



Your Cesarean Delivery

A Guide to Your Birth Experience at Shannon



Welcome

At Shannon Women's & Children's Hospital, we want to help your cesarean section go as smoothly as possible. This patient education guide will explain what to expect before, during, and after your surgery.

This guide outlines the most common experience of women undergoing a C-section, however, every woman's delivery is unique. Talk to your provider about how your delivery may be different.

My OBGYN: _____

Office Phone Number: _____

Date of My C-Section: _____

Date of Next OB Appointment: _____

First Postpartum Visit: _____

We look forward to caring for you.

This book is for information only. It does not replace the advice of your doctor. Always follow your doctor's advice.



Understanding Your Cesarean Delivery

What is a cesarean delivery?

During a cesarean delivery (c-section), the baby is delivered through surgery. The surgeon makes an incision (cut) on your abdomen (belly) and on the lower part of your uterus (where the baby grows), usually along the bikini line.

How will I know when my surgery is?

Your prenatal care provider will give you a scheduled date for your surgery.

How long is the surgery?

The operation takes approximately one hour to complete but may take longer. Your doctor will keep you updated throughout the surgery to let you know how much time is left.

How long is recovery in the hospital?

Your recovery in the hospital is usually 48 - 72 hours after birth.

How long is recovery at home?

Recovery at home after your surgery can take up to several weeks.

How will my care team ensure that I have a safe, rapid recovery?

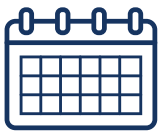
We use the Enhanced Recovery After Surgery (ERAS) method to help you heal from surgery faster. This includes minimizing medical treatments that slow recovery, and helping you get out of bed, eat and drink, and control your pain right away. This will help you get on your feet and heal faster so you can take care of yourself and your baby.

Cesarean Delivery Checklist

This checklist is to help you keep track of all we need to do as a team to make your experience easy.

Beginning Now:

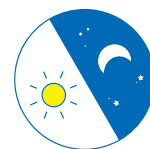
- ☐ Please fully read this guide “Preparing for Your Cesarean Delivery” to help you know how to care for yourself before and after surgery.
- ☐ Read any additional information you may get from your surgeon or at your Pre-Op Appointment.



Days/Weeks Before Surgery:

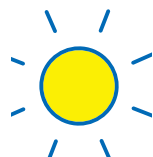
- ☐ Make a plan for who will drive you home and help with your care after surgery: _____
- ☐ Follow instructions about medications you should take.
- ☐ Contact your surgeon's office if you have cold or flu symptoms, sore throat, fever, productive cough, drainage from the eye, or a skin rash near where your operation will be.
- ☐ Eat a healthy diet and include protein (meat, dairy, nuts) with each meal to help with healing.
- ☐ Drink plenty of water every day.
- ☐ Stay active! Safely walk or exercise each day as directed by your Obstetrician.

Day/Evening Before Surgery:



- ☐ Shower and use CHG Wipe as instructed.
- ☐ Do not shave the abdomen or pubic area before surgery. If this area needs to be shaved for surgery, the nurses in the operating room will perform this task.
- ☐ We recommend eating a regular meal the night before surgery.
- ☐ Clear liquids are permitted until 2 hours before your scheduled hospital arrival time. These should not contain alcohol.
- ☐ Drink 1 bottle of Special Drink (see page 6). ***if instructed by provider***
- ☐ Brush your teeth and clean your mouth well.

Day of Surgery:



- ☐ Use 2nd CHG Wipe.
- ☐ Do not eat anything 6 hours before your scheduled arrival to the hospital.
- ☐ You can have clear liquids and the Special Drink up to 2 hours before your scheduled hospital arrival time.
- ☐ Finish the 2nd bottle of the Special Drink 2 hours before your scheduled hospital arrival. ***if instructed by provider***
- ☐ Follow instructions about medications you may or may not take.
- ☐ Do not use body lotion.
- ☐ Do not wear jewelry.
- ☐ If you can sleep in your contact lenses, it is okay to wear them to the hospital. If not, please do not wear them, but bring them with you.
- ☐ Do not wear makeup.

After Surgery:

- ☐ Follow all instructions given after surgery.
- ☐ Attend postpartum visits with your OBGYN.



Before your Surgery: Eating and Drinking

Please follow these instructions about eating and drinking before your surgery. If you do not follow these instructions, your surgery might be delayed or rescheduled for your safety. In the weeks and days before your surgery, eat a healthy diet. Don't forget to include protein with each meal and drink plenty of water.

Eating

Eat a regular meal the night before surgery. **Do not eat anything 6 hours before your scheduled arrival to the hospital.**

Special Drink

You should also drink a beverage rich in electrolytes prior to your surgery. Electrolytes are minerals that help balance the amount of water in your body. **You may drink ClearFast PreOp® or Gatorade®** (not Gatorade zero or G2) ClearFast PreOp® is sold at www.amazon.com or at www.shop.drinkclearfast.com. Gatorade may be found at most grocery stores and pharmacies. Please let us know if there are reasons you do not think you can get one of these drinks and we will help.

1. Drink one full bottle of ClearFast PreOp® (or 10 ounces of Gatorade) the evening before surgery after 5 pm.
2. Drink a second full bottle of ClearFast PreOp® (or 10 ounces of Gatorade) the morning of your surgery. Finish drinking it **two hours before your scheduled arrival time to the hospital.**



Benefits of added hydration:

- You will feel less hungry and thirsty before your surgery.
- You are less likely to feel sick from not eating or drinking before surgery.
- Helps you to be able to go to the bathroom normally sooner after your surgery.

Preparing for Your Surgery at the Hospital

What Happens While I Wait for My Surgery

- You will change into a hospital gown and have a surgical hat placed on your head.
- Your nurses will insert an IV in your arm and draw blood.
- The nurses will give you fluids through the IV.
- The anesthetist and nurses will talk to you about the type of anesthesia you will get for your surgery.
- Your plans for care will be reviewed by the staff. You may be asked the same questions by different people you meet. This is to ensure your and your baby's safety. Please answer all questions completely, even if you think we already have the information.
- Your surgical consents will be reviewed by the staff and a head-to-toe assessment will be completed.
- Your baby will be monitored for a non-stress test. If your baby is breech, a bedside ultrasound will be performed and verified by your doctor.
- Compression boots (sequential compression devices) will be placed on your calves to prevent blood clots from forming.



Delivering Your Baby

In the Operating Room



You will either walk or get wheeled on a bed into the operating room. Nurses and doctors will be there to greet you. Your baby will be here soon!

- Your support person will join you when your team is sure your anesthesia is sufficient. If you are not comfortable enough, you may need general anesthesia. We will provide your support person with operating room clothing including a paper scrub suit, hair cover, shoe covers, and a mask. It is a good idea for your support person to eat something before coming into the hospital with you (or before going into the operating room).
- You will see bright lights that will help your doctors operate. You will be covered with blankets and a drape. This drape protects you from infection. The anesthetist will be by your head, making sure you are comfortable and not feeling nauseous (sick to your stomach).
- Most women have “regional anesthesia” medication that numbs you from your breasts to your feet. This will help you not feel the surgery and allow you to be awake and comfortable for birth. These medications are given through an epidural or spinal injection and are safe for your baby.
- The team will help you sit up so the anesthetist can place the numbing medicine. You will feel the anesthetist cleaning your back and feel pressure from a thin needle that is inserted in your back to help you feel numb.
- The nurses will help you lie back down and activate the compression boots.
- The nursing staff will place a catheter in your bladder to drain urine.
- Before surgery, a nurse will check your baby’s heart rate and the doctor will make sure your anesthesia is working.
- Your belly will be cleaned with soap and, when the soap has dried, a plastic drape will be placed over your belly.

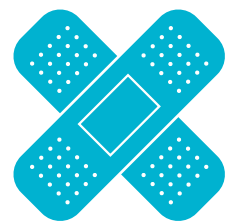
Delivering Your Baby

During Surgery and Birth

- During the surgery, you will feel pressure, but you should not feel any sharp pain. You will feel the doctors pushing at the top of your belly to help deliver your baby through the incision made on your uterus.
- Sometimes, anesthesia and surgery can make you feel temporarily sick. Please tell your anesthetist if you do not feel well.

After Your Baby's Birth

- Once your baby is delivered, we delay clamping the umbilical cord if possible, to allow more blood to reach your baby. The cord is then cut, and your baby is handed to the nurses.
- After your baby's birth, if your baby is doing well, your baby will be placed in an infant warmer and checked by the nurse. Your baby will be brought to you for skin to skin contact. Your support person may take pictures of your baby and when they and your baby return to your hospital room, they may have skin-to-skin contact, so if it is time for your baby to have pokes (vaccines) or assessments, the baby is most supported and comforted.
- The doctors will finish your surgery. Your skin incision is usually closed with stitches that will dissolve on their own and a bandage is applied.
- The nursing team will press on your uterus at the end of the surgery to help push out any blood clots through your vagina. The nurses will continue check your uterus to ensure it is staying firm and may press on your stomach to prevent clots from collecting inside, which could lead to you bleeding more than you should.



Mapping Your Cesarean: Recovery After Surgery

Goals	What needs to happen?	When?
Good pain control	<ul style="list-style-type: none"> You will receive regional anesthesia for long-acting pain control 	Day 0 - first 24 hours
	<ul style="list-style-type: none"> You will take scheduled medications: Acetaminophen (Tylenol) and Ketorolac (Toradol) (a medicine like Ibuprofen) 	
	<ul style="list-style-type: none"> You will take scheduled medications: Acetaminophen (Tylenol) and Ibuprofen (Motrin). You may take oxycodone as needed for severe pain. You can use non-medicine pain control methods (ice, deep breathing, etc.) 	Day 1 - discharge
Eating, drinking, and eliminating	<ul style="list-style-type: none"> You will start eating and drinking as soon as you are ready Your IV fluids will be stopped once you are eating/drinking You will be taking stool softeners to prevent constipation 	Day 0 - first 24 hours
	<ul style="list-style-type: none"> You will continue eating and drinking Your bladder catheter will be removed 12-18 hours after surgery You will urinate without the catheter You will be taking stool softeners to prevent constipation 	Day 1 - discharge
Activity	<ul style="list-style-type: none"> You will wear compression boots while in bed You will get out of bed You will sit in a chair You will use the incentive spirometer (10x/hr) You will start breastfeeding (if desired) 	Day 0 - first 24 hours
	<ul style="list-style-type: none"> You will walk (15-20 minutes, 4x/day) You will sit in chair as much as possible 	Day 1 - discharge

Recovering from Your Surgery

Congratulations! Your surgery is complete, and it is time to recover with your baby. After your surgery, you will go to a recovery area. Nurses will be with you and will watch your vital signs (blood pressure, heart rate, and oxygen levels). Your nurses will also give you any medications you need post-surgery and help you begin breastfeeding, if you choose. When you are ready, you will be moved to your hospital room.

Pain Control

- It is normal to have some pain after surgery. Usually, the pain is worst the day after surgery, but quickly begins to get better.
- While some pain after surgery is normal, good pain control improves your recovery so you can walk, breathe deeply, eat and drink, feel relaxed, sleep well, have bowel movements, and prevent blood clots.
- Recovery from surgery may take several weeks. Some women will feel “back to normal” by six weeks after delivery. Numbness around the incision and some aches and pains can last for several months.

Medications at the Hospital



- Many women will receive a long-acting opioid pain medication through their epidural or spinal anesthesia (the medication put in your back to prevent pain during the cesarean section) that will help with pain the day of surgery. This typically lasts 18 hours.
- It is important that we first try to control your pain with non-opioid medications because they cause less drowsiness, confusion and constipation, and provide **around-the-clock** pain control.
- You will be given two kinds of non-opioid medications: Acetaminophen (Tylenol) and an anti-inflammatory medication like Ibuprofen called Ketorolac (Toradol), which is given through the IV.

- After three doses of Ketorolac (Toradol), you will be given Ibuprofen instead of the Ketorolac.
- If you cannot take Tylenol or medications like Ibuprofen, notify your surgical team.
- You can also use alternative pain control methods.

Alternative Pain Control Methods

- Heating pads
- Abdominal binder
- Ice packs
- Deep breathing exercises

Ask your nurse for more information if you would like to try these.

- If your pain is not controlled with the medicines above, you will be given an oxycodone (opioid).
- These medications are safe if you are breastfeeding.

Medications at Home

- You will be discharged with the same medications you took in the hospital.
- You can take the non-opioid medications at the same time or alternate them if your pain is not controlled (see the schedules below). You will work with your provider to determine the right schedule for you.
- Some women will need opioid pain medication to control their pain at home, while others will have good pain control with scheduled acetaminophen and Ibuprofen.
- If you take opioids, keep taking the stool softeners, drink plenty of fluids, and eat a diet high in fiber to help avoid constipation.

Acetaminophen should be taken every 8 hours (see schedule below):

8 a.m.	Acetaminophen 1,000mg (2 pills, 500mg each)
4 p.m.	Acetaminophen 1,000mg (2 pills, 500mg each)
12 a.m.	Acetaminophen 1,000mg (2 pills, 500mg each)
Continue every 8 hours	

Ibuprofen should be taken every 6 hours (see schedule below):

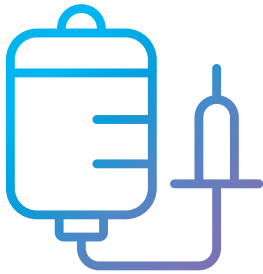
6 a.m.	Ibuprofen 600mg (1 pill)
12 p.m.	Ibuprofen 600mg (1 pill)
6 p.m.	Ibuprofen 600mg (1 pill)
12 a.m.	Ibuprofen 600mg (1 pill)
Continue every 6 hours	

IMPORTANT

- **DO NOT** take more than 3,000mg of Tylenol (6 pills) or 3,200mg of Ibuprofen (about 8 pills) in 24 hours.
- **DO NOT** take more than the recommended doses as described above. Always take Ibuprofen with food.
- You do not have to wake up in the middle of the night to take medicine, but take it if you are awake.
- You have a team of doctors, nurses, family members, and friends who can help you recover from your surgery. Do not hesitate to contact your clinic with any questions.

Eating, Drinking, and Eliminating

- Helping your digestive system return to normal as fast as possible can reduce pain and help speed your recovery. You will start eating and drinking as soon as you are ready.
- Chewing gum can help your digestive system return to normal.
- Once you are eating and drinking, your IV fluids will usually be stopped unless you are receiving medications through your IV. Many times, preoperative and postoperative antibiotics will be given and may continue after delivery.
- You will start passing gas on the first or second day after surgery. You will start taking stool softeners to prevent constipation.



- Removing your catheter and walking to the bathroom as soon as you are ready helps to prevent urinary tract infections and irritation from the catheter.
- Your catheter will be taken out when you are able to walk to the bathroom and urinate on your own. Your team will make sure you are able to urinate without problems and will make sure you are urinating frequently enough. Occasionally, the bladder needs more rest after a long delivery or surgery, and the catheter may need to be replaced. Your doctor will talk to you about this if it is needed.

Activity

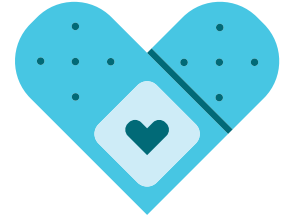
- Until you are up and walking, you will wear compression boots on your calves to prevent blood clots. Some women who have a high risk of blood clots will also receive medication to prevent clots (for example, Lovenox). Your team will tell you if you need this medication. Once your anesthesia wears off, you will be able to get out of bed. Your goal will be to walk for 15-20 minutes at a time, about four times a day. Between walking, you should sit in the chair as much as possible to avoid lying in bed and stay active.
- You will have a breathing device called an incentive spirometer to keep your lungs healthy. Use this 10 times per hour or as instructed by your nurse.
- You will start breastfeeding (if desired) and your nurse is available to give you support. Lactation Nurses are also available if you need more support with breastfeeding.



Preparing for Discharge

- You are almost there. This is a great time for you to talk to your providers and ask them any questions you have before you go home.
- Your incision has been checked and your dressing has been removed.
- You and your care team have talked about your reproductive goals and your postpartum birth control plan.
- You have a postpartum visit scheduled.
- Your team has reviewed concerning symptoms and reasons to call your healthcare provider (see, “When to call your healthcare provider”).
- You will either receive prescriptions prior to discharge, or they will be sent to the pharmacy.

Recovery at Home



Incision Care

- After showering, pat your incision dry. Do not scrub over the incision.
- The small bandages on your incision (“steri-strips”) can be removed 7-10 days after surgery.
- Watch your incision for signs of infection, like increasing redness, swelling, and/or drainage (unusual liquid leaking from the incision).
- Hold a pillow against the incision when you laugh or cough and when you get up from a lying or sitting position to prevent the stitches from opening. An abdominal binder may be helpful. Remember, it can take as long as six weeks for a c-section incision to heal.

Activity

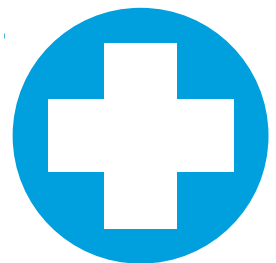
- Do not drink alcohol or drive if you are taking narcotic pain medication (opioids).
- Do not lift anything heavier than your baby in a car seat until your healthcare provider tells you it is safe.
- Do not place anything in your vagina until your follow-up visit with your doctor or nurse. No intercourse (sex).
- Slowly increase your daily activities.
- You may have some increased vaginal bleeding when you increase your activity, however the bleeding should not be heavy (if it becomes heavy, see “When to call your healthcare provider”).
- Practice deep breathing and coughing exercises.

When to Call Your Healthcare Provider

Important – if you feel you have a life-threatening emergency, such as chest pain, trouble breathing, sudden heavy bleeding, or thoughts of self-harm call 9-1-1 immediately!

If you are experiencing any of the following symptoms, or anything abnormal, call your healthcare provider:

- A fever of 100.4 F or higher.
- Redness, pain, or drainage at your incision site.
- Vaginal bleeding that soaks more than 2 pads an hour for at least 2 hours.
- Severe pain in your belly not relieved with medications.
- Trouble peeing or emptying your bladder.
- Foul odor from vaginal discharge.
- No bowel movement (poop) within one week after birth of your baby.
- Swollen, red, painful area in the leg. Some swelling in both legs is normal.
- Appearance of rash or hives.
- A severe headache that does not get better with acetaminophen or ibuprofen.
- Sore, red, painful area on one or both breasts that may be accompanied by flu-like symptoms.
- Feelings of anxiety, panic, and/or depression.



[illegible]

Ask a Nurse Hotline

Available 24/7 for Your Healthcare Questions

The Shannon Ask a Nurse Hotline is a free service that provides callers with medical advice from a Registered Nurse 24 hours a day, 7 days a week. All of the Nurses are Registered Nurses at Shannon and can help callers by:

- answering medical questions
- providing medical advice
- directing callers to the most appropriate healthcare option
- providing information on healthcare resources in the community and services available at Shannon

Call our free Ask a Nurse Hotline at 325-747-5365.

Remember, if you or your child is experiencing a life-threatening situation, you should call 9-1-1 or go to a hospital emergency department right away.



SHANNON

www.shannonhealth.com