



Planning Your Scheduled Cesarean Birth



THE OTTAWA HOSPITAL

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

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My surgery will be on _____ at _____ hr
at The Ottawa Hospital _____ Campus
Time of arrival to hospital: _____

Civic Campus	General Campus
<p>Finding out the time of surgery: We will call you the day/evening before your surgery.</p> <p>Coming for surgery: Come to the Birthing Unit, 4th floor (See map on page 10)</p> <p> 613-761-4570</p>	<p>Finding out the time of surgery: We will call you day/evening before your surgery.</p> <p>Coming for surgery: Come to the Birthing Unit, 8th floor (See map on page 11).</p> <p> 613-737-8012</p>
<p>Please do not wear/use perfume or other scented personal products. Anyone coming into the hospital with you or to visit are also asked not to wear scented products.</p>	

Welcome to the Birthing Unit at The Ottawa Hospital (TOH). As you and your doctor have discussed, you will have a Cesarean Birth. This means that your baby will be born, through an abdominal incision. Like any surgery, it has risks and your doctor would have discussed this with you already.

You will be admitted to the Birthing Unit on the same day as your cesarean birth is scheduled. After surgery, you will be admitted to the Mother Baby Unit where you will stay in the hospital for 24 to 72 hours (1 to 3 days). This booklet will provide you with information to help you prepare for your surgery and your hospital stay.

Research shows that when you are relaxed, both the surgery and your recovery go better. When you cope well with stress, you experience better peace of mind and physical health. There are many ways to relax including guided imagery, meditation,

listening to music or gentle movements such as breathing and yoga. There is information on these and other helpful practices, both on the internet and in your community.

Skin to skin contact between mother and baby is encouraged soon after birth. Skin to skin care helps with breastfeeding, bonding and keeps baby safe, warm and calm. It is important that your body temperature is normal before placing baby skin to skin with you. You may want your support person to hold your baby skin to skin. Speak with your nurse about this and any other questions you may have when you are admitted.



Checklist: ✓ Evening before surgery

It is important to be clean before your surgery. Take a shower or bath using unscented soap and wash your hair. Take extra care to clean the area around the site of the operation. Do not use scented products.

Remember:

Call your surgeon if you are sick with a cold, flu, fever or other illness.

If you are a smoker, the Ontario Anesthesiologists recommend that you stop smoking before surgery and remain smoke-free after surgery. Smoking increases the risk of breathing problems after anesthesia and risk of infection. At a minimum, stop smoking on the day of your surgery.

For help to stop smoking contact:

Smokers' Helpline

1-877-513-5333

www.smokershelpline.ca

Quit Smoking Program:

University of Ottawa Heart Institute

613-761-5464

<http://pwc.ottawaheart.ca/care/quit-smoking-program>



Eating and Drinking Instructions

Please follow these instructions. An empty stomach is important to protect you during surgery.

- **Stop eating solid food at midnight** the night before your surgery.
- **Do not** chew gum or suck on hard candy after midnight.
- Clear fluids make you feel well before surgery and may help speed up your recovery. Continue to drink at least 2 cups of clear fluids from midnight up to **90 minutes** (1 ½ hours) **before** your arrival time to the hospital.
- Clear fluids include any of the following:
 - Water
 - Apple juice
 - White cranberry or white grape juice
 - Colourless soft drinks (Sprite, Ginger Ale, 7-Up)
 - Colourless sport drinks (Gatorade, Powerade)
- If you have diabetes, please speak with your doctor or nurse about your drinking instructions.
- **Remember to STOP drinking 90 minutes** (1½ hour) **before** your arrival time to hospital.



The Day of Surgery

In the morning before coming to the hospital

Medication Instructions

May take your usual medications on the morning of surgery (take with a sip of water).

Do not take the following medication: _____

Other important medication instructions: _____

- Bring the following medications:
 - Inhalers (for asthma)
 - Other: _____
- **Insulin:** If you are taking insulin, speak with your physician or diabetes nurse about any changes you may need to make to your insulin dose(s) on the morning of surgery and/or the night before.
- Take another shower or bath using unscented soap and wash your hair (If you did not wash your hair the night before). Do not use scented products. Remove all make-up, nail polish on finger nails, all body piercing and jewellery before you shower.
- Brush your teeth but do not swallow.
- Wear loose, comfortable clothing.
- **Do not:**
 - wear perfume, lotions, or use hair products
 - bring money, valuables including laptops, watches, jewellery (including wedding bands) or keys to the hospital.

The Ottawa Hospital will not be responsible for lost or stolen articles or belongings brought to the hospital. Patients who bring any valuables do so at their own risk.

- Bring the following things to the hospital:
 - If you have sleep apnea and use a machine at night, bring it to the hospital.
 - You may wear your Medic Alert bracelet, dentures, glasses, contact lens, hearing aids and other such aids to the hospital. Bring labeled containers for these items because you may need to remove them for surgery.
 - Bring your health card and hospital green card if you have one.

Bring this booklet.

Coming to the hospital

You will be asked to arrive 2 to 3 hours before your surgery to allow plenty of time to prepare you for surgery. Please arrive on time. You may want to bring something to read. You may also want to bring a small CD or MP3 player with ear phones to the hospital with you so you can listen to your own relaxing music while you are in our unit. This may help you stay relaxed and reduce post-op pain.

- Stop drinking **90 minutes** (1½ hour) before your arrival time hospital.
- Only 1 person can accompany you in the operating room (OR).
- Please be respectful. Cell phones cannot be used in the OR and must be turned off.
- You will not know your room number until it is assigned later in the day. If you have requested a private room, unfortunately, it may not be available.
- Please leave your suitcase and personal things in the car until your room is assigned.
- Your support person will be asked to look after all your valuables while you are in surgery.
- The Ottawa Hospital is not responsible for any lost or stolen articles.

At the hospital

- Go to the Birthing Unit located:
 - At the Civic: on the 4th floor. Use the D elevators.
 - At the General: on the 8th floor
- The Birthing Unit clerk will check your health card and green card and then you will be shown into a room. If you don't have a green card, the Admitting department will send one to us.
- You will change into a hospital gown (make sure you remove all your underwear) and we will prepare you for surgery.
- You will be given a medication to reduce stomach acid.
- An intravenous line (IV) will be started in a vein in your arm or hand before your surgery.
- Your support person can stay with you until the nurse brings you to the operating room.
- It is possible that your surgery may need to be delayed or postponed because of emergencies in the Birthing Unit. We will let you know if this happens to you.

If there are any special requests or circumstances, please let us know so we can address your concerns.

In the Operating Room (OR)

- Our Birthing Unit Team varies in numbers and works around you in the room or adjacent rooms. We consist of:
 - Anesthesiologist and possibly an assistant
 - Obstetrician and assistant
 - Operating room nurses
 - A team to care for your baby which may include your family doctor or midwife
 - The number of team members may increase if assistance from others is required.
- Your anesthesiologist will review the options for anesthesia with you. This may be an epidural, a spinal or a general anesthetic.
- **If you are having a spinal or an epidural**, (freezing medication), a needle will be gently inserted into your back and local anesthetic will be injected. The needle will be removed and you will soon start feeling heaviness in your legs. This is the most common anesthetic used for cesareans and provides excellent pain relief without making you sleepy.
- One support person, of your choice, may be with you in the operating room after the anesthesiologist is satisfied that your freezing is working well. One of the nurses will give your support person special clothing to wear and will bring him/her into the OR just before your surgery is about to start.
- **If you are having a general anesthetic**, (put to sleep), you will be prepared for the operation before you have the anesthetic (see *Preparing You for the Operation*). When the surgical team is ready, the anesthesiologist will give you medication through your intravenous that will make you fall asleep. You will wake up when your surgery is finished.
- Your support person will **not** be able to accompany you into the OR. Your baby will go with your support person to the nursery until you are well enough to see them in the recovery room.

Preparing you for the operation and your baby's birth

- If not already done, we will put on a blood pressure cuff, heart monitor wires and oxygen monitor and listen to your baby's heart rate.
- You will not feel pain during the surgery. You may be able to feel touch and some tugging or pressure sensations. Tell the doctor, if you are uncomfortable.
- You will receive oxygen through a mask or small tube placed just in front of your nose.
- You will have a tube (catheter) in your bladder to drain urine.

- You may have about 1 inch of pubic hair along the incision line clipped, if not already done.
- Your abdomen will be cleaned and sterile cloths (drapes) will be placed over your body.
- A cloth screen will keep you and your support person from seeing the surgery. If you have any questions about this, please ask us.
- Your support person will sit beside you at the head of the bed.
- Your incision will be either just above your pubic bone and about 5 inches in length (bikini line) or, less commonly, straight up and down. Your doctor will have discussed this with you.
- Your stay in the operating room will last approximately 60 to 90 minutes.



In the Recovery Room (PACU)

Family Presence

As a family-centered unit, we want to keep you, your baby and support person together while providing safe care as you recover from your surgery. There may also be other mothers and babies in the PACU. This may limit the possibility that your family members and friends can visit with you. Speak with your nurse if you have questions.

- **If you had a spinal or epidural:** Your support person can stay with you as long as you are well. Your baby is usually tucked in beside you or held by your support person.
- **If you have had a general anesthetic:** Your baby will stay in the Newborn Observation Unit (NOU). Your support person may wait there or in the waiting area for about 30 minutes after your arrival in PACU. This is to ensure you are breathing well and your pain is managed. When you are feeling better, the PACU nurse will phone NOU to ask that your support person and baby return to the Birthing Unit to be with you.

Your Nursing Care

- **If you had a spinal or epidural anesthetic**, you will be awake and alert, but your legs will feel numb for 2 to 4 hours.
- **If you had a general anesthetic**, you will be drowsy, gradually becoming more awake. You may receive oxygen through a mask or a small tube placed just in front of your nose for a short period of time.

A nurse will regularly check:

- Your blood pressure, pulse, temperature, and breathing
- Your intravenous
- Your abdominal incision or dressing (bandage)
- The firmness of your uterus
- Your vaginal blood loss
- The amount of urine in your urine collection bag
- **Your comfort (pain) level.**

It is important that you are as comfortable as possible as you will move and breathe easier which helps your recovery. The amount of pain you feel may not be the same as others feel, even if you have had the same surgery. Your pain should be controlled enough that you can rest comfortably. The pain should not stop you from deep breathing or coughing and later from getting out of bed, walking or caring for your baby.

- Your nurse will ask you to rate your pain from 0 to 10 (0 is no pain and 10 is the worst pain). She will also ask you questions about your comfort level. This will help her decide which pain medicine will work best for you. She will give you pain medicine whenever you need it and provide you with other ways to help you feel more comfortable.
- If you have had a general anesthetic, you may have a special IV pump with a button that you can press to release a small amount of pain medication. Your nurse will explain how it works.
- The anesthesiologist is also available to assist you with pain management if you need extra support.
- If you are thirsty, you may have sips of fluids.
- If you wish to breastfeed, your nurse will assist you.

Exercises

These are easy and good for you!

- **Breathing exercises:** You will need to practice your deep breathing and coughing. This exercise is done every hour for the first day and every 4 hours for the next 1 to 2 days.
 - Take a deep breath in through your nose and blow out through your mouth.
 - Repeat this 5 times.
 - On the 5th breath, cough 2 to 3 times gently.
 - Support your incision with a pillow or flannel blanket.
- **Leg exercises:** *When you can move your legs*, begin leg exercises. These exercises are done 4 to 5 times a day until you are walking.
 1. Point your toes towards your head, then towards the foot of the bed 5 to 10 times.
 2. Make your feet go around in circles 5 to 10 times.
 3. Change direction and repeat.
 4. Bend and straighten one leg and then the other leg 5 to 10 times.

Each person recovers from surgery and an anesthetic differently, your doctor and nurse will decide when you are ready to go to your room. When you are fully recovered, you and your baby (unless your baby requires additional care in our Special Care Nursery or Neonatal Intensive Care Unit) will be taken to your room on the Mother Baby Unit about two hours after your baby's birth.



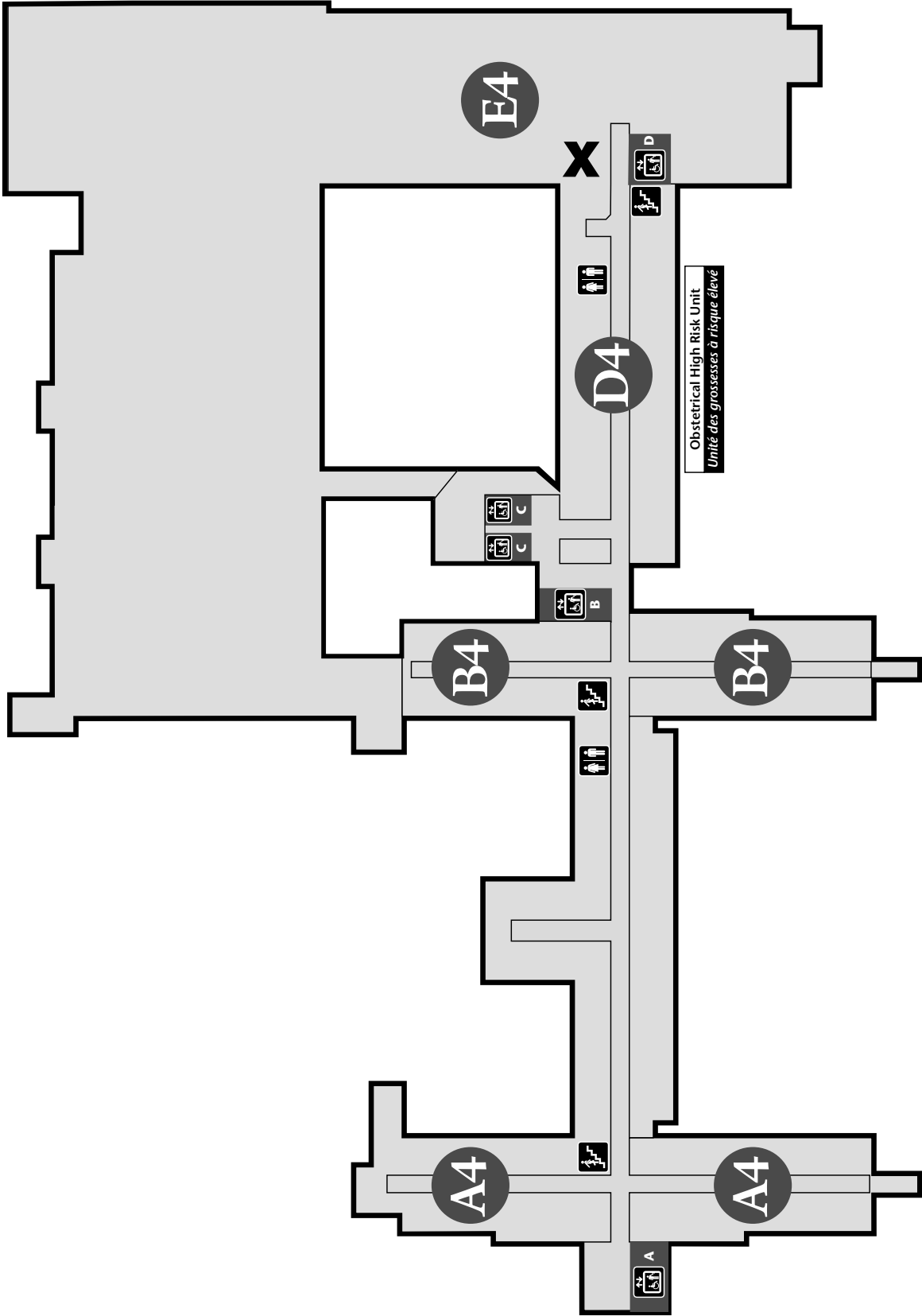
On the Mother Baby Unit

Your expected length of stay on the Mother Baby Unit will be approximately 24 to 72 hours. If you are discharged home before your staples have been removed, you will be given a staple remover and instructions to follow up with your doctor.

Throughout your birthing experience, the health and well being of you and your baby is our priority. We welcome your feedback.

Remember to bring this booklet with you to the hospital.

Civic Campus Map – 4th Floor



General Campus Map – 8th Floor

