University Hospitals Coventry and Warwickshire NHS Trust

Patient information

Maternity

Anaesthesia for planned caesarean birth

Your anaesthetist is a doctor who will care for you before, during and after your caesarean operation. They will:

- Discuss the anaesthetic that are suitable for your operation. They 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.

You can help with this by:

- Having any necessary blood tests.
- Reading this information, and information on the Labour Pains website.
- Coming to the anaesthesia clinic in the week before your caesarean to discuss your care and necessary preparations.
- Preparing for your operation day with the right food, drink, and medicines.

About your anaesthetic

As well as this information, there is good material on the https://www.LabourPains.org website. Go directly to the website or use the QR code on the right. It has reliable information from doctors, midwives, and mothers, on pain relief and anaesthesia choices.

You may also want to read:

- Please ask staff for the leaflet “Having a Caesarean section at UHCW”
- The Royal College of Anaesthetists has leaflets on anaesthesia at https://www.rcoa.ac.uk/patientinfo. They are in many different languages. Parts of this leaflet were taken from the above sources.
- You can also watch this Labour pains video on Caesarean birth: https://youtu.be/Y8njkPJY9E8

What is anaesthesia?

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

We usually recommend **spinal anaesthesia** for a planned caesarean birth**.** You will be numb from the middle of your chest downwards during and immediately after surgery. It is stronger than a labour epidural. You are awake (conscious) and pain-free. It will be more like normal birth, and your partner is with you when the baby is born.

General anaesthesia gives a state of controlled unconsciousness. You are asleep and feel nothing. A very small number of mothers choose or are recommended to have general anaesthesia for caesarean birth. This is usually if you are expecting very complicated surgery with a high risk of bleeding.

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. 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 delivery. We do this to prepare you for your operation, discuss your anaesthetic, take 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 caesarean birth.

Most of the mothers having planned caesarean birth will go home the day after the operation. 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.

Tell if you were admitted to any other hospital in the last 12 months.

Blood tests

may have to be done the day before your caesarean birth, because some test results can change in a very short time in pregnancy. If the blood test is received in the hospital by midday the day before, the sample should be ready in time.

You can get blood tests done in the University Hospital (in antenatal clinic or main outpatients), in the Walk-In Centre in the city centre, at St Cross Hospital in Rugby, or at your local GP surgery or pharmacy. You can get details on the hospital web site if you search for "**UHCW blood tests**."

Most **medicines** should still be taken before an operation, but there are some important exceptions. If you are unsure about anything, please ask.

Heparin / enoxaparin / Clexane

- Do not take this in the 12 hours before your anaesthetic if you are taking to prevent blood clots.
- Do not take it in the 24 hours before if you are taking it because you have had a blood clot.
- Taking Clexane may mean you cannot have a spinal anaesthetic and may need to have a general anaesthetic instead.

Insulin / metformin

- If you have diabetes, take these medicines as usual the day before your operation.
- Do not take them on the morning of your operation.

Inhalers for asthma

- Use your inhalers as usual.
- Bring the reliever (usually blue, often called salbutamol) with you.

Antacid medicines

Check with your anaesthetist. It is usually best to keep taking this medicine as usual.

Two people can visit you on Ward 25 (postnatal) at University Hospital, Coventry. One visitor can stay for as long as their partner needs. A second visitor can stay for one hour between 7pm and 8pm.

Fasting and drinking instructions

These **instructions** are important to protect you stop stomach acid from getting into your lungs during an anaesthetic.

- Take the first antacid tablet (omeprazole) the night before surgery – about 10 pm (22:00).
- Don’t eat any food after 2 am (02:00) 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. Do not have breakfast or food but do have as much plain water as you like. **If you are not diabetic**, you can have a non-fizzy carbohydrate energy drink. (Put it in the fridge without a bottle cap, and it will be flat in the morning.) Finish all this before coming to hospital.
- Do not smoke on the day of your operation.
- When you are in hospital, waiting for your operation, you can drink plain water to stay comfortable.

Coming into hospital for your operation

We usually ask you to come in at 07:30 (half past seven in the morning).

Your anaesthetist will meet you before your operation. They will talk with you about the discussion you had in your assessment. They will check that you are happy with the plan and see if you have any more questions. You might want to write down any questions you have.

Please bring warm clothes such as a dressing gown and slippers, so you don’t get too cold.

You may need to have more blood tests on the day of your surgery, to check your haemoglobin level and response to iron treatment, or to update your blood group check if your bleeding risk is higher than normal.

Your operation can happen at any time of the day.

Further checks will be done before the anaesthetic starts. You will be asked your name, what operation you are having, when you last ate or drank, and if you have any allergies. These are routine checks that will be repeated at steps in your treatment.

If you go into labour before the scheduled day for your caesarean, don't worry.

Call the midwives in labour ward triage and tell them what is happening. If they ask you to come into hospital, don't eat anything. Keep drinking plain water. Do not take any Clexane injections.

We will usually do your caesarean birth soon after you get to triage, although if you are in labour there can be reasons to recommend that you have a vaginal delivery.

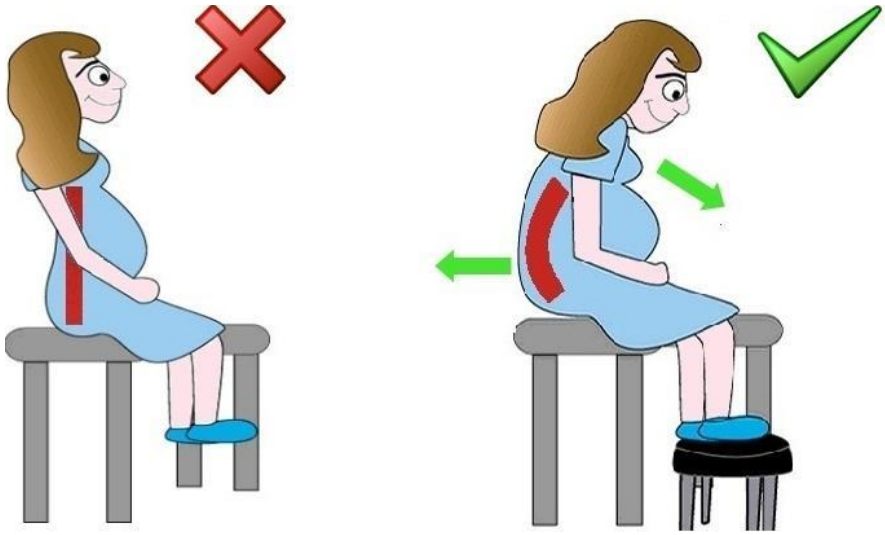
Spinal anaesthetic for caesarean birth

Your anaesthetic will start in the operating theatre. We will usually bring your partner into the operating theatre with you if they are not in coronavirus isolation and do not have any Covid-19 symptoms. Your anaesthetist will be working with a trained assistant. They will attach machines that measure your heart rate, blood pressure, and oxygen levels. There will be about ten specialist staff in the operating theatre, 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.

When you have a spinal anaesthetic:

- We clean your back with a very cold sterilising spray.
- We will help you get into a good position for spinal anaesthesia. You will put your heels together, your knees apart, and curl forward over a pillow. Relax your back like this:



Picture from Liverpool Women's Hospital, https://epostersonline.com/oaa2016/node/570

- You will need to keep still while the injections are given – a small numbing injection in the skin, and then a 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.
- Your operation will only go ahead when you and your anaesthetist are sure that your body is properly numb below your chest 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 and your birth partner will not see the operation. We may be able to drop this screen for delivery if you asked us earlier.
- You will not feel sharp or cutting pains. You might feel some rummaging around, or pushing and pulling, when the baby is delivered. Some women say it is like a heavy pressure on them for a few seconds.
- You will not be able to feel or move your legs until the spinal anaesthetic wears off about three hours after the operation.
- Your anaesthetist is always near to you, and you can speak to him or her whenever you want.

Risks and complications

Spinal anaesthetics usually work well. We find that a small number have not worked well enough, and the injection may need to be repeated. Your blood pressure may fall so we use drugs to support it – if it falls too much you may feel sick. Some women experience shakes or shivers – this is more common with urgent procedures in labour when you are tired, or if you get cold before the operation. There is also a very small chance that you will have 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. Your baby will be born quite early in the operation. The midwife will do a quick check that everything is all right. If it is, you will be offered ‘skin-to-skin,’ where your baby rests on your chest. Your anaesthetist will be giving medicines to control bleeding in your uterus (womb) after the delivery and the surgical team will start to close and dress the wound. Towards the end of the operation your baby and partner will go out to theatre recovery, and you will join them a few minutes later.

The time between walking into the operating theatre, and being wheeled out to recovery, will be about an hour and a half. Your spinal anaesthetic will wear off a few hours after the injection. You should be able to move your legs around within four hours, and everything should be back to normal within six hours. If it is not, let your midwife know immediately.

General anaesthesia for caesarean birth

A small number of women are recommended to have a GA (general anaesthetic) for caesarean.

We can use GA in the rare case of the spinal anaesthetic not working well enough, and a small number of women choose to have a GA. It is a safe way to have a caesarean, but the experience is different. We may be able to bring your partner into the operating theatre when you have general anaesthesia, but if we do, they will have to leave just before you are anaesthetised. Pain and nausea can sometimes be more difficult to control well after GA.

Having general anaesthesia

You will be given an antacid to drink (to reduce the acid in your stomach) and a midwife may insert a tube (catheter) into your bladder before the general anaesthesia is started.

Your anaesthetist will give you oxygen to breathe through a tight-fitting face mask which they put on your face for a few minutes. They will then inject the anaesthetic IV (in your drip) to send you to sleep. Just as you go off to sleep, the anaesthetist's assistant will press lightly on your neck. This is to prevent stomach fluids getting into your lungs. The anaesthetic works very quickly.

When you are asleep, your anaesthetist will place a tube into your windpipe to allow a machine to breathe for you and to prevent fluid from your stomach from entering your lungs.

Your anaesthetist will continue the anaesthetic to keep you asleep and allow the obstetrician to deliver your baby safely. But you won't know anything about any of this.

At the end of the operation, your anaesthetist or obstetrician will put some local anaesthetic around the operation site on your tummy which will help reduce the pain afterwards.

Bleeding and caesarean births

Most women who have a caesarean birth do not bleed heavily. But some do, and we can help you with this in several ways:

Medicines to control bleeding

We use medicines that make your uterus contract, such as oxytocin, Carbetocin, or ergometrine, and we can also use TXA (tranexamic acid) to make your blood clot more effectively.

Red cell salvage

We offer this routinely. We can collect the blood lost at caesarean birth, which averages about half a litre or just over a pint. If you lose more than this, then we can process the blood and return it to you. Blood is returned for about one woman in twelve (1 in 12) having caesarean birth. If you have sickle cell haemoglobin in your blood, we may need to check levels before giving blood back. If you have rhesus-negative blood group and we use cell salvage it is rarely possible that you may need a slightly higher dose of anti-D after the delivery.

Blood transfusion

We avoid this unless it is really needed, perhaps because of heavy bleeding or severe anaemia. About one in a hundred (1 in 100) women may receive one at some point during or after the caesarean. You can ask for information about the risks and benefits of blood transfusion.

Iron drip in recovery or iron tablets for 3 months

If your haemoglobin level is low or you bleed a bit more than average, we may prescribe iron tablets for three months. If the iron tablets won't be enough on their own, then we may prescribe an iron drip (Ferinject) for you in theatre recovery.

Pain relief after caesarean birth

Good pain relief is important so 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. Sometimes, pain is a warning sign of a problem. You should always report it to your midwives and ask for advice and help.

Our standard pain relief routine for caesarean birth uses several drugs to help you cope. These drugs will cross to your baby in breastfeeding, but in very low concentrations and they will not harm your baby.

- **Numbing injection** for your skin before using intravenous or spinal needles.
- **Spinal anaesthetic** (into the spine) to numb you for three to four hours until after the operation. You will also be unable to feel or move your legs during this time.
- **Diamorphine** in with the spinal anaesthetic. This will give you excellent pain relief for about 12 to 24 hours after the operation, the most difficult time, but it does make many women itchy. About one in twenty (1 in 20) women will need an antihistamine tablet to reduce the itch.
- **Diclofenac by suppository** (in your rectum or bottom). We usually give two doses of this, at the end of the operation and one more, before changing to **ibuprofen tablets** (taken by mouth), four times a day. Tell us if you cannot take these drugs, possibly because you have asthma. If you know that these drugs do not make your chest tight then they are safe even for people with asthma.
- If you cannot take ibuprofen, we will usually prescribe regular **dihydrocodeine** tablets, four times a day.
- **Paracetamol tablets** four times a day.

  You will need to take the paracetamol and ibuprofen for a few days after you go home.
- **Morphine liquid** by mouth as you need it, while you are in hospital.

When you can cope with looking after yourself and your baby, you will be able to go home. With planned caesarean birth this is usually on the next afternoon.

Preventing blood clots after the operation

We will fit you with compression stockings to help prevent blood clots in hospital. Many but not all women will be prescribed daily blood-thinning injections for a few days or weeks after caesarean birth. These are sometimes called Clexane injections. The injections are not painkillers but reduce the risk of blood clots.

Risks and side effects of spinal anaesthesia

This information was taken from the https://www.LabourPains.org website. Accurate figures are not available for all these risks and side effects. Figures are estimates and may be different in different hospitals. If you have any questions, speak with your anaesthetist.

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 drugs are needed to help with pain during the operation	Occasional – about **1 in 20**
Regional anaesthetic not working well enough for caesarean birth 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**
Abscess (infection) in the spine at the site of the spinal or epidural	Very rare – about **1 in 50,000**
Haematoma (blood clot) 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).

Risks and side effects of general anaesthesia

These details are taken from the https://www.LabourPains.org website. Accurate figures are not available for all these risks and side effects. Figures are estimates and may be different in different hospitals. If you have any questions, speak with your anaesthetist.

Possible problem	**How common the problem is**
Shivering	Common – about **1 in 3**
Sore throat	Common – about **1 in 2**
Feeling sick	Common – about **1 in 10**
Muscle pain	Common – about **1 in 3**
Cuts or bruises to lips and tongue	Occasional – about **1 in 20**
Damage to teeth	Quite rare – about **1 in 4,500**
The anaesthetist failing to insert a breathing tube when you are asleep	Uncommon - about **1 in 250**
Chest infection	Common – about **1 in 100** – but most infections are not severe
Acid from your stomach going into your lungs	Quite rare – about **1 in 1,000**
Awareness (being able to recall part of the time during your anaesthetic)	Uncommon – about **1 in 250**
Severe allergic reaction	Rare – about **1 in 10,000**
Death	Death: Very rare – fewer than **1 in 100,000 (1 or 2 a year in the UK)**
Brain damage	Very rare – exact figures are not known.

More information

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

Labour ward triage (24 hours): 024 7696 7333

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 make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit: www.uhcw.nhs.uk/feedback

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