

Elective Caesarean Section – Anaesthetic

Patient Information – Maternity Services

Introduction

Your maternity carer has organised a caesarean section for you. The anaesthetist in the preadmission clinic will assess you and your general health and discuss your anaesthesia with you. Please read this brochure and refer to it on the day of your surgery. It will let you know what to expect on the day and what is required from you.

The day before admission

You may eat in the evening, but stop before midnight, and do not eat after this (you can drink water until 6.00am). Your anaesthetic is safer if your stomach is empty.

Admission day

Please do not eat on the morning of your caesarean.

Please arrive in Birthing Suite, Level 3, Christchurch Women's Hospital, by 7.00 am (unless you have been given a different time).

After you arrive, staff will prepare you for surgery. There may be one or two women having surgery ahead of you, so please be patient. Your Anaesthetist will meet you at some stage before you go to the operating theatre.

Spinal anaesthetic

Unless there is a reason for you to have a different type of anaesthetic, you will have a spinal anaesthetic. This is the safest and most reliable type of anaesthetic for most women. Unlike a general (full) anaesthetic, you and your partner can participate in the birth of your baby.

When it is time for your surgery, you will walk into the operating theatre. An intravenous drip is connected, and monitors like blood pressure attached. Your Anaesthetist will ask you to either curl up on your side or sit on the edge of the theatre bed. This opens up the spaces in your back to enable the anaesthetic to be put in.

The spinal anaesthetic requires sterile precautions and takes a few minutes. Your back is painted with antiseptic, and a sterile cover is placed on it. Local anaesthetic is injected into the skin to create a numb spot. The spinal fluid is located using a very fine needle and the anaesthetic is injected. The needle is removed, and nothing is left in your back apart from the medications.

The spinal anaesthetic works quickly, and you will notice warmth, tingling and numbness in the lower part of your body. Within 5 to 10 minutes the anaesthetic is effective enough for the surgery to begin. The effectiveness is first tested with ice.

During the surgery you can expect to feel movement, touching, pushing and pulling.

You should not feel any sharp pain – if you do, tell your Anaesthetist. The surgery is usually finished in less than an hour and you will be transferred to the recovery room.

Side effects and complications

Serious side effects from the anaesthetic are rare. Common side effects include nausea and vomiting, shakiness and itchiness. Your blood pressure may drop but is easily adjusted by your Anaesthetist. The first sign of this is often nausea, so let your Anaesthetist know if you feel sick.

Spinal anaesthetics may fail in about 2% of cases. It may be possible to repeat the anaesthetic, or in some cases a full general anaesthetic is required.

A headache can occur, usually two or three days after the anaesthetic, which is due to a leak of spinal fluid. This comes on when standing and improves with lying flat. Only one person in 200 gets this headache.

Lastly, it is possible (but rare) for a spinal anaesthetic to cause nerve damage. This can happen when the needle is inserted – usually one nerve is affected causing tingling, numbness, weakness or pain in one particular area. Usually these injuries improve over time. A very rare complication is paraplegia after a spinal anaesthetic which occurs due to bleeding or infection following the path of the needle.

It is important to remember that spinal anaesthetics have an excellent safety record. For most women a spinal anaesthetic is the safest type of anaesthetic for a caesarean.

Pain relief after your caesarean

The spinal anaesthetic starts wearing off after about two hours. Your anaesthetist will have prescribed a range of medications to control the pain. These may include:

1. **Spinal morphine:** a tiny dose of morphine is included when the spinal anaesthetic is inserted. This provides some pain relief for up to 24 hours and does not affect the baby. Side effects may include itching and vomiting but can be treated.
2. **Anti-inflammatory, such as Diclofenac:** often a dose is placed in the rectum by the surgeon after the Caesarean is finished. Let your Anaesthetist know if you react badly to anti-inflammatories or have had stomach ulcers in the past.
3. **Strong pain killers:** Oxycodone is used which has a similar action to morphine.
4. **Paracetamol**
5. **Tramadol**
6. **Nerve blocks:** these may be inserted into your abdomen by your Anaesthetist or Surgeon at the end of the operation, to numb the area of the wound. Problems may include failure or leg weakness lasting 24 hours.
7. If required, a patient controlled analgesia device is used. This puts a small amount of pain relief into your drip each time you press a button. This is very safe, but you are the only person allowed to press the button. You may have had this before if you have had a previous caesarean.

Any questions?

If you have any questions or concerns about the information in this brochure, please ask your Anaesthetist on the day of surgery.

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