

WOMEN'S HEALTH PARTNERS, LLC

DIPLOMATES AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

6859 SW 18th Street, Suite 200
Boca Raton, FL 33433
Tel: 561-368-3775 Fax: 561-392-7139
www.myobgynoffice.com

PROCEDURE EDUCATION LITERATURE

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

CESAREAN DELIVERY

Definition

Cesarean delivery = to deliver a baby through an incision in the abdominal wall and uterus

A cesarean delivery is when the doctor makes an incision through the abdominal wall and into the uterus and delivers the baby through this incision. A cesarean delivery is done in an operating room under sterile conditions. It will usually include an incision in your lower abdomen (around the bikini line). Through this incision, the doctor will enter the uterus to deliver the baby. Sometimes, the doctor may need to make an incision from your belly button down to your bikini line.

This procedure may be done before you enter labor, or it may be done after you have entered labor and started to dilate your cervix. There are many reasons that you may have a cesarean delivery. Some of the more common reasons to have a cesarean delivery is that the baby is in the breech position (buttocks over the cervix), the baby is sideways in the uterus, your cervix will not dilate past a certain point, the baby may not be able to be delivered when you are pushing, the doctor thinks that the baby will not tolerate labor, you have already had a cesarean delivery and you may need another one, you had surgery on your uterus that will not allow you to deliver vaginally, the baby may be too big by an ultrasound or you may have a condition that does not allow you to have a vaginal delivery. This list does not contain all the indications for a cesarean, but these are some of the more common ones.

Preparation

This procedure will be done in the operating room under sterile conditions. Because this is surgery, you will need to have anesthesia. This may include a spinal or epidural anesthesia or general anesthesia (being put to sleep). After you receive anesthesia, you will be placed on the operating table. You may or may not be awake, depending on the type of anesthesia given. The surgeons will place antiseptic on your skin to kill any germs and they will ensure that your anesthesia is working before they proceed with the surgery

Procedure

Once the anesthesia is working well, they will start the surgery. They will make an incision as described above. They will expose the uterus and make an incision into the uterus. Through this incision, they will deliver the baby. The baby will be handed off to the pediatricians and nurses in the room. The placenta will be delivered and then they will close the incision in the uterus. Finally, they will close the incision in the skin and place a bandage on the skin.

Post Procedure

You will be placed in the recovery room for several hours to ensure that you tolerated the procedure well. Once your doctor is sure that you did tolerate the procedure, you will be transferred to your room. Your recovery will be for three to four days in the hospital. You will receive pain medicine either by IV or by mouth to control your pain. Your doctor will give you specific instructions for after you go home from your cesarean delivery.

Expectations of Outcome You should expect that you will have some pain following the cesarean since it is major surgery on your abdomen. Your doctor will give you pain medicine to control this pain. It may be difficult to get out of bed for the first couple of times and walk, but your doctor will want you to get out of bed. This will improve your post-operative course. It will take several weeks for your body to heal completely after the surgery. You will not be able to do any strenuous exercise or weightlifting for several weeks following your surgery.

Possible Complications of Procedure

All procedures, regardless of complexity or time, can be associated with unforeseen problems. They may be immediate or delayed in presentation. While we have discussed these and possibly others in your visit, we would like you to have a list so that you may ask questions if you are still concerned. These complications include, but are not limited to:

Maternal risks

- J Infection: Infection is the most common postoperative complication following a cesarean delivery. The range is from 10 to 50% and this varies depending upon the situation in which the cesarean delivery was done. Things that would increase your risk for an infection include a long labor course, the use of internal monitors and an infection in your uterus prior to the cesarean delivery. Certain medical problems such as diabetes and obesity also increase the risk of infection.
- J Injury to the bowel and bladder: Injury to the bowel and bladder are rare. The risk of this is approximately one in 1,300 cesarean deliveries. Certain situations may increase this risk such as prior surgery or an infection inside your abdomen.
- J Organ Injury: During any part of the surgical procedure, any organ in the abdomen or pelvis (liver, spleen, colon, intestine, bladder, stomach, ureter, etc.) can be inadvertently injured. Often the injury is minor and can be treated with relative ease. In other instances, when the injury is major, or the repair is complicated, more extensive surgery may be necessary. Treatment depends on the particular organ injured and the severity of the injury.
- J Bleeding/Hematoma: When a small blood vessel continues to ooze or bleed after the procedure is over, the area of collected blood is referred to as a hematoma. The body normally re-absorbs this collection over a short period of time, and surgical drainage is rarely necessary.
- J Blood Loss/Transfusion: Significant blood loss is a risk of cesarean section. Minor to moderate bleeding can usually be easily controlled. Rarely, a hysterectomy must be performed due to uncontrollable bleeding. If severe bleeding occurs, transfusion could be necessary.
- J Placenta Previa and accreta with your next pregnancy: Having a cesarean delivery will increase your risk of having either a placenta previa (a condition where the placenta covers the opening to the cervix) or a placenta accrete (a situation where the placenta is attached to the wall of the uterus improperly) in your next pregnancy. A placenta accreta can be a life-threatening condition to the mother. Both of these conditions can occur after a vaginal delivery, but the chances are increased after a cesarean delivery.
- J Deep vein thrombosis/pulmonary embolism: A deep vein thrombosis (DVT) is when you have a blood clot in one of the veins in your leg or pelvis while a pulmonary embolism (PE) is when you have a blood clot in a vein and part of it breaks off and travels to your lungs. Both of these can occur after a vaginal delivery, but the risk is increased after a cesarean delivery. Both of these events are unlikely, with a PE being very rare after a cesarean delivery.
- J In the event of severe obstetrical hemorrhage or low blood counts which may be life threatening, I agree and give my consent to receive blood products.

Neonatal Risks

- J Accidental lacerations: There is a 0.4% risk of the baby having a cut in its skin while making the incision in the uterus.

Patient Signature

Date

Account #

Patient Name (Print)

Physician

Date

Witness

Date

The information contained in this Medical Informed Consent Form (“Consent Form”) is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional. Please call your doctor if you have any questions.