



Information for  
patients and  
carers

Your Anaesthetic  
for  
Caesarean Section

## Introduction

The majority of women who have a caesarean will have their operation under a spinal block and so be awake. A small number of women will have a general anaesthetic and be asleep during the operation. You should have already discussed the reason for your caesarean and the appropriate choice of anaesthetic with your midwife, doctor or anaesthetist.

It is marginally safer to be awake than have a general anaesthetic. In addition, being awake allows you to have immediate contact with your baby.

This leaflet together with your Caesarean Birth Passport describes what you can expect to happen when your baby is born and in the days following.

## What happens on the day of my Caesarean if I am staying awake?

Your midwife will accompany you and your birth partner into theatre and stay with you throughout. It will be necessary for your birth partner to change into theatre clothes. Please be aware that only one person can accompany you in theatre for the birth of your baby.

A music system is available to help you feel at ease and you are very welcome to bring your own playlist.

The first thing that happens is to connect you to monitoring equipment to measure your blood pressure, heart rate and oxygen levels. An intravenous drip is then placed in a vein usually in the back of your hand or forearm. Local anaesthetic is used to ensure this is not too uncomfortable for you. This allows us to give intravenous fluid which prevents you from becoming dehydrated. It is also used to counteract any drop in blood pressure that may occur as a side effect of the anaesthetic.

To begin the spinal anaesthetic you will be asked to sit on the operating table and lean across a pillow placed on a table. This enables the anaesthetist to clean your back with antiseptic solution and commence the spinal anaesthetic. A small amount of local anaesthetic is injected into the skin to numb the area where the spinal anaesthetic is given. The sensation is similar to an injection you may have had at the dentist.

The spinal anaesthetic is a combination of local anaesthetic and a tiny amount of diamorphine (pain killer). As it is given you may experience different sensations e.g. an electric like shock in your bottom or down your leg. Try not to jump if this happens it is a normal occurrence. Sometimes you may feel a warm sensation in your bottom or legs.

## The operation

You will be asked to lie down on the operating table, and we may give you some oxygen to breathe via a facemask. This helps the baby get as much oxygen as possible. The mask is removed as soon as the baby is born. A catheter (small tube) will be passed into your bladder but because you are numb you should not feel this; this is to make sure your bladder is empty for the operation.

Gaiters are placed around your lower legs. They assist circulation by inflating and deflating during the operation and reduce the risk of a blood clot (thrombosis) forming.

A screen is placed in front of you so that you cannot see the operation.

Once the surgeon and anaesthetist are happy that your abdomen is numb the operation begins. You will be aware of your abdomen being cleaned with antiseptic and sterile drapes being placed to cover you.

Almost all babies are born through “bikini line” cuts (along the top of your pubic area). During the operation it is normal to be aware of certain sensations, in particular some tugging and pulling. This should not be painful. The anaesthetic team is present at all times to re-assure you and if necessary give pain-relieving drugs.

Your baby will be born quite quickly after the start of the operation.

If you wish, at the time of the birth of your baby the screen can be lowered so that you can see. Once your baby is born you will be able to see and hold your baby providing you are both well.

Take a look at our elective Caesarean section video for more information: <https://vimeo.com/268570111>

## What happens after the operation?

Most Caesarean sections take about one hour. After the operation you will be transferred to a recovery area with your baby and birth partner. In the recovery area observations will be made on your blood pressure, heart rate and oxygen levels. When you are ready, you will be transferred to the maternity ward. It is normal to hold your baby in skin-to-skin contact for transfer to the maternity ward.

It takes about 4 – 6 hours for the numbness to wear off and pain relief is arranged for this time. If you are not allergic to anti-inflammatory painkillers, have a history of asthma or stomach ulcers you will be given a powerful anti-inflammatory painkiller. This is given as a suppository; a tablet into your bottom. You will also be given paracetamol. Together with the diamorphine used in the spinal anaesthetic you should expect good pain relief. If this is not the case a morphine pump can be provided.

Diamorphine may cause itching; if this is severe anti-histamine medication can be used.

We encourage you to start eating and drinking as soon as you feel able after the operation as this will aid your recovery.

## How is this different if I were to have a general anaesthetic and go to sleep?

Your midwife takes you and your partner to the theatre. Your midwife stays with you throughout your Caesarean. Your birth partner is shown to an area in the theatre suite where they can wait but they will not be in the operating theatre with you unless prior arrangements have been made for this to happen.

Immediately before the operation you are given a drink of another antacid. This is not very pleasant, so it is best to drink it quickly.

You are asked to lie on the operating table and monitoring equipment is connected to you to measure your blood pressure, heart rate and oxygen levels.

At this time, gaiters are placed on your legs to help your blood circulation during the operation and reduce the chance of blood clots (thrombosis).

An intravenous drip is set up. A small amount of local anaesthetic is used so that this is not too uncomfortable for you.

The anaesthetist will give you some oxygen to breathe through a facemask.

As with a spinal anaesthetic, you will need a catheter (small tube) passed into your bladder. We advise that you allow the midwife to put this in before you go to sleep to reduce the time your baby is exposed to the anaesthetic medications. It may be that you would prefer this to happen in the privacy of your admission room, before you come round to theatre.

When all the team is ready, the anaesthetist will give you the anaesthetic medication through your drip. This will make you fall asleep. You may be aware of slight pressure on your neck as you drift off to sleep. Do not worry, as this is to stop any stomach fluid getting into your lungs as the anaesthetic is taking effect.

## What happens during the operation if I am asleep?

Your baby is born quite quickly after the operation starts and if well taken to your birth partner until the operation is complete. Once you are awake we will help with skin to skin contact for you and baby.

## What happens after the operation if I have been asleep?

You will be taken through into the recovery room to join your birth partner and baby. Here, observations are made on your blood pressure, heart rate and oxygen levels. Although you will be awake it is likely that you will feel very drowsy and many mothers do not have any clear memories of this time. We are happy for photographs of you with baby and your birth partner to be taken to help you remember this time if you wish.

When the anaesthetist is happy with your condition you will be transferred to the Maternity Ward with your partner and baby.

We encourage you to start eating and drinking as soon as you feel able after the surgery, as this will aid your recovery.

## How might my pain relief differ if I have been asleep?

Whilst you are asleep a strong pain-relieving medication (morphine) is given so when you wake up you should not be too sore. This is only given once your baby is born so that it does not affect them.

If you are not allergic to anti-inflammatory painkillers, and you do not have a history of asthma or stomach ulcers we like to give you a powerful anti-inflammatory painkiller. This is given as a suppository; a tablet into your bottom. We also give you paracetamol and local

anaesthetic. These are excellent forms of pain relief and help to reduce the amount of morphine you may need.

When you are in the recovery room a device called a patient-controlled analgesia pump (PCA) will be connected to the drip in your arm. The PCA allows you to press a button to give a pre-set dose of pain relieving medicine (morphine) every five minutes. The dose is delivered instantly into your vein and it will take your body only a few seconds to absorb the medicine. It is important that you do not let the pain build up. If you start to feel uncomfortable simply press the button as often as you feel necessary. The pump has safety features built in so that it will only give you another dose of pain relief once the set time of five minutes has passed, therefore you cannot have an overdose. No one else should press the button for you.

Whilst you are using the PCA you will also be given paracetamol and an anti-inflammatory painrelieving medicine.

**Do not worry if at first you do not understand how to use the pump; we will explain how to use it several times.**

The day after your operation, or sometimes later on the day of your Caesarean (if you feel well enough) the PCA will be exchanged for oral pain relieving medicines. These are most commonly dihydrocodeine along with the paracetamol and anti-inflammatory medication such as Ibuprofen. If you have a known allergy to any of these medicines your oral pain relief will be prescribed accordingly.

## **Are there any side effects from the general anaesthetic?**

You may experience a sore throat, drowsiness, nausea and vomiting and muscle pains after a general anaesthetic. Some of the anaesthetic will also go through to your baby but this is very small and there will be a baby doctor present at the birth to ensure all is well with your baby.

If you have any questions or concerns about your anaesthetic please ask to speak to an anaesthetist. For most mothers and babies the risks associated with a spinal anaesthetic are less than those associated with a general anaesthetic. In addition, you are able to share the moment of birth with your partner. As you and your baby are more alert afterwards you are able to hold your baby and establish feeding more easily. However, on occasions it is not possible or it is not your wish to stay awake.

## Postoperative care after a Caesarean

You will have received your Caesarean Birth Passport at the time your Caesarean was booked. This has helpful information to guide you through aspects of the time immediately after the Caesarean.

We hope to enable you to begin eating and drinking as soon as possible so that you can get out of bed and care for your baby. We will help you to hold, have skin to skin, feed and change your baby as necessary.

You will be prescribed pain relief as described earlier in the leaflet. For the first few days we recommend that you take these pain relieving medicines regularly. After this time you may feel that you do not need to take all these medicines. First stop taking the dihydrocodeine, then leave out the Ibuprofen (if prescribed). Paracetamol will be the medicine that you will take for the longest time period

We would also recommend that you read our “Frequently asked Questions” (FAQs) after Caesarean Section Information leaflet which is available on the Trust Internet site:

<https://www.lancsteachinghospitals.nhs.uk/maternity-leaflets>

We advise limiting your visitors in the first 24 hours to aid your recovery and give you time to bond with your baby.



## How long will I stay in hospital?

Length of stay in hospital varies according to your needs and those of your baby. However, a 24hour discharge is not uncommon if you and your baby are well enough.

## Returning home

In the first days at home it is likely that you will feel very tired and so it is important that you rest as much as possible.

A community midwife will provide your ongoing postnatal care and advice as you gradually return to normal activities.

Please make an appointment with your general practitioner for your six-week postnatal check and baby check.

## What are the chances of any problems with the spinal or general anaesthetic?

Serious problems are uncommon but risks cannot be completely removed from any procedure. The following tables describes the potential risks and the frequency with which these risks occur.

These tables are courtesy of the Obstetric Anaesthetist Association:  
[https://www.labourpains.com/FAQ\\_CSection](https://www.labourpains.com/FAQ_CSection)

You can get more information on anaesthetics and anaesthetic risks from the Royal College of Anaesthetists  
<https://www.rcoa.ac.uk/patient-information>

## Spinal Anaesthetic:

| Type of risk   | How often can this happen? | How common is it? |
|--|----------------------------|-------------------|
| Significant drop of blood pressure   | About 1 in 5 women         | Common            |
| Not working well enough so you need to have a general anaesthetic                          | About 1 in 50 women        | Occasional        |
| Severe headache  | About 1 in 500 women       | Uncommon          |
| Nerve damage (numb patch on leg or foot or leg weakness) that lasts for more than 6 months | About 1 in 24,000 women    | Rare              |
| Abscess in the spine at the same site of the spinal or epidural                            | About 1 in 50,000 women    | Very rare         |
| Meningitis   | About 1 in 100,000 women   | Very rare         |
| Epidural haematoma (blood clot)  | About 1 in 168,000 women   | Very rare         |
| Accidental unconsciousness   | About 1 in 2,000 women     | Quite rare        |
| Severe injury, such as paralysis   | About 1 in 100,000 women   | Very rare         |

## General Anaesthetic:

| Type of risk  | How often does this happen?    | How common is it?            |
|---|--------------------------------|------------------------------|
| Shivering   | About 1 in 3 people            | Common                       |
| Sore throat   | About 1 in 2 people            | Common                       |
| Feeling sick  | About 1 in 10 people           | Common                       |
| Muscle Pains  | About 1 in 3 people            | Common                       |
| Cuts/bruises to lips or tongue  | About 1 in 20 people           | Occasional                   |
| Damage to teeth   | About 1 in 4,500 people        | Quite rare                   |
| Anaesthetist failing to insert a breathing tube when you are asleep       | About 1 in 250 people          | Uncommon                     |
| Chest Infection   | About 1 in 100 people          | Common – most are not severe |
| Acid from your stomach going into your lungs                              | About 1 in 1000 people         | Quite rare                   |
| Awareness (being able to recall part of the time during your anaesthetic) | About 1 in 670 people          | Uncommon                     |
| Severe allergic reaction  | About 1 in 10,000 people       | Rare                         |
| Death   | fewer than 1 in 100,000 people | Very rare                    |

## Contact details

Should you require further advice or information please contact:

|                                     |              |
|-------------------------------------|--------------|
| Antenatal clinic; Sharoe Green Unit | 01772 524448 |
| Chorley Midwifery led Unit          | 01257 245113 |
| Maternity Triage Unit               | 01772 524495 |
| Community midwives – Preston        | 01772 524496 |
| Chorley                             | 01257 245108 |

**Birth After Thoughts** - a service giving you opportunity to discuss your birth experience with a midwife:

[BirthAfterThoughts@LTHTR.nhs.uk](mailto:BirthAfterThoughts@LTHTR.nhs.uk)

**Elective caesarean team** - [Elective.Caesarean@lthtr.nhs.uk](mailto:Elective.Caesarean@lthtr.nhs.uk)

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

FAQs Your Anaesthetic for Caesarean Section

<https://www.labourpains.com/UI/Content/Content.aspx?ID=28>

National Childbirth Trust: <https://www.nct.org.uk/>

All our patient information leaflets are available on our website for patients to access and download:

[www.lancsteachinghospitals.nhs.uk/patient-information-leaflets](http://www.lancsteachinghospitals.nhs.uk/patient-information-leaflets)

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If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages

**Gujarati:**

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

**Romanian:**

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

**Polish:**

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

**Punjabi:**

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਖਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

**Urdu:**

دوسری زبانوں اور ریڈنگ کی اگر آپ کو یہ معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو  
پوچھ سکتے ہیں۔ یہ معلومات بڑے پرنٹ اور دیگر زبانوں میں بھی دستیاب ہیں۔

**Arabic:**

مطبوعة بأحرف كبيرة و بلغات إذا كنت تريد مساعدة في فهم هذه المعلومات يُرجى أن تطلب  
آخرى يمكن توفير هذه المعلومات

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