

Patient information

Maternity

Anaesthesia for cervical cerclage

Your anaesthetist is a doctor who will care for you before, during and after your operation. You can help with this by:

- having any necessary blood tests
- reading some basic information printed here, and also on the internet
- coming to the anaesthesia clinic in the week before your procedure to discuss your care and necessary preparations
- preparing for your operation day with the right food, drink, and medicines

Who are anaesthetists?

Anaesthetists are doctors with specialist training who:

- discuss the type or types of anaesthetic that are suitable for your operation - if there are choices available, your anaesthetist will help you choose what is best for you.
- discuss anaesthesia risks with you.
- agree a plan with you for your anaesthetic and pain control.
- are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery.
- manage blood transfusions if needed.
- plan your care, if needed, in the intensive care unit.
- make your experience as calm and pain free as possible.



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Reading about your anaesthetic

The Royal College of Anaesthetists has general leaflets about anaesthesia at <https://www.rcoa.ac.uk/patientinfo>. These may be useful if you want more in-depth information.

What is anaesthesia?

Anaesthesia stops you feeling pain and other sensations. It can be given in various ways and does not always make you unconscious.

We usually recommend **spinal anaesthesia** for a cervical cerclage. You will be numb from your waist downwards during and immediately after surgery. You are awake (conscious) and pain-free.

General anaesthesia gives a state of controlled unconsciousness. You are asleep and feel nothing. A very small number of mothers are recommended to have general anaesthesia for cervical cerclage for surgical reasons.

Preparing for your operation

Speaking to the anaesthetist is a very useful opportunity for you to ask any questions that you have about the anaesthetic and about coming into hospital generally. If we do not have all the answers you need, we will be able to help you find out more.

We will arrange for you to come to see us in the anaesthesia clinic, usually on the Friday afternoon in the week before your procedure. We do this to prepare you for your operation, discuss your anaesthetic, take any blood tests, and give you the antacid tablets (omeprazole). You may see the same or a different anaesthetist to the one who will be at your surgery.

Most of the women having cervical cerclage will go home the same day or the day after the operation, and preparation for this starts here. We will check the details of your pregnancy, your medical history and any allergies. We will discuss with you whether we should change our usual routine.

Please tell us if you are in coronavirus isolation or have a confirmed case, or if you have been admitted to any other hospital in the last twelve months.

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Most **medicines** should be continued before an operation, but there are some important exceptions that you should ask about if anything is unclear.

Heparin / enoxaparin / Clexane – do not take this in the 12 hours before your anaesthetic if you are taking the blood clot prevention dose, or 24 hours if you have had a blood clot and are on a treatment dose. Taking Clexane may mean you cannot have a spinal anaesthetic and may have to have a general anaesthetic.

Insulin / metformin – take as normal the day before your operation if you have diabetes, but not on the morning of your operation.

Inhalers for asthma – take as normal and bring the reliever (usually blue, often called salbutamol) with you.

Antacid treatment – check with your anaesthetist. It is usually better to carry on with this as you need to.

These **fasting and drinking instructions** are important to protect you from acid in your stomach getting into your lungs during an anaesthetic.

- Take the first antacid tablet (omeprazole) the night before surgery – about 22:00, or 10 pm.
- Don't eat any food after 02:00 (2 am) on the day of the operation.
- In the morning, take the second antacid tablet about 07:00 (7 am). Before you come to the hospital have a cup of coffee or tea if you like, with a **small** amount of milk if you need it. Have no breakfast or food but do have as much plain water as you like. **If you are not diabetic**, have a non-fizzy carbohydrate energy drink. Finish all this before coming to hospital.
- You should not smoke on the day of your operation.
- In the hospital, you can have as much plain water as you need to keep comfortable. You can drink water while waiting for your surgery.

Coming into hospital on your procedure day

We usually ask you to come in at 7:30am (half past seven in the morning). Telephone us in advance on **024 7696 7333** if you or anyone in your household are in coronavirus isolation, or have any Covid-19 symptoms such as cough, fever or loss of senses of taste or smell.

Your anaesthetist will meet you on your surgery day before your operation. They will refer to the discussion you had in your assessment. They will check that you are happy with the plan and whether you have any further questions. You might want to note down any questions or things you want to raise.

Please bring warm clothing such as a dressing gown and slippers, so you don't become too cold.

Your operation may take place at any time in the morning and sometimes in the afternoon.

Further checks will be done as you arrive in the operating department before the anaesthetic starts. You will be asked to confirm your name, the operation you are having, when you last ate or drank and your allergies. These are routine checks that will be repeated at steps in your treatment.

Spinal anaesthetic for cervical cerclage

Your anaesthetic will start in the operating theatre. Your anaesthetist will be working with a trained assistant. The anaesthetist or the assistant will attach machines that measure your heart rate, blood pressure and oxygen levels. There will be about ten specialist staff in the operating theatre with you, each with their own job.

Spinal anaesthetics start with a needle being used to put a thin plastic tube (cannula) into a vein in the back of your hand or arm so that we can start an IV drip – after a small numbing injection. If needles worry you, please tell us. A needle cannot usually be avoided, but there are things we can do to help.

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When you have a spinal anaesthetic:

- We clean your back with a sterilising spray – this is very cold for a few seconds.
- We ask that you help us by getting in a good position for spinal anaesthesia, with your heels together, your knees apart and curled forward over a pillow. Relax your back like this:

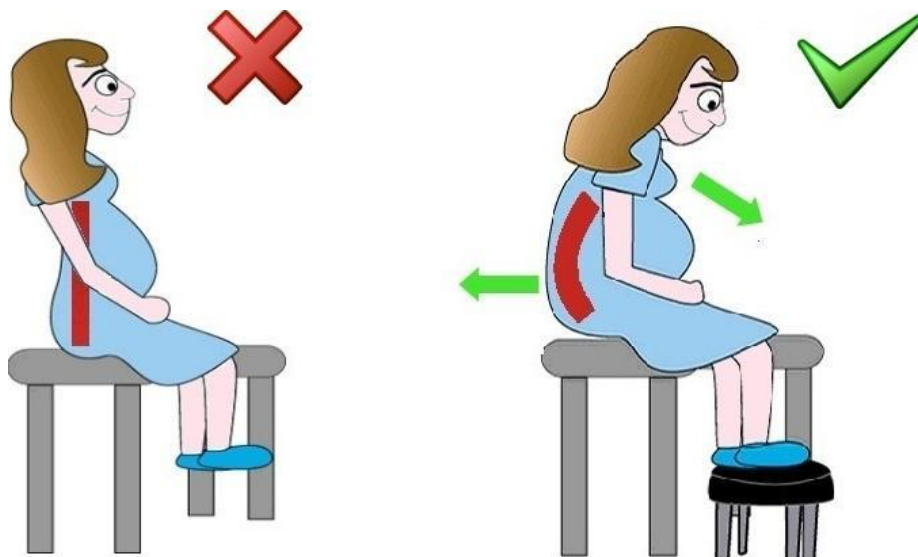


Image from www.painfreebirthing.com and used with permissions from Dr B. Kodali.

- Your anaesthetist will ask you to keep quite still while the injections are given – a small numbing injection in the skin and then a single spinal anaesthetic injection.
- You may notice a warm tingling feeling as the anaesthetic begins to take effect, and heavy legs.
- Many women feel a bit sleepy during spinal anaesthesia – this is normal.
- Your operation will only go ahead when you and your anaesthetist are sure that your body is properly numb below your waist so that you cannot feel pain, cold or sharp sensations.
- You will be awake and aware of your surroundings. A screen shields the operating site, so you will not see the operation.
- You will not feel sharp or cutting pains. You will probably feel some touching but this should not be unpleasant.
- You will not be able to feel or move your legs until the spinal anaesthetic wears off a hour or so after the operation.
- Your anaesthetist is always near to you, and you can speak to them whenever you want.

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Risks and complications

Like any medical procedure, spinal anaesthetics do carry a risk of complications. Briefly, spinal anaesthetics generally work well and give a good experience.

A small number do not work well when we check them, and the injection may need to be repeated. Your blood pressure may fall so we use medicine to support it – if it falls too much you may feel sick.

Some women experience shakes or shivers – this is more common when you are tired, or if you get cold before the operation.

There is also a very small chance that you will develop a serious headache the next day, or that when you go home you may have a small numb patch on your leg for a few weeks. See the details at the end of this information leaflet and ask us if you have any concerns.

After a final safety check of your name and details, the operation will start.

The time between walking into the operating theatre, and being wheeled out to recovery, will be about 30 minutes to one hour. Your spinal anaesthetic will wear off an hour or so after the injection. We will use an anaesthetic (2% heavy prilocaine) that will keep you numb for up to an hour, and we expect it to have completely worn off within 2 hours. If you have any concerns tell your midwife.

General anaesthesia for cervical cerclage

A small number of women are recommended to have a GA (general anaesthetic) for cervical cerclage. We will explain it to you at the clinic and on the operation day and there is information about GA on the <https://www.LabourPains.com> site.

Pain and nausea can sometimes be more difficult to control well after GA.

Pain relief after cervical cerclage

Good pain relief is important so that you can move around, protect yourself from complications and go home. Some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it gets too bad. Pain relief can be increased, given more often, or given in different combinations. Occasionally, pain is a warning sign that all is not well; therefore, you should always report it to your midwives and seek their advice and help.

Our standard pain relief routine for cervical cerclage uses a number of medicines to help you cope. These medicines may cross the placenta but in very small amounts that don't affect your baby.

- **Numbing injection** for your skin before using intravenous or spinal needles.
- **Spinal anaesthetic** (into the spine) to numb you during the operation. You will also be unable to feel or move your legs during this time.
- **Paracetamol tablets** four times a day – some women may need these. You may need to take the paracetamol for a few days after you go home. You should not take ibuprofen or similar medicines while you are pregnant.

The obstetricians will usually scan your tummy (abdomen) afterwards to check your baby's wellbeing. They will let you know when you are able to go home. Some women will be advised to stay in hospital overnight.

Risks and side effects of spinal anaesthesia

These details are taken from the <https://www.LabourPains.com> web site.

The risks of a spinal anaesthetic are shown in a table below. The information comes from published documents. The figures shown in the table are best available estimates and may be different in different hospitals.

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Possible problem	How common the problem is
Itching	Common – about 1 in 3 to 10 people, depending on the drug and dose
Significant drop in blood pressure	Common – about 1 in 5
Anaesthetic not working well enough and more medicine are needed to help with pain during the operation	Occasional – about 1 in 20
Regional anaesthetic not working well enough for the operation and general anaesthetic is needed	Occasional – about 1 in 50
Severe headache	Uncommon – about 1 in 500
Nerve damage (for example, numb patch on a leg or foot, weakness of a leg)	Effects lasting less than six months: Quite rare – about 1 in 1,000 to 2,000 Effects lasting more than six months: Rare - about 1 in 24,000
Meningitis	Very rare – about 1 in 100,000
Infection (abscess) in the spine at the site of the spinal or epidural	Very rare – about 1 in 50,000
Blood clot (haematoma) in the spine at the site of the spinal or epidural	Very rare – about 1 in 168,000
Abscess or haematoma causing severe injury, including paralysis (paraplegia)	Very rare – about 1 in 100,000
Spinal anaesthesia is not a cause of low back ache (other than tenderness for a day or two at the point of injection).	

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Accurate figures are not available for all of these risks and side effects. Figures are estimates and may vary from hospital to hospital.

Further information

If you need anything else, please contact us and ask for the anaesthetist:

Labour ward triage (24 hours) 024 7696 7333

Antenatal clinic (08:00-17:00) 024 7696 7350

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact us and we will do our best to meet your needs.

The Trust operates a smoke-free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us to make further improvements and to recognise members of staff who provide a good service.



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Document history

Department:	Maternity
Contact:	25871
Written:	December 2022
Review:	December 2023
Version:	2
Reference:	HIC/LFT/2606/21