



Caesarean Section Patient information sheet

1. What is this procedure and how will it help me?

Caesarean section is an operation performed to deliver the baby from the uterus. This is most often done by cutting approximately 2cm above the bikini (pubic hair) line in the lower abdomen. After entering the abdomen, a similar cut is made across the lower uterus to enter the uterus and deliver the baby and the placenta. This is referred to as a Lower Uterine Segment Caesarean Section. In some selected cases a vertical (up and down) incision is required on the body of the uterus to enter the uterus and deliver the baby and placenta. This is referred to as a Classical Caesarean Section. Occasionally, forceps may be needed to assist the delivery of the baby.

2. My anaesthetic

This procedure will require an anaesthetic to take away the pain. For more information about the anaesthetic and the risks involved, please refer to the anaesthetic information sheet that has been provided to you.

3. What are the specific risks of this procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Infections can occur in the operation site or pelvis or urinary tract, requiring antibiotics and further treatment for a few days
- Bleeding after the delivery of the baby
- The uterus may not contract properly after the operation. This can lead to excess vaginal bleeding, treated with hormone injection(s) to contract the uterus. In severe cases, it may be necessary to remove the uterus, preventing future pregnancies
- Adhesions (band of scar tissue) from surgery may cause relative increase of bowel or bladder injuries in future surgery. This can be a short term or a long term complication and may need further surgery
- Increased risk of wound infection, chest infection, heart and lung complications, and blood clot in the leg or lungs for people who are obese and/or smoke
- Due to an increased risk of uterine rupture in future pregnancies, subsequent babies are more likely to be delivered by a repeat caesarean section.

Uncommon risks and complications include:

- Minor skin cut(s) to the baby, more common in breech positions (bottom or feet first). The baby's bottom, face or body may be cut when the uterus is cut. This usually heals quickly, treated with a band-aid



- Injury to other organs such as the ureter(s) (tube leading from kidney to bladder) bladder or bowel. Further surgery may be needed to repair the injuries
- The wound may not heal normally. The scar can be thickened and red and may be painful. This is permanent and can be disfiguring
- Adhesions may form and cause bowel obstruction in future
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases, part of the clot may break off and go to the lungs
- The scar may rupture (burst) in future pregnancies or during labour. The risk is highest if the cut is made down the uterus rather than across the lower part of the uterus. Scar rupture can be fatal or lead to hysterectomy as a lifesaving measure
- Fertility may be reduced after a caesarean section
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy
- Heart attack or stroke could occur due to the strain on the heart
- Severe bleeding from large blood vessels about the uterus, which will need emergency surgery to repair the damaged blood vessels. A blood transfusion may be required to replace blood loss. Rarely, in severe cases, the uterus may have to be removed, stopping future pregnancies
- Bowel blockage after the operation. This may be temporary or longer term. If it doesn't get better with initial treatment, bowel surgery may be necessary which may include a colostomy. This can be temporary or permanent
- Poor wound healing and the wound may burst, which may require long term wound care with dressings and antibiotics, or a hernia i.e. rupture can form in the long term. This may need repair by further surgery
- **Death** as a result of this procedure is possible.

Rare risks and complications include:

- In future pregnancies, there is a slightly higher risk of your placenta being low (placenta previa) and/or your placenta grows into the uterine wall (placenta accreta). This requires a repeat caesarean section for the next delivery and blood transfusion may be needed. At times removal of the uterus and repair of the bladder and other organs may be required

4. What are the risks specific to me?

There may also be risks specific to your individual condition and circumstances. These will be discussed with you by the Doctor and ensure they are written on the consent form before you sign it.

5. What are the risks of not having this procedure?

There may be consequences if you choose not to have the proposed procedure/ treatment/ investigation. Please discuss these with the Doctor.



6. Who will be performing my procedure?

Your Doctor assisted by a colleague and a scrub nurse form part of the team performing the procedure. The anaesthetist and the anaesthesia nurse will give you the anaesthesia. Finally the paediatrician and the neonatal nurse will take care of your new-born baby.

8. Ask my doctor

Please feel free to ask me if you do not understand any aspect of the information in this patient information sheet or any other information you have been given about your condition, treatment options and proposed procedure.