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HAVING AN ELECTIVE CESAREAN SECTION

Our team at the Grey Nuns is committed to ensuring that you have an enjoyable and safe birth experience. We strive to serve those in our care with dignity and respect.

It is important to us that our patients and their families are well informed decision makers in all aspects of their care and treatment.

This booklet will give you information about your elective (pre-planned) cesarean section. Please review this information carefully.

Have this booklet available when the nurse calls you the day prior to your surgery.

HAVING YOUR SURGERY BOOKED

- Your Obstetrician will book your date of surgery with the hospital staff. Please note that this date is subject to change.
- Elective cesarean sections are normally during the day on Monday to Friday
- Bloodwork – your Doctor will advise you if bloodwork is required.

GETTING READY FOR YOUR CESAREAN SECTION – a few days before your surgery

- A registered nurse will call you the day prior to your cesarean section or on Friday afternoon if you are booked for a Monday. The staff will confirm the approximate time of your cesarean section and answer any questions you may have during this call.
- **Expect a call anytime from 10:00 am to 3:00 pm the day before your surgery. Please make arrangements to be home so you don't miss the call.** If you have not heard from the nurse by 2:00 pm please call 780-735-7656.
- Some patients will be asked to go to Unit 31 (Obstetrical Outpatient Unit) for their pre-operative visit. Your Obstetrician will give you information about this visit.
NOTE: It can take up to 2 hours, but usually about 30 to 45 minutes.
- You **MAY** require bloodwork prior to your surgery. This is usually done at your pre-operative appointment (if in-person) or the morning of your surgery. If you are required to have blood work done elsewhere you will be notified and instructed on where to do this.



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THE DAY BEFORE YOUR SCHEDULED DELIVERY

- Ensure your bags are packed. Please leave valuables at home. This includes wallets, credit cards, money and jewelry.
- Review and practice the Deep Breathing and Coughing Exercises as well as the Leg Exercises. They help to prevent problems after your surgery.
- **Eating and drinking before surgery** – see last page of this booklet



**STOP EATING FOOD after your final snack
(8 hours before surgery).**

**STOP DRINKING after your juice
(3 hours before surgery).**

- If you regularly take medication in the morning, ask your Obstetrician if you should take it with a sip of water.
- For your own safety, failure to follow the eating and drinking instructions will result in rescheduling of your surgery time.

THE MORNING OF THE BIG DAY

- Do not wear make-up, nail polish or jewelry. You may wear gel or acrylic nails if they are clear.
- Park at the front of the hospital in the parking lot, or your support person may leave his or her car on the street – HONK app available on smart phones to pay for parking online. Please leave your bags and car seat in your vehicle. You will be moved a few times before you get to your final room. We are not responsible for lost items.
- Don't forget your camera for baby's first photos!
- Once you have entered the hospital you will head directly to the Obstetrical Outpatient Unit (Unit 31) on the third floor. Please arrive 1 ½ hours prior to your surgery.
- When you arrive you will be admitted and the nursing staff will get you ready for your surgery.
- A nurse will take your vital signs, listen to your baby's heartbeat, start an intravenous and clip your pubic hair.
- The Anesthesiologist may see you prior to going to the Operating Room.
- One support person may accompany you to the Operating Room if you are having a regional anesthetic; he or she will need to change into OR scrubs.
- The support person should keep their wallet with them at all times.
- **THE SCHEDULED TIME OF YOUR CESAREAN SECTION IS A GUIDELINE ONLY.** At times there may be a significant delay in your surgery because of patient safety issues. We will do our best to keep you informed of any changes.



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DIABETIC PATIENT'S

- **THE DAY BEFORE YOUR C-SECTION:** Follow insulin orders as per usual for meals and bedtime (no change or decrease in amount required).
- **THE DAY OF YOUR C-SECTION:** Do **NOT** take any insulin the morning of your surgery. You may intake **clear sugar-free fluids** up until 3 hours prior to your surgery.
- **THE SCHEDULED TIME OF YOUR CESAREAN SECTION IS A GUIDELINE ONLY.** At times there may be a significant delay in your surgery because of patient safety issues. We will do our best to keep you informed of any changes.

GOING TO THE OPERATING ROOM

- A Labour & Delivery OR staff member will come and pick you up. They will be checking your armband and blood bank band (if required) and double checking with the information in your chart.
- You will then walk to the OR with them
- Everyone in the OR needs to be dressed in OR scrubs, hats, boots and masks. There are several people in the room including the following:
 - Your Anesthesiologist - may have an assistant(s)
 - Your Obstetrician- may have an assistant(s)
 - Three nurses looking after you
 - A team comes from our NICU to provide care to your baby (usually two people)
- Once your anesthetic is in a tube called a catheter is placed in your bladder to empty it.
- A cesarean section normally takes about an hour from the time the anesthetic starts until you are admitted to the Recovery Room. The baby is normally born about 5-10 minutes after the Obstetrician starts the surgery.
- You may feel some pulling and pushing at the time of birth, but you should not feel any pain.
- If you are feeling uncomfortable in any way, you should let the nurse or the Anesthesiologist know.
- The baby normally stays in the Operating Room once delivered unless either mother and/or baby are sick. If the baby is moved to our Neonatal Intensive Care Unit (NICU), the staff will explain the reason for this. If both are well; mom or support person can usually hold the baby in the OR.
- Every effort will be made to provide skin to skin contact as soon as possible; this can either be with the mother or support person if there were no complications with the surgery. Please discuss your preferences with your care team prior to your surgery.
- In case of an emergency, the support person may be asked to leave the OR.
- The support person may go with the baby but they will not be allowed to return to the OR without permission from the team.



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- The support person is able to take pictures of the baby after delivery. For safety reasons, **we do not allow pictures or videotaping before or during the surgery.**
- Once the surgery is done, you and the baby will be moved to a bed and you both will go to the Recovery Room.
- You will be in the Recovery Room for about one hour.
- During the recovery period **ONLY** the support person who was with you in the Operating Room is permitted to be with you in the Recovery Room. Your other family members will be permitted to visit on the Maternal/Newborn unit, per **current Visitor Guidelines.**
- You will be moved to a new room on the Maternal/Newborn unit after you are discharged from the Recovery Room.
- We will attempt to accommodate your room choice but this is not always possible.

ANESTHESIA DURING YOUR CESAREAN SECTION

The Anesthesiologist may recommend a specific type of anesthetic for you.

There are two types of anesthetic you could receive.

- The preferred method is spinal anesthesia so you are *conscious and awake*. Medication is injected into the fluid surrounding your spinal cord. This is the most common way to have an anesthetic for a cesarean section. It is the safest method of anesthesia for both mother and baby. Greater than 90% of women have spinal anesthesia.
- **General** anesthesia. Medications are given that will make you sleep so that surgery can be performed.

How is a Regional Anesthetic Done?

- You will be asked to sit on the side of the bed.
- Your lower back will be washed. It may feel cold.
- The Anesthesiologist will freeze the skin of a small place on your lower back. You will feel stinging.
- The Anesthesiologist will put a thin needle in your lower back. Medication will be injected into your spinal fluid through this needle.
- Most women say that this does not hurt, but they feel pressure in their lower back at this time. It is important that you follow your Anesthesiologist's directions during this procedure.
- The needle will be removed after the medication has been given.
- The medication will freeze you from your nipples to your toes.
- Your partner/support person will be allowed in to the Operating Room after the anesthetic is completed and the cesarean section team is ready to begin the surgery.

You will not be able to move your legs. Rarely, the spinal anesthesia does not work well enough for cesarean section. If this happens, you will be given medication to keep you comfortable. Your partner or support person may be asked to leave the room depending on your individual circumstances.



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How is a General Anesthetic Done?

- You will lie on the operating room table.
- The Anesthesiologist will give you medication through your IV that will cause you to go to sleep (unconscious). They will then put a tube into your throat to provide gases (which will keep you asleep) and oxygen to help support your breathing.
- You will wake up after your surgery is complete.
- Your partner/support person will not be allowed in the Operating Room or the Recovery Room. He/she may go with the Nursery Team to the Neonatal Intermediate Care Nursery to visit your baby.

Questions Often Asked About Spinal Anesthetic...

- **Will I have nerve damage from the regional anesthetic?**
 - It is possible, but this is extremely rare.
- **Are there any complications?**
 - Headaches are the most common problem, they occur in 1 in 100 cases.
 - There is a very small risk of infection. Your Anesthesiologist will recommend treatment if a complication arises.
- **Is this safe for my baby?**
 - Yes, your baby will receive very little of the medication.
- **How long will the freezing last?**
 - The freezing will last about 2 hours. It will gradually recede over time.
- **Can I breast feed my baby?**
 - Yes.
- **Will the spinal or epidural give me a backache?**
 - Backache is very common after pregnancies and deliveries. There is no proof that spinal or epidurals cause backache by themselves.

Comments mothers have made after regional anesthesia...

"I liked being awake and being able to see my baby right away."

"My husband was with me and able to share in the birth of our baby."

"I was able to be up and moving around faster than I thought."

DEEP BREATHING, COUGHING AND LEG EXERCISES

Deep Breathing and Coughing Exercises: this will help keep your lungs expanded and free of mucous after your surgery.

- Breathe in deeply through your nose.
- Hold your breath for 5-10 seconds and then breathe out slowly through your mouth. You will find you can breathe more deeply with each breath.
- Repeat again and on the third breath in, hold your breath for 5-10 seconds. Cough 2 or 3 times in a row as you get rid of this third breath.
- Do these 10 times every hour you are awake.
- Make sure you take normal breaths in between.



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Feet and Ankle Exercises: this will help fluid return back to your organs and your heart and will promote healthy circulation.

- Wiggle your toes.
- Point your toes towards the foot of the bed and then towards the ceiling.
- Move your feet in small circles.
- Do these exercises 10 times every hour you are awake.

Moving in Bed

It is best if you turn in bed by rolling. It is important to move your knees, hips and shoulders at the same time. This helps to prevent strain in the area of your surgery. If you have difficulty moving, the nurses will help you.

Getting Up

It is common to feel dizzy when you first get up. Call the nurse to help you get up the first time.

Mobilization after Surgery

Moving after your surgery is extremely important. It helps you to regain your muscle strength and helps your breathing and digestion return to normal after your anesthetic and surgery. Sitting up in a chair and walking after your surgery also helps to prevent complications after surgery like pneumonia and make you stronger so you can care for your baby. The nursing staff will encourage you to mobilize appropriately. It is important to **work with the staff** to help rebuild your strength and keep you safe after your surgery. Staff will help you to manage pain, teach you ways to move safely and remind you to mobilize. The nurses will help you to care for your baby when you are unable to. You will be expected to be up and able to look after your baby by the morning after your surgery.

Your hospital stay is normally 2 days. For example, if your surgery is on Monday, you will go home on Wednesday.

VERY IMPORTANT

If you go into labour or your water breaks before your delivery date, please go to the hospital and proceed to the Obstetrical Outpatient Unit (Unit 31) on the third floor.

Remember to bring your prenatal records with you.

We are pleased and excited to help you safely deliver your new baby.

Any questions please call the Labour and Delivery Unit at 780-735-7036.



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Eating and Drinking Before Surgery: Patient Instructions

Non-Diabetic

Bring these instructions to all appointments leading up to your surgery.



Follow these instructions carefully or your surgery may be cancelled. This is for your safety to prevent food or fluid from going into your lungs (aspiration). *If you have any questions, please call* _____ at () _____ - _____

(Department Name)

____ : ____

Surgery Time

AM

Get your Surgery Time 1-2 days before your surgery.

PM

Call: () _____ - _____

____ : ____

Surgery Time minus 8 hours

1 Eat an optional final snack 8 hours before Surgery Time.

You may eat a final snack as long as it is at least 8 hours before your Surgery Time.



Final snacks are either

- 1 small piece of fruit and 1 cup cereal with ½ cup milk, or
- 1 small piece of fruit and 1 slice of toast with jam and ½ cup yogurt

STOP eating after the final snack.

____ : ____

Surgery Time minus 3 hours

2 Drink clear fluids until 3 hours before Surgery Time.



Clear fluids are water, apple juice, cranberry cocktail, black coffee or plain tea.

Do **not** add milk or cream to your coffee or tea.

____ : ____

Surgery Time minus 3 hours

3 Drink an optional 500 mL (2 cups) of clear apple juice or cranberry cocktail at 3 hours before Surgery Time.



Do **not** drink a diet, sugar free, low calorie or energy drink.

STOP drinking after the 500 mL (2 cups) of clear juice.

____ : ____

Surgery Time minus ____ hours

4 Arrive at _____ Hospital.

(Facility Name)



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Eating and Drinking Before Surgery: Patient Instructions

Diabetic

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Follow these instructions carefully or your surgery may be cancelled. This is for your safety to prevent food or fluid from going into your lungs (aspiration). *If you have any questions, please call* _____ at () _____ - _____

(Department Name)

____ : ____

Surgery Time

AM

Get your Surgery Time 1-2 days before your surgery.

PM

Call: () _____ - _____

____ : ____

Surgery Time minus 8 hours

1 Eat an optional final snack 8 hours before Surgery Time.

You may eat a final snack as long as it is at least 8 hours before your Surgery Time. Take your diabetes medications as advised.



Suggested final snacks are either

- 1 small piece of fruit and 1 cup cereal with ½ cup milk, or
- 1 small piece of fruit and 1 slice of toast with jam and ½ cup yogurt

STOP eating after the final snack.

____ : ____

Surgery Time minus 3 hours

2 Drink sugar-free clear fluids until 3 hours before Surgery Time.



Sugar-free, clear fluids are water, black coffee or plain tea.

Do not add milk or cream to your coffee or tea.

STOP drinking 3 hours before your Surgery Time.



EXCEPTION: HYPOglycemia or LOW Blood Sugar: Continue to test your blood sugar (BG) as you normally do, or as instructed by your health care provider. Treat a BG below 4.0 mmol/L with Dextrose Tablets (4) or 2/3 cup clear sugar fluids (apple juice or regular soda pop) and re-test in 15 minutes. If BG remains below 4.0 mmol/L, repeat treatment. **Tell your health care provider about the low blood sugar.**

____ : ____

Surgery Time minus ____ hours

3 Arrive at _____ Hospital.

(Facility Name)



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Eating and Drinking Before Surgery: Patient Questions and Answers

Why do I need to follow instructions about eating and drinking before surgery?

It is important to follow the instructions for what to eat and drink before your surgery and when to stop. When food is in your stomach too close to your Surgery Time, you may vomit. If this happens, the vomit could spill into your lungs (aspiration) and affect your breathing as well as cause damage to your lungs.



Aspiration during surgery is dangerous and can cause death.

What happens if I eat past the 8-hour limit or drink past the 3-hour limit?

If you eat or drink past the recommended time limits, there is a chance your surgery will be cancelled and rescheduled. This is to ensure your safety during the surgery.



EXCEPTION: HYPOglycemia or LOW Blood Sugar: Continue to test your blood sugar (BG) as you normally do, or as instructed by your health care provider. Treat a BG below 4.0 mmol/L with Dextrose Tablets (4) or 2/3 cup clear sugar fluids (apple juice or regular soda pop) and re-test in 15 minutes. If BG remains below 4.0 mmol/L, repeat treatment. **Tell your health care provider about the low blood sugar.**

What food should I avoid for my final snack before surgery?

Avoid fatty foods in your final snack such as

- Meat
- Eggs
- Fried food
- Margarine or butter
- Peanut butter
- Other nut butters

Why do I need to eat a final snack and drink clear fluids before surgery?

Eating and drinking the right things before surgery helps your body get ready for surgery, stay hydrated and have enough energy after surgery.

What types of fluids should I avoid before surgery?

- Orange juice or juice with pulp
- Dairy products/milk
- Coffee or tea with milk or cream
- Alcohol for at least 24 hours



STOP drinking alcohol 24 hours before your surgery.

