

Patient Information

Enhanced Recovery (after Caesarean Section)

Women's Services



Introduction

This leaflet is for women having a planned caesarean section and who are considered as suitable for the enhanced recovery pathway.

What is enhanced recovery?

Enhanced recovery is sometimes referred to as rapid or accelerated recovery. It aims to ensure that you are prepared physically and mentally for the operation you are about to have and to help you to recover as quickly as possible, enabling you to go home in the quickest and safest time frame.

Having an operation can be both physically and emotionally stressful. Enhanced recovery programmes try to get you back to full health as quickly as possible.

Research has shown that the earlier you get out of bed and start walking, eating and drinking after having an operation, the shorter your recovery will be.

Will I have enhanced recovery?

You are due to have a planned caesarean section and have been considered as suitable for the enhanced recovery pathway by your obstetrician and anaesthetist.

This means you have no significant medical problems, your pregnancy is expected to be straightforward with an uneventful caesarean section and recovery.

By following the advice detailed in this leaflet it is expected that you can be discharged home within 24-36 hours of your operation, provided no complications occur. A sticker will be placed on the front of your notes to identify you are on the enhanced recovery pathway.

Important points to consider before your surgery

To enhance your recovery from surgery, it's important that you play an active role in your own care:

- **Eat well** – your body will need energy for repair.
- **Exercise** – being physically active before your operation will help you recover quicker, even if you do gentle exercise.
- **Relaxation** – adequate rest to prepare for recovery and to enable you to care for your baby.
- **Smoking and alcohol** – giving up or cutting down will help speed up your recovery and reduce your risk of developing complications.

What to do before you come into hospital

Please purchase a week's supply of paracetamol and ibuprofen (as long as you have no allergies or contraindications to these drugs). It will also be useful to buy some sports energy drinks and bring these into hospital with you.

Sports energy drinks are an isotonic energy drink containing carbohydrate and electrolytes to help optimise your hydration before your operation. You will need one that ideally provides 28 calories in every 100mls (28 Kcal/100mls).

The day of your operation

You will have been given premedication tablets to take as directed:

- one ranitidine tablet at 10pm the night before your operation (this may be replaced by omeprazole if ranitidine is in short supply), and
- one ranitidine and one metoclopramide at 7am on the morning of your operation (again, ranitidine may be replaced with omeprazole).

You can eat up until midnight the night before, and aim to have your sports drink up until 7am on the morning of your operation. If you have been unable to buy a sports drink, you can drink clear fluids (water/squash or black tea/coffee) instead.

We will aim to do your operation as soon as possible in the morning. If there are any unexpected delays, you will be asked to drink a sports drink as directed by your midwife.

The operation

The operation will be done under a spinal or combined spinal/epidural injection as explained by the anaesthetist in the pre-assessment clinic.

The spinal injection will contain a painkiller and you will also be given a diclofenac painkiller suppository at the end of the operation (provided you have no contraindications to this).

A urinary catheter will be inserted into your bladder once your spinal block is working.

You will be given paracetamol and an anti-sickness drug during your operation.

We aim to delay cord clamping at delivery (if decided appropriate by the surgeon) and do skin-to-skin if possible as soon as your baby is born, if you would like this.

You will be given fluids intravenously (through a drip) during your operation but it is important you eat and drink as soon as possible in recovery afterwards.

We will aim to remove the intravenous fluids you had during the operation when you are in recovery, and will administer additional painkillers and anti-sickness medicine if required.

Immediately after your operation

On transfer to the postnatal ward (Gloucester ward), midwives and support staff will assist you with feeding your baby and give help and advice on caring for your baby.

Your spinal block will wear off after about six hours. It is advised that you try and mobilise as soon as possible after that. Once you are mobile your catheter will be removed and a measured amount of urine will be required to ensure your bladder is working well. It is very important that you eat and drink as soon as possible.

Painkillers and other medications can be self-administered on the ward and will be kept in the bedside locker next to you for your use. It is really important to take prescribed painkillers regularly. Midwives and nurses will assist you if you need further advice and support with this.

A medication self-administration form will need to be completed and a midwife or nurse will check this on the drug rounds. Any medications that are issued for your use on the ward will be taken home with you on discharge.

You will need to take your paracetamol and ibuprofen regularly as follows:

- Paracetamol - 2 x 500mg tablets to be taken orally four times a day
- Ibuprofen - 400mg to be taken orally four times a day (unless you have reasons to avoid taking this drug)

If additional painkillers are required you must ask your midwife as soon as possible. You will be offered oral morphine when you require it, and additional anti-sickness medicine if needed.

Prophylaxis (medicine to prevent blood clots) may also be given by injection if required. This will be decided by your surgeon at the time of the operation. You will also be given something to keep your bowels moving.

It is very important for you to take your painkillers regularly and ask for additional pain relief, if you need it, to keep your pain under control. This will help you to be able to move about afterwards.

The day after your operation

Your blood count will be checked first thing in the morning if your blood loss was over 500mls or if you feel unwell. You will be seen by a midwife and the obstetric doctor to make sure you are fit to be discharged. You need to be up and about and feel well enough to go home.

Your baby will be checked over by a midwife or a member of the neonatal team and hearing checks performed. Your baby must be feeding adequately, and you feel happy with this, before we can let you go home. We will aim to discharge you as soon as possible once all the examinations and checks are completed.

A visit from a community midwife will be arranged for the day after you leave hospital. You will be given the contact details for the Community Midwifery team should you have any concerns before then.

Further information

If you have any questions or would like further information, please ask the midwife at your next clinic appointment.

Please use this space to write down any questions you may like to ask:

Useful contact details

Consultant Led Unit, Lister Hospital

☎ 01438 284124 (24 hours)

Additional information

www.nhs.uk/Conditions/enhanced-recovery

**You and your baby are important to us –
Thank you for choosing East and North Herts NHS Trust**

References

- Enhanced recovery in obstetrics – a new frontier? D N Lucas, K L Gough IJOA April 2013
- NHS website

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