with your spinal. If this is the case your anaesthetist will discuss this with you before your surgery.

GENERAL ANAESTHESIA:

Sometimes it is not possible or safe to perform regional anaesthesia e.g. you have a medical condition or trouble with your back or your regional anaesthetic does not work well enough to allow surgery. In these situations you will need to have a general anaesthetic. This involves anaesthetic drugs being given into your drip to cause you to fall asleep. You will be asleep throughout the surgery.

POST OPERATIVE PAIN RELIEF:

At the end of surgery you will usually receive a pain reducing suppository.

If you have had a regional anaesthetic your anaesthetist will have given you a strong pain killer as part of this (usually diamorphine in your spinal or epidural). This is given in a small dose and does not affect your baby. This will provide good pain relief for approx. the first 12-16hours following your surgery. If you have a general anaesthetic you may be offered a painkilling injection of local anaesthetic in your abdomen and will have a PCA (patient controlled analgesia). A PCA is a pain killing syringe attached to your drip that you control by pressing a button. It is safe and you cannot give yourself too much pain killer. The advantage of this pump is that you can control your own pain relief.

Whichever anaesthetic you have you will also be prescribed pain killing tablets.

Anaesthetic doctors who are in training work in Wishaw Maternity Unit. These trainees may be involved in your care. They are always supervised by a Senior Anaesthetist.

If after reading this leaflet you have questions please feel free to discuss these with your community midwife. If she cannot answer your question she will contact an anaesthetist in Wishaw Maternity Unit.

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